Code of Conduct

POLICY NUMBER	1.0.0
TOPIC	Code of Conduct
OWNER	Deputy Chief Executive - People and Culture
DATE APPROVED	8 September 2022
APPROVER	Board
DATE OF NEXT REVIEW	8 September 2025

1 Code Statement

ACC is charged with the implementation of the Accident Compensation Act 2001. In fulfilling this duty, ACC's vision is to create a unique partnership with every New Zealander, improving their quality of life by minimising the incidence and impact of injury.

As a Crown entity, ACC is part of the Public Sector and contributes to building the trust and confidence of citizens in the institutions of government.

All Public Sector organisations are expected to work with a spirit of service to the community, to make our services accessible and effective to those who need them, and to strive to make a positive difference to the wellbeing of New Zealanders.

Everyone who works for ACC has an important role to play in making sure we achieve our vision, and in ensuring we maintain our reputation and standing in the perception of the public. Our actions and behaviours must be consistent with these expectations at all times.

2 Objective

This Code governs the behaviours of all employees of ACC, to enable us to meet the expectations placed upon us as a Crown Entity. These standards are based on the standards that apply to all Public Servants, detailed in the Te Kawa Mataaho Standards of Integrity and Conduct.

The Code of Conduct:

- can be used to provide coaching on appropriate conduct
- enables recognition of those who model the desired standard of conduct
- reflects and reinforces the ACC values and behaviour required
- outlines inappropriate behaviour and its consequences.

3 Scope

All ACC employees and contractors are expected to maintain the highest standards of integrity, discretion and ethical conduct when performing duties or representing ACC in any way.

All employees of ACC must read, understand, and follow our Code of Conduct.

4 Code standards

You are expected to exercise good judgement to determine what action to take in a given situation.

Your actions need to be able to withstand scrutiny from internal and external parties. Our behaviour and actions must be seen to be fair, impartial, responsible and trustworthy at all times.

In order to achieve the high standards of behaviour expected of us, as an employee or contractor you must:

<u>**Be honest and act with integrity.**</u>

In all aspects of your employment (e.g. in your work with clients and levy payers, with regard to work attendance, requests for financial reimbursement, use of sick leave etc).

<u>**Respect the rights of others.**</u>

- Treat others fairly, courteously, equally, and without discrimination or harassment
- Uphold the rights of clients, as specified in the <u>Code of ACC Claimants' Rights</u>.
- Respect and respond to all cultures, values and beliefs, particularly Māori and minority groups
- Promote the principles of <u>Equal employment opportunity</u>.

<u>**Perform your duties to the best of your ability.**</u>

- Prioritise your primary role as an ACC employee over any secondary interests, commitments, values or beliefs you hold personally, and declare any potential <u>Conflict of interest</u> immediately.
- Show commitment to a high quality of work.
- Adhere to the ACC <u>Health, Safety and Wellbeing policy</u> in all areas of work.
- Comply with all ACC policies, processes and standards
- Model and demonstrate <u>ACC values</u> and behaviours, which underpin decisions about what we do, and how we operate and behave
- Comply with the code of any professional body that you are registered or affiliated with, where this impacts upon your work with ACC
- Show initiative and creativity when resolving problems, seek to maximise productivity, and identify opportunities for improvement
- Make decisions appropriate to your role and be responsible for those decisions and the actions that result from them
- Be supportive of changes made by ACC, as change is necessary for the organisation's success
- Be supportive of your colleagues and accept your responsibilities as a team member

- Manage your personal and workplace relationships appropriately so they do not adversely affect your work.

Uphold the reputation and standing of ACC.

- Act with integrity in any personal dealings you may have with ACC as a client

- Obtain your manager's approval before commencing any activity, business interest or employment that has the potential to conflict with ACC business (e.g. acting as an advocate for a client, undertaking secondary employment)

- Ensure your behaviour in relation to gifts and gratuities, managing contracts and purchasing, and other sensitive expenditure does not compromise (or appear to compromise) your personal integrity or ACC's.

- Maintain appropriate professional behaviour when travelling on ACC business

- Maintain appropriate professional behaviour in any situation where you may be perceived as representing ACC.

- Have an appropriate standard of dress

- Engage with the Media team about any media enquiries you receive.

- Ensure that your behaviour will not bring ACC into disrepute.

- Advise your manager of any convictions or charges laid against you whilst employed by ACC.

- Maintain appropriate boundaries and relationships with clients and any other people you may work with.

Act in a politically neutral manner.

- Ensure that your behaviour maintains Ministerial and public confidence in the impartiality of advice given and actions taken

- Ensure that your comments do not bring ACC or the Minister into disrepute, or compromise the perception of ACC as politically neutral (e.g. stating or implying your personal view on an issue as ACC's view)

- Ensure that your personal participation in political matters does not conflict with (or appear to conflict with) your duty to act in a politically neutral manner.

Use ACC information and property appropriately.

- Be responsible for the security and confidentiality of all information that you deal with during your employment with ACC

- Use financial and non-financial information gathered by ACC and your knowledge of ACC's systems and processes only to perform ACC's business

- Treat all ACC assets and property with care and respect

- Respect the privacy of ACC's clients, staff, and stakeholders and keep their personal information confidential

- Take all reasonable steps to protect the privacy of our clients, customers, employees and other stakeholders

- Only access client, colleague, and stakeholder personal information for ACC purposes related to your role (in particular, do not access information for non-work purposes)

- Report any actual or potential privacy breaches to your manager immediately.

<u>Act within the law.</u>

- In particular, the Accident Compensation Act 2001, Official Information Act 1982, Privacy Act 2020, Health Information Privacy Code 2020, Human Rights Act 1993, Employment Relations Act 2000 and any other relevant legislation.

5 Accountabilities

The Deputy Chief Executive - People and Culture is responsible for ensuring organisational controls are in place in support of this policy.

6 Roles and Responsibilities

Role:	Responsibility
Employees	- Read, understand and follow this Code of Conduct. - Undertake training or confirm your understanding of the Code of Conduct when requested by ACC - Remain up to date with the current Code of Conduct expectations. - Discuss any concerns about what may be considered unacceptable behaviour with your manager. - Discuss with your manager before you take any course of action that you are not entirely sure falls within the bounds of acceptable behaviour. - If you believe someone in ACC is acting unethically, or has been involved in serious wrongdoing, you should report this confidentially through OK2Say and receive protection under the Protected Disclosure Act. For more information, visit <u>Making a protected disclosure</u>.
Contractors	Maintain the highest standards of integrity, discretion and ethical conduct when performing duties or representing ACC in any way.
Managers	Managers are representatives of ACC both when dealing with external customers or stakeholders, and when dealing with internal employees and contractors. Managers have a lead role in establishing and promoting our expected standards of behaviour and integrity. Managers are expected to conduct their behaviour, actions and decisions consistently with their duty to be fair, impartial, trustworthy and responsible at all times. As a manager you are expected to: - establish and promote ACC's expected standards of behaviour and integrity - consider your behaviour, actions and decisions in terms of the expectation to be fair, impartial, trustworthy and responsible at all times - manage employees in accordance with the Code of Conduct, and any other ACC policies, processes, standards and systems in place to support you as a manager (e.g. development programme, performance management processes) - lead, model and promote the expected standards of behaviour and integrity within the Code of Conduct and other internal policies and processes - provide employees with education and coaching on expected standards of behaviour and integrity where needed

	• represent ACC positively when interacting with staff, and deliver our policies, changes, initiatives or decisions in a manner consistent with ACC's intentions • take ultimate responsibility for work quality, actions and decisions of employees in your team by addressing concerns • manage within your capabilities and take ownership of your own development, and that of your team • manage within the delegated authorities framework as specified in the Delegations Manual
Deputy Chief Executive - People and Culture	• Monitor the effectiveness of the Code of Conduct • Ensure organisational controls are in place in support of this policy
Executive	• Model the highest standard of behaviours according to this Code of Conduct • Ensure Code of Conduct behaviours are integrated into all aspects of ACC business
Board	• Approve the Code of Conduct and ensure it is consistent with ACC's strategic direction.

7   Monitoring and Oversight

Lines of Assurance:	Role	Monitoring & Oversight
1st Line	Employees and Managers	• Employees are expected to comply with the Code of Conduct. • Managers make employees aware of the Code of Conduct and monitor compliance.
2nd Line	People & Culture Group	• The People and Culture Group oversees overall compliance with this policy and obtains feedback on its effectiveness. • The Employment Relations Team provides oversight of employment relations issues, including those relating to breaches of the Code of Conduct to ensure that proper procedures are followed.
3rd Line	Assurance	• Third line functions provide independent information on the overall effectiveness of the Code of Conduct. • This includes Assurance Services' schedule of continuous assurance activities for People and Culture processes and assessment of our compliance with obligations.
4th Line	Executive	• The Chief Executive and Deputy Chief Executives have overall responsibility for ensuring compliance with Code of Conduct policies and processes.
5th Line	Board	• The Board approves the Code of Conduct and ensure it is consistent with ACC's strategic direction.

8 Breaches of Policy

Our Code of Conduct requires our people to comply with all our policies. Breaches of this policy may result in disciplinary action.

Behaviour or actions that are investigated and found to be in breach of the Code of Conduct may result in disciplinary action. Where breaches are found, ACC's [Disciplinary procedure](#) will be followed and the employee will have an opportunity to provide an explanation for their actions or behaviours and have the right to representation.

The action taken will depend on the severity of the breach:

- Breaches of the Code of Conduct that are deemed 'misconduct' may lead to disciplinary action up to and including a final warning.

- Breaches of the Code of Conduct that are deemed 'serious misconduct' may lead to disciplinary action up to and including summary dismissal. Summary dismissal is termination of employment without notice or prior warnings.

If any breaches normally considered to be misconduct are very serious or repeated, these may be deemed serious misconduct.

Misconduct

Misconduct occurs when an employee does something wrong (namely, breaches this Code of Conduct or other ACC policy) either by: doing something, omitting to do something, or through their behaviour.

The lists below of actions considered to be misconduct or serious misconduct are intended as a guide for employees, and are examples only. They do not constitute an exhaustive list of breaches of the Code of Conduct.

Examples of misconduct include:

- Any act of negligence harming ACC

- Disobeying a lawful and reasonable instruction from a manager

- Failure to meet the standards of performance and behaviour expected of ACC employees

- Inappropriate behaviour or relationships

- Any action which may in any way damage the relationship of trust and confidence between ACC and government, other agencies or the community

- Allowing unauthorised access to, or disclosure of, any matter or information in relation to ACC business

- Misuse of ACC internet and/or email systems

- Inappropriate use of purchasing card or expenses

- Absence from duty or place of work without proper reason or authorisation

- Repeated lateness for work, or repeated absenteeism without just cause

- Failure to comply with any ACC policy or procedure

- Any behaviour of a similar type.

Serious misconduct

Serious misconduct occurs when the misconduct could have the effect of destroying or undermining the relationship of trust and confidence between an employee and employer.

Examples of serious misconduct include:

- Dishonesty

- Theft

- Fraud

- Handling a claim relating to oneself, a relative, acquaintance or friend without the express approval of the manager, or taking a role as an advocate for a client without approval

- Corruption – accepting a bribe, inducement, reward or gift, or complying with a request or threat to use your position to provide a benefit to any person or third party, which has the effect of allowing inappropriate activity or compromising the impartial performance of your duties

- Failure to declare any activity, business interest or employment that has the potential to conflict with ACC business

- Accessing ACC information relating to family, friends, acquaintances or clients without legitimate cause

- Criminal conviction leading to imprisonment or adversely affecting your ability to carry out your work.

- Misuse or unauthorised possession or sharing of ACC property and/or information (e.g. misuse of financial information or client information)

- Harassment of anyone you work with (e.g. client, employee, contractor)

- Abusive or discriminatory statements or practices

- Assaulting or abusing another person

- Allowing work performance to be affected by drug, alcohol or substance abuse (including abuse during work hours)

- Dangerous or unsafe work practices, including non-compliance with ACC Health and safety policies, and Health and Safety legislation

- Any act that has the potential to bring ACC into disrepute

- Significant failure to comply with any ACC policy or procedural requirements

- Any behaviour of a similar type.

9 Contacts

Contact [HR Help](#) regarding this policy.

10 References

Te Kawa Mataaho [Standards of integrity and conduct](#)

Policies:
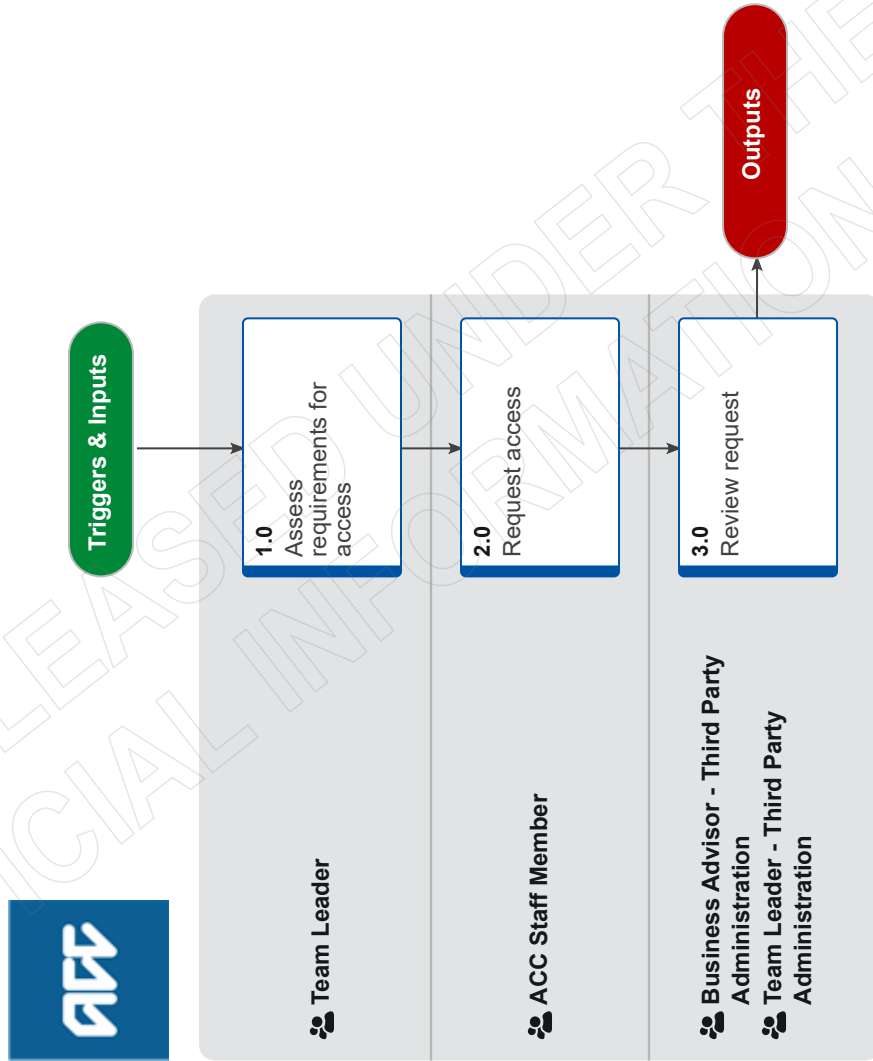[Respectful and Inclusive Workplace](#)
[Conflict of interest](#)

Protected disclosure
Equal employment opportunity
Sensitive expenditure
Health, Safety and Wellbeing
Information security
Use of the Internet
Email and instant messaging
Media
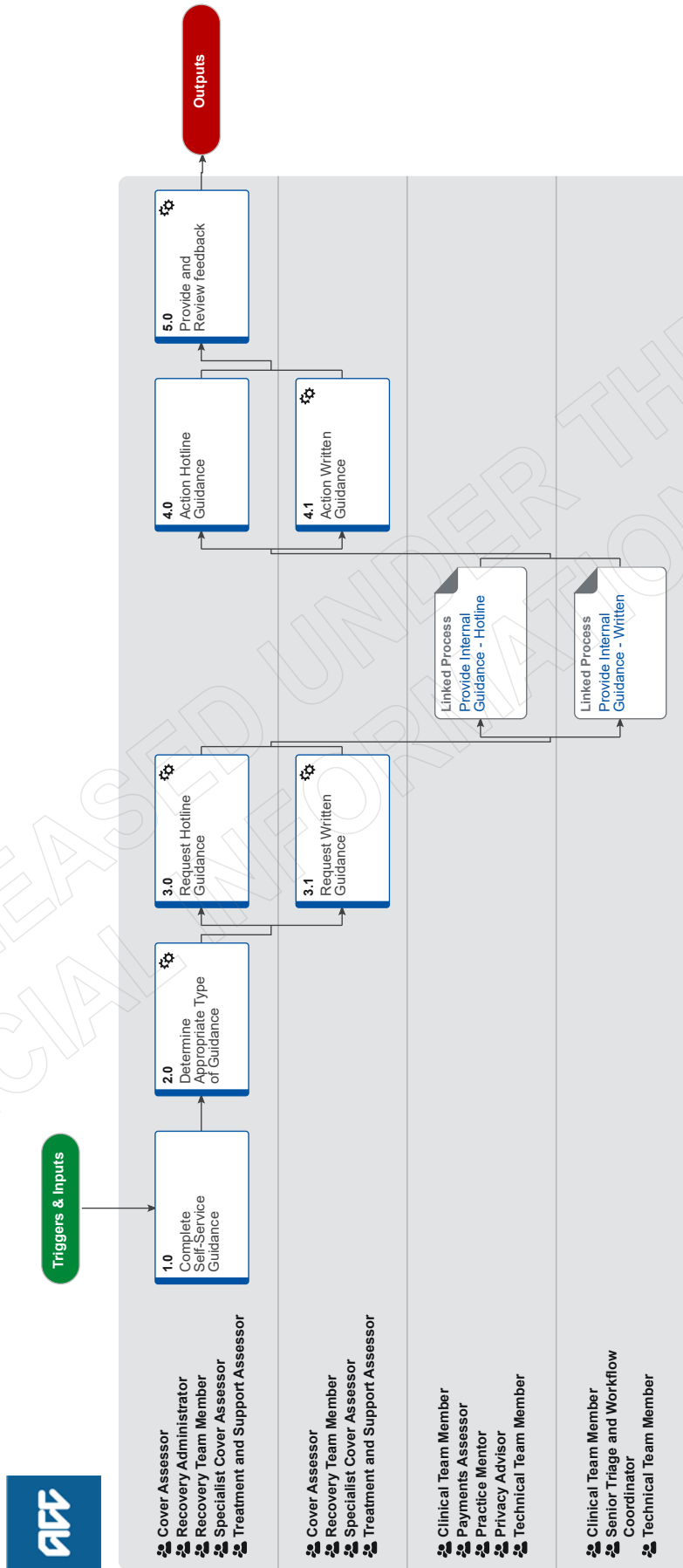Social media
Privacy
Procurement
Corporate Delegations

11 Policy review dates

Last review: 8 September 2022

Next review: [ ]

Manage access to Staff Claims v4.0

Triggers & Inputs

Outputs

1.0 Assess requirements for access

2.0 Request access

3.0 Review request

Team Leader

ACC Staff Member

Business Advisor - Third Party Administration

Team Leader - Third Party Administration

Seek Internal Guidance v127.0

1.0 Complete Self-Service Guidance

2.0 Determine Appropriate Type of Guidance

3.0 Request Hotline Guidance

3.1 Request Written Guidance

4.0 Action Hotline Guidance

4.1 Action Written Guidance

5.0 Provide and Review feedback

Linked Process
Provide Internal Guidance - Hotline

Linked Process
Provide Internal Guidance - Written

Cover Assessor
Recovery Administrator
Recovery Team Member
Specialist Cover Assessor
Treatment and Support Assessor

Cover Assessor
Recovery Team Member
Specialist Cover Assessor
Treatment and Support Assessor

Clinical Team Member
Payments Assessor
Practice Mentor
Privacy Advisor
Technical Team Member

Clinical Team Member
Senior Triage and Workflow Coordinator
Technical Team Member

Seek Internal Guidance v127.0

Summary

Objective
To assist in making decisions by receiving internal specialist guidance from a number of different areas:

• Clinical Services
• Technical Services
• Practice Mentors
• Payments
• Technical Overpayments
• Privacy

Background
Seeking internal guidance is a three tiered process:

Tier 1 - Self-Service: Using the information available on Promapp and Te Whāriki to make a decision
Tier 2 - Hotline Guidance: Guidance provided by a short (less than 15 minutes) phone call
Tier 3 - Written Guidance: Comprehensive guidance provided within a written guidance form in Salesforce, which creates a transcript in Eos

Owner   [Out of Scope]

Expert

Procedure

1.0 Complete Self-Service Guidance
Cover Assessor, Recovery Administrator, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Review the following on the client's claim:

• claim history and current circumstances
• read and consider relevant documents
• check for and review previous guidance
• check for and review outstanding investigations
• check for outstanding reports and/or records

b Refer to Promapp to check if next steps can be identified in using one or more of the following:

• Process pages - having knowledge of the objective, background and expected outcome of the range of services provided by ACC could help you determine the next steps to progress your client's recovery.

• Policy pages - having knowledge of legislation, payments and legal aspects of the services and supports provided by ACC could help you determine the next steps to progress your client's recovery.

• Service pages - having knowledge of the services provided by contracted Providers could help you determine the next steps to progress your client's recovery.

NOTE **What if you are trying to make a cover decision?**
Refer to the processes in the Make Cover Decision group in Promapp or refer to the Cover Traffic Light tool to assist in determining cover for particular injuries or injury types.

📄 Make Cover Decision

📄 TOOL - Add or change diagnosis decision traffic light

NOTE **What if you need additional guidelines, tools and information to support case management?**
Refer to the Te Whāriki site to search.

📄 Te Whāriki Home Page

NOTE **What if you need to obtain approval for services/costs outside of your delegation?**
Refer to the Delegations Framework to determine whether you can approve. If approval is needed, refer to Activity 3.1 to Request Written Guidance

📄 Delegations Framework

c Attempt to problem solve the issue with your Team Leader prior to seeking guidance, and that you have put together a question that is appropriate for clinical or technical guidance.

NOTE **What kind of query is considered not appropriate for clinical or technical services?**
Ensure you are not contacting an advisor or specialist asking "What are the next steps on a claim", or "Whether or not ACC can fund something", you must attempt to provide more information relevant to the client's injury.

2.0 Determine Appropriate Type of Guidance
Cover Assessor, Recovery Administrator, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Use the Recovery Support Decision Tree tool linked below to determine what kind of guidance you need.

📄 Recovery Support Decision Tree

NOTE **What if you are still unsure what type of guidance is needed?**
Attempt to run through the decision tree tool alongside your Team Leader. If you are still unsure, contact a Practice Mentor to discuss your issue and the best way forward.

NOTE **What if you need to request guidance on a Surgery claim?**
If you require guidance on a Surgery claim, there are two channels, ensure you use the decision tree tool to determine which one to use:
• For invoicing and coding queries that are appropriate for hotline guidance, email your query to clinicaladvisorsurgery@acc.co.nz
• For written guidance queries:
• If you are seeking guidance from a Principal Clinical Advisor (CAP referral), refer to the CAP referral process document under activity 3.1 (a)
• For invoicing and coding queries that are appropriate for written guidance on a Surgery claim, use the written guidance request form in Salesforce. Once you've submitted your guidance request, update the task description with the code "TACDUN"

NOTE **What if you are working in the Remote Claims Unit or requiring guidance on a Staff claim or High Profile claim?**

Refer to the knowledge article below on how to request Hotline and Written Guidance for the above scenarios.

For written guidance on a Staff claim, do not raise this in Salesforce, these tasks must be created in Eos. Use the Written guidance template below and refer to the system steps for creating/sending the task.

📄 Remote claims, Staff and High Profile claims - Seek internal guidance

📝 Written guidance template for non-Salesforce users.docx

NOTE **What if a provider is requesting to speak directly with a Psychology Advisor?**

The following external Psychology hotline numbers can be shared with providers: Sensitive claims: 09 354 8425 Physical injury: 09 354 8426

This is for PROVIDERS ONLY and must not be released to clients.

b Go to Activity 3.0 to request Hotline Guidance, or Activity 3.1 to request Written Guidance.

- -

3.0 Request Hotline Guidance

Cover Assessor, Recovery Administrator, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Prepare for requesting guidance using ISBAR (Identify, Situation, Background, Accident, Request). Continue to refer to the Recovery Support Decision Tree tool for additional things to remember/consider and tips for best practice.

Ensure you provide your full name when requesting hotline guidance.

I	Identify	Who are you and where are you calling from? Who is the client: • Age • Gender	E.g. I'm Michelle, a Recovery Assistant working in Assisted Recovery in Dunedin. The client is a 23-year-old male
S	Situation	What are the current covered injuries?	He has a fractured tibia/fibula
B	Background	Occupation Any relevant background information e.g. previous notable injuries/claims co-morbidities if known	He is a builder, with 5 previous claims, but none for this body site or injury code
A	Accident	Details of accident, date, mechanism of injury, any treatment already provided	He fell down a flight of stairs in July.
R	Request	What is your question?	He is non-weight bearing and has just called asking for a seat he can sit on in the shower. He lives with his parents who are helping him at home. Should I have a shower stool delivered to the client or do I need to do a Social Rehabilitation Assessment?

🖼 Hotline ISBAR.PNG

📄 Recovery Support Decision Tree

b If calling from Genesys Cloud, call the 'Recovery Support' queue.

Otherwise, dial extension 50118 and select one of the following options:

• Select option 1 for Clinical Services. You will then be asked to select from the following options:
1 - for Clinical Advisors
2 - for Psychology Advisors - sensitive claims
3 - for Psychology Advisors - physical injuries
4 - for Pharmaceutical Advisors
6 - for Sensitive Claim Medical Advisors

• Select option 2 for Technical Services. You will then be asked to select from the following options:
1 - for Transport for Independence Specialists
2 - for Housing Modifications Specialists
3 - for Technical Accounting Specialists
4 - for Technical Specialists in relation to a Sensitive Claim
5 - for General Technical Specialists

• Select option 3 for Practice Mentors.

• Select option 4 for Payments Assessors. You will then be asked to select from the following options:
1 - Sensitive Claims Payments
2 - Travel
3 - All Other Client Reimbursements
4 - Payments Assessor

• Select option 5 for Privacy Advisors

• Select option 6 for Client Administration Support related to a physical injury

• Select option 7 for Client Administration Support related to a mental injury

NOTE **What if my query is regarding a mental injury claim?**

All requests for guidance on mental injury claims must go to a Psychology Advisor.

NOTE **What if the Hotline is not answered?**

Keep trying the Hotline. If, after a few more attempts, there is still no answer add a note to the task in Eos (or update the description in Salesforce) and try again at your earliest convenience.

If you are working in Assisted Recovery, update the description to say "Attempt to call the Hotline again", before putting the task on hold so you can pull another one from the queue. Aim to complete any on hold tasks by the end of the day, taking them off hold and returning them to the queue if you're unable to do so.

NOTE **What if you need advice from a Practice Mentor about a Mental Injury (MI) claim?**

Recovery Partners (MI) can book a 1x1 session with a Practice Mentor ahead of time using the link after this note.

If you need advice from a Practice Mentor right away you can call ring Recovery Support, select Option 3 and the Practice Mentor will take the claim number of the claim you need support on. This will then be passed on to the Practice Mentor with Mental Injury capability to get in contact with you.

📄 Knowledge & Capability Bookings Calendar

c Go to activity 4.0 to action the Hotline Guidance.

3.1 Request Written Guidance

Cover Assessor, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Prepare for requesting guidance using ISBAR (Identify, Situation, Background, Accident, Request). Refer to the Recovery Support Decision Tree tool for additional things to remember/consider and tips for best practice.

The Decision Tree Tool references key medical information that must be on file prior to submitting a written guidance request, ensure you have attempted to request this information. Clinical and Technical staff will not be able to provide written guidance if there is insufficient information on file.

📄 Recovery Support Decision Tree

NOTE **What are the standards needed when seeking guidance?**
Refer to the Standards for Seeking Guidance and Written Guidance Questions below.

📄 Standards for Seeking Guidance

📄 Written Guidance Questions

NOTE **What does a quality referral look like?**
Refer to the Written guidance example below.

📄 Written guidance example

NOTE **What if you need written guidance from a Principal Clinical Advisor (PCA) for a Surgery claim?**
Refer to the CAP referral process (SF) guide below.

📄 CAP referral process (SF)

NOTE **What if you need to request written guidance where there is a CAP referral in progress?**
Call the Surgery team on 83566 to discuss whether additional question(s) can be added to the existing CAP referral. Note: CAP will not answer questions regarding ongoing incapacity.

📄 Principal Clinical Advisor consideration list

📄 Delegations Framework

b Check the necessary supporting documents and information is on the claim.

NOTE **What if there are documents and/or information missing on the claim?**
Refer to the Request Clinical Records process.
➤ **PROCESS** Request Clinical Records

c In Salesforce, select the 'Recovery Support' tab and 'Create Guidance'. Follow the steps and complete the fields on the written guidance form.

If there are relevant documents on file you want the advisor/specialist to review, collate them into a document group entitled 'Written Guidance document group' in Eos, and reference the name and date in the 'Documents or contacts relating to the request' section. Ensure you also note if documents from multiple claims have been added to the group.

If there are relevant contacts on file you want the advisor/specialist to review, ensure you specify the date and contact description in the 'Documents or contacts relating to the request' section.

If you need to add any particular information regarding who the guidance request should go to (i.e. If this needs to go to a specific specialist discipline), specify this information in the 'Triage Written Guidance' task description. (This is located inside the 'information' heading, ensure you save the change to the description)

NOTE **What if the claim is for maternal birth injury?**
Type "#MBI" in the 'information' heading of the 'Triage written guidance' task description.

📄 Recovery Support FAQs.docx

NOTE **What priority should I select for my Written Guidance request?**
Check the Written Guidance Priority Categories document to see whether or not your request falls into one of the P1/P2 categories. Speak with your Team Leader if you are unsure whether or not a certain scenario falls into a P1/P2 category.

Written Guidance requests falling into a P1/P2 category should be submitted as follows:
• Select 'P1 - High' or 'P2 - Medium' under 'What's the priority for this request?'
• Select relevant drop down option under 'Why is the request urgent?'

If your reason for escalation does not meet the P1/P2 categories, but your Team Leader agrees your request should be escalated, then please email with your Team Leader approval and reason for requesting escalation to:
• For Clinical Guidance, clinicaltriage@acc.co.nz
• For Technical Guidance, technical.services@acc.co.nz

Written Guidance requests not falling into a P1/P2 category should be submitted as P3 - Low.

📄 High and Medium Priority Categories for Written Guidance Requests

NOTE **What if you want to cancel, save as a draft, or add additional information to your guidance request?**

• To cancel: Go to the guidance request you have submitted and select 'Cancel Written Guidance,' then provide a reason for cancellation (i.e. if other client information was entered in the request, select the reason as 'Cancelled due to error').
Note - the information submitted in the form is not discoverable by the client until the written guidance has been accepted and a transcript is created in Eos, if you cancel, there will be no record of it on the client's file

• Save as draft: At the bottom of the written guidance form select the tick box labelled 'Save as Draft' then click 'Next', then when you are ready to complete your guidance request, go back to the written guidance request in salesforce and select 'Edit Written Guidance'

If you are saving the request as a draft because you are awaiting some additional information:

For claims assessment staff - create a follow up task in Eos to revisit the draft guidance request once the information has been received

For Recovery team members – create a reminder action in salesforce to revisit the draft guidance request once the information has been received

• If you need to add additional information to a Written Guidance request that has been sent to Triage or allocated to an advisor – select 'Additional Information to a Guidance request' on the guidance request in salesforce

NOTE **What if you are a non-Salesforce user and you require written guidance?**

Ensure you request your guidance via the 'Complete Internal Referral' task and then transfer the task into the Regional Clinical Advice - CENTRAL queue or the Operations Support queue.

Please use the referral template document below.

📄 Written guidance template for non-Salesforce users.docx

NOTE **What if you require written guidance on a claim not migrated to Salesforce?**

There is a system error which means Recovery Team Members cannot access Salesforce in order to make referrals on very old claims.

For very old claims where you are unable to access Salesforce in order to make a request for clinical advice, please action the referral using the NGCM pathway (see below systems steps) on EOS and mark the task as "OLDER EOS CLAIM, SF unavailable".

This label will ensure the Triage Team does not return the task due to being submitted in the wrong queue.

📄 (NGCM) Create Request for Written Guidance

NOTE **What if you require written guidance on disentitlement for a Wilfully Self-inflicted (WSI)/suicide claim where evidence to support a decision is unclear or there are technical complexities which complicate the decision?**

Request written guidance from a Psychology advisor. You need to create and fill out the relevant sections on the ACC6178 (Disentitlement for WSI or suicide claims). Ensure you leave the document as incomplete.

Complete the written guidance request form as per the current process. Select the tick box for 'Have one of the above ACC documents been completed' and indicate in your summary 'Refer to the ACC6178 document uploaded on XX/YY/ZZZZ'.

The PA will then arrange a Complex Mental Injury Panel (CMIP) comment via Technical Services. Once the Psychology Advisor and CMIP have completed their comments in the ACC6178, complete these documents and action the recommendations.

📄 Delegations Framework

NOTE **What if you require written guidance from a Technical Accounting Specialist?**

Refer to the following page for more information on Technical accounting and what information needs to be included with a written guidance request.

NB: Due to the complexity of these requests there is a 3 day Service Level Agreement for urgent (client is in financial distress) tasks and a 20 day Service Level Agreement for all other requests.

📄 **PROCESS** Referring to the Technical Accounting Specialists for Advice

NOTE **What if you require guidance on a claim where weekly compensation has been paid for less than six months and you're considering suspending entitlements, as the covered injury has resolved?**

Submit written guidance to clinical only (there is no need to tick coordinated guidance). However, if due to the complexity of the client or their situation, and technical guidance is still required, then tick the box for coordinated guidance.

NOTE **What if you are working on a claim that is in 'Actioned Cases'?**

Written Guidance must be requested on 'active' claim, you will need to transfer this into the appropriate queue/name.

d Go to Activity 4.1 'Action Written Guidance' once you have received your guidance.

NOTE **What if you have already submitted your written guidance request, and you need to update the priority?**

If you have received new information that changes the priority of the request, complete the steps below:
• Open the claim in Salesforce.
• Click on the 'Recovery Support' tab and then click on the relevant Guidance Number to open it.
• Now you should be on the 'Details' page. Click on the 'Update Guidance Priority' button to change the priority of the request.
• Check the Written Guidance Priority Categories document to see which category your request meets.
• Select 'P1 - High' or 'P2 - Medium' under 'What's the priority for this request?'
• Select the relevant drop-down P code option under 'Why is the request urgent?'

If your reason for escalation does not meet the P1/P2 categories, but your Team Leader agrees your request should be escalated, then please email with your Team Leader approval and reason for requesting escalation to:
• For Clinical Guidance, clinicaltriage@acc.co.nz
• For Technical Guidance, technical.services@acc.co.nz

📄 High and Medium Priority Categories for Written Guidance Requests

NOTE **How do you check the progress of the task?**

Click on the 'Related' tab and then click on the open task number:
• If the guidance is still with the Triage team, it will be the 'Triage Written Guidance request' task type.
• If it has already been triaged and allocated to an Advisor queue, it will be the 'Provide Written Guidance' task type.

📄 **PROCESS** **Provide Internal Guidance - Hotline**
Clinical Team Member, Payments Assessor, Practice Mentor, Privacy Advisor, Technical Team Member

---

📄 **PROCESS** **Provide Internal Guidance - Written**
Clinical Team Member, Senior Triage and Workflow Coordinator, Technical Team Member

---

4.0 Action Hotline Guidance
Cover Assessor, Recovery Administrator, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a Consider the advice documented by the Advisor, Specialist or Assessor and undertake the next steps.

NOTE **What if you need to clarify the guidance provided by the Advisor, Specialist or Assessor?**

Message or call the Advisor, Specialist or Assessor directly to clarify the guidance.

NOTE **What if you want an Advisor, Specialist, or Practice Mentor hotline comment to be removed from file or amended?**

The only instances a clinical or technical comment should be removed/ deleted is when the guidance is on the wrong claim. In rare instances the Advisor may need to amend or add an addendum to the guidance. Only an Advisor's or Specialist's manager can delete their own comment, neither a frontline staff member or another advisor can delete your comment.

If the comment needs to be removed/amended ensure you reach out to the advisor or specialist who provided the guidance and include their manager in the discussion.

📄 Receive Written Guidance (Recovery Team Member)

4.1 Action Written Guidance
Cover Assessor, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a In Salesforce, review the guidance provided on the Written Guidance request by selecting the 'details' tab.

NOTE **What if you are requested to provide clarification on a guidance request?**

If this is via IM or call, clarify the question directly with them.

If this is via Salesforce, open the Guidance Request and click 'Provide Clarification on Guidance Request', read the clarification question and provide the clarification. If you need to cancel or put the request on hold you can do this at this step.

If you need to request additional information in order to clarify the request, use the Request Clinical Records process. In Salesforce, extend the target date of the clarification task to later than the due date of the medical notes task. Ensure you update the task description to reflect you have requested additional information (if you are in Assisted Recovery and are returning this to the queue, update the description when you do this).

NOTE **What if the written guidance is on a claim not migrated to Salesforce?**

For very old claims where you are unable to access Salesforce in order to make a request for clinical advice, a written guidance referral would have been actioned using the NGCM pathway in EOS.

- If you decide to accept the written guidance or to ask for clarification on the written guidance provided, use the Review Written Guidance system steps below.

- If the Advisor had asked for clarification within the written guidance, use the Respond to Clarification Request from Advisor system steps below.

📄 Receive Written Guidance (Recovery Team Member)

📄 Respond to Clarification Request from Advisor (Recovery Team Member)

b Accept the guidance provided by selecting 'Accept Guidance', or request clarification if required.

NOTE **What if the advice is unclear or the questions are unanswered?**
Select 'Clarification Required on Guidance Provided' and input your clarification question(s).

NOTE **What if you want an Advisor or Specialist's written guidance to be removed from file or amended**
Comments within a Written Guidance form cannot be deleted or edited once the Advisor or Specialist has submitted their guidance.

If the wrong client's information has been included, please cancel the guidance in Salesforce and submit a new request.

NOTE **What if your request for written guidance was related to transferring weekly compensation to a different claim for a further injury?**
Return to 'Determine Transfer of Weekly Compensation to a new claim due to Further Injury' and continue the process.

    📄 **PROCESS** Determine Transfer of Weekly Compensation to a new claim due to Further Injury

📄 Add an Eform

c Once the guidance has been accepted a transcript will be created in Eos.

NOTE **What if guidance indicates it's appropriate to suspend entitlements where weekly compensation has been paid for less than six months, as the injury has resolved?**
Copy and complete the decision rationale template below and paste this into a NGCM General Task (in Eos). Assign it to a leader from your hub. Message them to let them know it's there.

• Decision type SUSPEND ENTITLEMENTS DECISION
• Who was consulted [eg. Recovery Support hotline guidance from Practice Mentor received 10/03/23 and Written guidance from Clinical Advisor received 24/03/23]
• Rationale for the final decision [(e.g. Suspend all entitlements as Clinical guidance has confirmed the client's covered injury has resolved) or (Suspend all entitlements as Clinical guidance has confirmed the client's covered injury has resolved and the reason for ongoing incapacity is non-injury related)]

The leader will review and send the task back to you within 24 hours - with either their support or if they wish to discuss further.

Once your Team Leader has endorsed the decision, create a new Salesforce contact action and copy the body of the NGCM General Task into the Outcome Summary of your Salesforce contact. Close the NGCM General Task.

Follow the relevant steps in the below page for "Stop Supports".

    📄 **PROCESS** Stop Supports

NOTE **What if guidance indicates I have sufficient information to issue a decision?**
See the below page for "Issue Recovery Decision"

    📄 **PROCESS** Issue Recovery Decision

NOTE **What if I'm unable to locate my Written Guidance request?**
The Written Guidance process is a cog process meaning that when one action is completed it creates a new task in the process to be actioned.

For example: Once the triage process is completed, the 'Triage Written Guidance' task will be closed and a 'Provide Written Guidance Task' is automatically created which is then assigned to the appropriate advisor.

The instructional video below provides an overview of the Recovery Support Written Guidance process in Salesforce and EOS and support in locating the various tasks in this cog process.

🎞 An overview of the Recovery Support Written Guidance process in Salesforce and EOS

- -

5.0 Provide and Review feedback
Cover Assessor, Recovery Administrator, Recovery Team Member, Specialist Cover Assessor, Treatment and Support Assessor

a If applicable, provide feedback on the guidance received.

NOTE **How do you provide feedback on the Hotline guidance you have received?**
In Salesforce, navigate to the Recovery Support tab and select the 'Provide Feedback' option. On the Provide Feedback form, complete the mandatory question and comments sections, and submit your feedback.

NOTE **How do you provide feedback on written guidance?**
When you accept the written guidance in Salesforce, you will get the option to provide feedback, select this option, and complete the mandatory fields.

b If applicable, review feedback on the guidance request you submitted.

NOTE **What if you want to review some feedback you have received?**
You will be notified you have received feedback by getting an alert notification from the "bell" icon in Salesforce. If you select this you will be able to review the feedback.

Alternatively, if you select the nine dots in the top left corner of the Salesforce window, and search for "Feedback", you can select this Feedback option.
From here you can select the drop down arrow to show different list views which display feedback from a range of dates.

NOTE   **What if you are a Team Leader and you want to subscribe to a feedback report?**

Complete the steps below in Salesforce:

• Select 9 dots to the left of "Work Load Management"
• Type in "Reports"
• Select "All Folders' and then "Feedback Reports"
• Open the new report " My Team's Feedback – Last 7 days"
• Click the down arrow at the top right of the report and select subscribe
• Schedule when you want the report subscription email e.g. 9am on a Monday every week. Confirm recipient being added and run report as = "Me"
• Result will be an email to your inbox at that time/day, with a link to the report in Salesforce
• Last step will be to use the Team Leader filter, to narrow the results to your team members i.e. use the name your Salesforce user is set up with

- -

When to save emails in Eos Policy v16.0

ACC

Summary

Objective

If the client sends an email regarding a specific claim, upload it as a 'Contact' to that claim, otherwise upload it to Party level.

Uploading emails to the appropriate Party record:

• enables us to gather information more easily if the client requests a review or appeal
• provides a date and time stamp
• provides context for the email
• helps us manage requests from clients for their personal information
• provides greater integrity and accuracy of information
• provides a complete and accurate record of our contact with the client or party.

Owner   [Out of Scope]

Expert

Policy

1.0 Rules

a You must upload all correspondence to the appropriate Party record in Eos, including emails to and from a client, provider or employer. This includes:

• general correspondence regarding our processes
• specific information about how we manage claims
• correspondence about the active management of a particular claim
• evidence of a decision or activity regarding the file, including internal emails where the case is discussed.

Emails saved in Eos must be a complete record of correspondence with the client and include:

• the date and time it was sent
• the name of the sender and the receiver.

You must save all appropriate emails into Eos, regardless of the number of emails sent and received on a topic.

You must delete emails from Outlook once they have been saved into Eos.

You must secure all legally privileged information after uploading it to prevent the documents from printing when someone asks for a copy of their claim file.

  📄 Verify an Existing Provider, Vendor or Facility Email Address

  📄 File an inbound email (Te Whāriki)

  📄 Email and instant messaging policy (Te Pātaka)

2.0 Exceptions

a The attached table shows which email communications you are not required to save into Eos. If you're not sure whether to save an email into Eos, talk to your team manager.

If the source is...	then you don't need to save...

internal	• information relating to an ACC investigation
	• legally privileged information, including:
	  • any correspondence between ACC offices and ACC Legal Services
	  • any advice from ACC Legal Services
	• information from Government Services regarding:
	  • the Ombudsman, Privacy Commissioner or Health and Disability Commissioner
	  • a complaint
	  • ministerial correspondence
	• allocations, spreadsheets or dual management lists
	• requests for claims management staff, with the correct delegation, to reopen a claim
	• duration tool and case list filters
	• meeting invitations to discuss claim-related information
	• team manager coaching notes related to specific claims
	• lists of claims for panels

external	• information requests about provider claims
	• requests for information from providers about:
	  • claim details required to facilitate client treatment and invoicing
	  • the progress of any prior approvals for treatment
	• vendor enquiries about invoice payments for client services

🖼 Exceptions - Email in EOS.PNG

ACC > Claims Management > Manage Client Information > Operational Policies > Communication > Email > When to save emails in Eos Policy

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Add a contact

Published 28/04/2023

Introduction

Use these instructions to record details of a communication with an external party as a Contact.

Contacts are used to record details of communications with external parties. It's important to record contacts so that other staff members are able to see all of the communications relating to a claim or party.

You can also record details about internal discussions or meetings related to a claim or a party, using the contact reason 'Contact with Internal Party'.

When adding a contact to a claim, the client is the default party for all new contacts

How to:

Introduction

Add a client Contact

Add a non-client contact using the search function

⌄ Add a non-client contact using the Participants function

    Quick steps

Add a contact to the Weekly Compensation sub case

Add a client Contact

Step 1

Open the claim or party record and go to the **Contacts** tab. Click **Add.**

Add Contact through Party Record TS100594

Add Contact through Claim TS100595

Step 2

Enter the contact details.

Step 3

Select the **reason**, **method of contact, outcome (if required)** and **direction** from the drop-down lists.
- The '**Claimant Care Notes'** reason should be selected only if there is a valid reason for not disclosing a contact as part of the print Claim File report, for example when managing risky clients.
- See Contact reasons and recommended use for more information.

Step 4

Enter the date or click on the calendar icon to select a date and click **OK.**

Click the appropriate tab for the party type you are contacting and enter search criteria. Click **Search.**

Add Non-Client Contact TS100600

Add a non-client contact using the search function

Step 1

Open the claim and go to the **Contacts** tab. Click **Add.**

Step 2

Click the **magnifying glass** (search icon) next to the **Party** field to associate the other party with the contact.

Step 3

Click the appropriate tab for the party type you are contacting and enter search criteria. Click **Search.**

Add Non-Client Contact TS100600

Add a non-client contact using the Participants function

Quick steps

1. Open claim. Go to the **General** tab
2. Select the party from **Participants** (Note claim number)
3. Click **View Party**
4. Go to **Contacts** tab. Click **Add**
5. Click **magnifying glass** next to **Claim**
6. Enter claim number in **Claim Number/ACC45 Number** field
7. Click **Search**.
8. Complete details in **Add Contact**. Click **OK**

Step 1

Open claim and go to the **General** tab and select the appropriate party from **Participants** list view.
- Make a note of the associated claim number.

Add Non-Client Contact through Participants in Case Details TS100603

Step 2

Click **View Party** to display the party record.

View Party Record TS100605

Step 3

Go to the **Contacts** tab and click **Add.**

Step 4

Click the **magnifying glass** (search icon) next to the **Claim** field to display the **Case Search** screen.

Step 5

Enter the claim number in the **Claim Number/ACC45 Number** field

Add Non-Client Contact Claim Search TS100608

Step 6

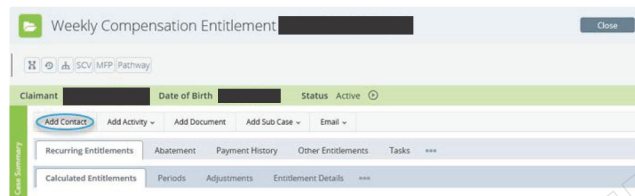Click **Search** to populate the **Claim** field with the number.

Step 7

Complete the details in **Add Contact**. Click **OK**.
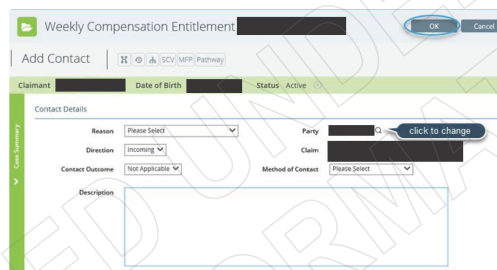
Add a contact to the Weekly Compensation sub case

Step 1

Open the Weekly Compensation sub case then select Add Contact from the menu.

Step 2

Complete the contact details. If the Party is the client and all other information is completed, click OK. The contact has been added and the procedure ends. Otherwise continue to Step 3.

Step 3

Click the magnifying glass to view a list of other participants that can be selected.

If the Participant is …	then …
listed	select the Participant from the list then click **OK**. The Party field is updated.
not listed	select **Add.** Complete the details on the Add Participants Page. Click **Find Party.** Complete the related search criteria then click **Search.** Select a participant from the search results then click **OK.** The Party Search screen is displayed and the participant has been added to the list of Participants. Select the Participant from the list then click **OK.** The Party field is updated.

Step 4

Complete any remaining contact details then click **OK**. The contact has been added to the contacts on the **Contacts** tab.

[Out of Scope]

Claims

EOS Online Topic

Contact   Managing Contacts

Information Type

System Steps

Relates To

Claim

Making sure your people have the correct access to systems

Rehabilitation and Treatment Por 1000822

We now have new processes and resources to make it easier for leaders to request and grant access to the systems their people need.

To support this, we've updated our Role Mapping Dictionary, produced a new System Access Report for the Eos (managing client claims) and MFP (Medical Fees Processing) systems, and established a new Internal Systems Support Team (ISST) to manage access to our systems.

A new eLearning module explains the new process.

Please check the access to Eos and MFP your people currently have

All People Leaders have been asked to check the System Access Report against the Role Mapping Dictionary, to make sure the access their people have to the Eos and MFP systems is appropriate for their roles.
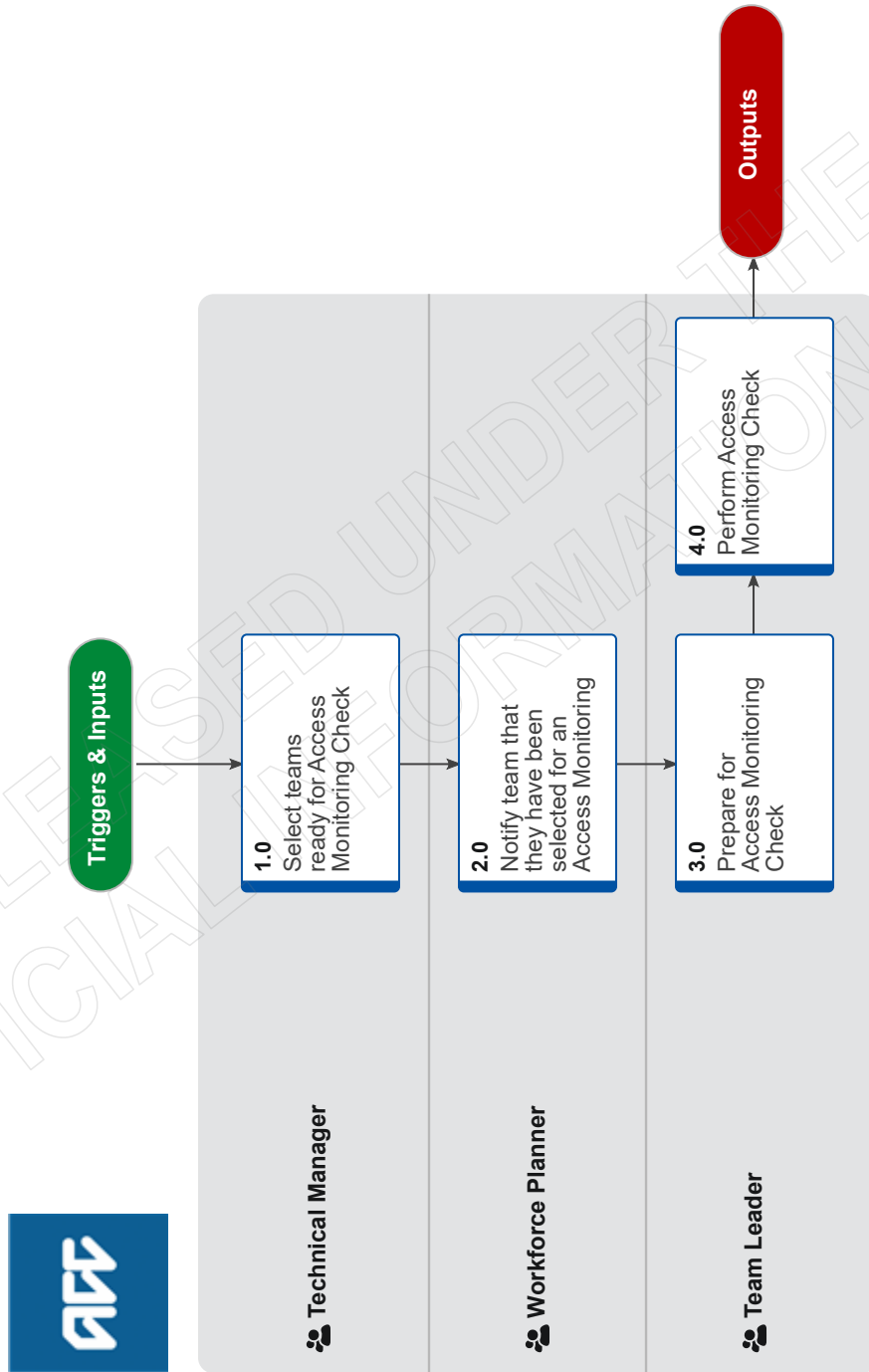
To do this, you need to complete following:
- Review the System Access Report, to see if your people have access to Eos and/or MFP. (Note: This may have been granted for a previous role.)
  - If no names appear, no further action is required.
- If people from your team are listed in the System Access Report, please check the Role Mapping Dictionary to confirm that this access is appropriate.
  - If the information matches and this **access is appropriate**, no further action is required.
  - If you are **not sure if access is appropriate,** use this process Request Access to Eos and MFP (Step 3) or check the Role Mapping Dictionary again once it has been updated in February 2023.*
  - If you believe **access is not appropriate**, use this process Request Access to Eos and MFP (Step 4) to follow the System Steps 'Request Updated Eos & MFP Access for an Existing User'.

*Most roles requiring access to Eos and MFP have been added to the Role Mapping Dictionary, and we expect the remaining roles to be validated by February 2023.

Going forward, you'll be prompted to check the System Access Report and Role Mapping Dictionary whenever someone joins your team (either new to ACC or moving from another team). Please allow at least five days when requesting access to Eos and/or MFP, and always refer to the latest version of the Role Mapping Dictionary to avoid delays.

Our work to develop our role maps and improve how we manage access to Eos and MFP is another of the initiatives that will strengthen our approach to privacy and how we manage our access to and use of personal information. This mahi will help us to act as kaitiaki or guardians of the personal information that is entrusted to us.

Conduct Claims Access Monitoring Check v4.0

Triggers & Inputs

Outputs

Technical Manager

1.0
Select teams ready for Access Monitoring Check

Workforce Planner

2.0
Notify team that they have been selected for an Access Monitoring

Team Leader

3.0
Prepare for Access Monitoring Check

4.0
Perform Access Monitoring Check

Conduct Claims Access Monitoring Check v4.0

Summary

Objective
Perform an Access Monitoring Check as part of ACC's commitment to ensuring client personal information is only accessed for appropriate reasons.

Background
We consider ourselves to be kaitiaki (guardians) of any personal information we receive. It is our responsibility to treat personal information as a taonga – to care for and use it only for its intended purposes. Respecting the personal information and privacy of ACC's clients, staff, and stakeholders is a core value and behaviour required of all ACC people.

To ensure we meet these responsibilities for our clients, we regularly monitor how our people are accessing client's personal information through our claims management systems. This will provide assurance that staff behaviour in managing personal information is meeting our high expectations and any instances of concern are followed up on.

Owner	[Out of Scope]
Expert	

Procedure

1.0 Select teams ready for Access Monitoring Check
Technical Manager

a In Team Selection tool, refresh data to confirm six team names for access check.

> **NOTE** **Teams are selected at least two weeks prior to the beginning of the month during which the checks are to be performed.**

> **NOTE** **What if Workforce Planning determine that capacity issues require a reduction in teams selected for a month?**
> In these scenarios Workforce Planning can reduce selection down to a minimum of four teams.

b Notify the relevant Workforce Planner to notify the selected team/s.

2.0 Notify team that they have been selected for an Access Monitoring Check
Workforce Planner

a Copy the Access Monitoring Notification into the Workplan.

> 📄 Access Monitoring Notification

b Send to the selected teams that will need to perform Access Monitoring Checks.

> **NOTE** **How are selected Teams notified?**
> Access Monitoring Check notifications are delivered to teams via their preferred method of delivering workplans and updates to teams. This may vary across different functions.

> **NOTE** **How far in advance do selected teams need to be notified?**
> Teams must be notified two weeks prior to the beginning of month in which they are required to perform the checks.

3.0 Prepare for Access Monitoring Check
Team Leader

a Review the Client Information Access Review Tool to ensure it includes all team members in the team, and that their access information is recorded in the tool.

> 📄 Client Information Access Review Tool

> 📄 Leader Instructions for Access Monitoring Tools

> **NOTE** **What if you have a team member who does not have any access information in the Client Information Access Review Tool?**
> These team members can be excluded from the checks.

b Schedule a suitable time with each team member to complete the Access Monitoring Check together.

> **NOTE** **Can you use an existing coaching time?**
> You may want to complete the check as part of existing coaching conversations you have in place with your staff member (ie CXQ conversation).

> **NOTE** **How long do you need to perform the checks?**
> The checks should take appropriately 15 minutes to complete per team member but could take longer depending on the quantity and complexity of access information to review.

4.0 Perform Access Monitoring Check
Team Leader

a Meet with your team member at the scheduled time.

b Talk your team member through the objective and process of the Access Monitoring Check.

c Review and discuss the information presented for each claim in the Client Information Access Review Tool with your team member, assessing them against the Access Monitoring Criteria.

> 📄 Access Monitoring Criteria

> **NOTE** **What if the reason for access is obvious to you as a Leader?**
> It is important to still have a conversation with your Team Member to reinforce our positive privacy culture. It is important our people understand that their access of client information is visible, and why these checks happen. It can be an opportunity to celebrate great practice, or to inform coaching conversations if you see opportunities for development.

> **NOTE** **What if there are multiple actions on a claim within a session?**
> Review all activity as a collective set of actions leading to an outcome. The question needing to be answered in these situations was whether the access to the claim was a for valid reason.

NOTE **What if a claim has been accessed in more than one session during the time period captured in the Access Report?**
Complete a separate check for each session.

d Record the findings of each claim access using the Client Information Access Validation Tool.

   📄   Client Information Access Validation Tool

   📄   Leader Instructions for Access Monitoring Tools

NOTE **When should you record your findings in the Client Information Access Validation Tool?**
Record your findings in the Client Information Access Validation Tool as you are conducting the checks with your Team Member. This is more efficient than conducting the check and capturing your findings at a later date.

NOTE **What if you are capturing commentary in the Client Information Access Validation Tool?**
The commentary you input will be visible and likely reviewed by representatives from Performance, Privacy, and Integrity Services. The content you enter should be clear and understandable. If this is not the case, you will likely be contacted to provide clarification.

NOTE **What if a check has resulted in a Low Assurance rating?**
This does not mean that access to the claim was inappropriate, just that we cannot provide clear evidence backing up a valid business reason for access using our current systems and tools. Depending on the reason for assigning a Low Assurance rating you may also want to take additional steps or actions to work with the Team Member to fill knowledge gaps or reinforce best practice behaviors.

In the Client Information Access Monitoring Validation Tool only select Follow Up Required if you believe follow up is required with Integrity Services or Employment Relations. If you Team Member will benefit from some activity, such as coaching, then this is not required to be captured in this tool.
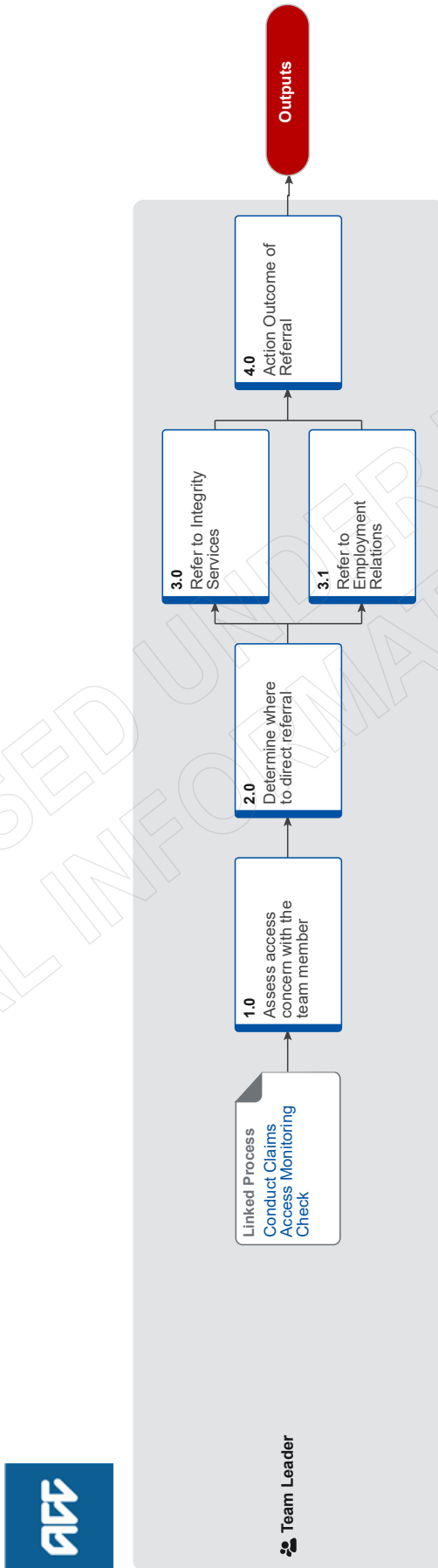
NOTE **What if you have concerns about access to a claim?**
This does not automatically mean that access to the claim was inappropriate, but that the access is currently unexplained and requires further validation due to a concern raised during the check. Proceed to 'Assess Claims Access Concerns'

   ↖️ **PROCESS** Assess Claims Access Concerns

NOTE **What if you haven't captured the appropriate level of information in the Client Information Access Validation Tool?**
The Performance team who monitor submissions in the Client Information Access Validation Tool may seek clarification from you directly, or this may be picked up as part of a conversation with your Client Service Leader.

Assess Claims Access Concerns v2.0

Outputs

Team Leader

Linked Process
Conduct Claims Access Monitoring Check

1.0 Assess access concern with the team member

2.0 Determine where to direct referral

3.0 Refer to Integrity Services

3.1 Refer to Employment Relations

4.0 Action Outcome of Referral

ACC > Risk Management > Risk and Control Processes > Assess Claims Access Concerns
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Page 1 of 3

Assess Claims Access Concerns v2.0

Summary

Objective
Assess claims access concerns raised during Access Monitoring Checks and determine whether a referral to Integrity Services or Employment Relations is required.

Background
If an Access Monitoring Check finds concerns around access to a claim there is a need to further assess this access and make a determination as to whether a referral to Integrity Services or Employment Relations is required.

Owner   [Out of Scope]

Expert

Procedure

PROCESS **Conduct Claims Access Monitoring Check**
Team Leader

1.0 Assess access concern with the team member
Team Leader

a Ask the team member to explain why they accessed the claim in an instance where you have identified a concern.

> **NOTE** **How should you ask the team member to explain their reasons for access?**
> The purpose of this conversation is to understand the staff members version of events.
>
> This must be asked in a non-confrontational and non-judgmental way, and should be an exploratory conversation in nature. There are many valid reasons why a team member may have accessed a claim, even if it cannot be evidenced with the systems and processes in place.

b Capture your findings in the Client Information Access Validation Tool.

> 📄 Client Information Access Validation Tool
>
> 📄 Leader Instructions for Access Monitoring Tools

c Determine if the reasons provided by the team member are valid or not.

> **NOTE** **How do you make this determination?**
> Refer to Claims Access Criteria.
>
> You must also exercise your judgement if the reasons provided are valid or not valid or you have ongoing concerns about the reasons for access.
>
> As a Team Leader who has high visibility of the workloads, work types, relevant processes, experience, expertise, and other attributes of the team environment, you must make a reasonable and fair assessment based on the explanation provided by the staff member, taking into account the factors listed above or any other evidence that is available.
>
> 📄 Access Monitoring Criteria

> **NOTE** **What if you decide that the reasons provided are valid and so a referral is not required?**
> You may also want to take action to address knowledge gaps or reinforce best practice.
>
> This process ends.

> **NOTE** **What additional kinds of information could be used to help make a determination?**
> • Access to Integrity Services advice and guidance to enable additional self-powered validation.
> • Access to peer reviews by suitably qualified practitioners to verify the reasons
> • Request additional footprint reporting to establish a wider data set that may be indicative of access trends.
> • Benchmarking against similar roles or functions to establish normalised access behaviour.

2.0 Determine where to direct referral
Team Leader

a Discuss your findings with your Line Manager and together and confirm that a referral is required.

> **NOTE** **What if you decide that the reasons provided are valid and so a referral is not required?**
> You may also want to take action to address knowledge gaps or reinforce best practice.
>
> This process ends.

b Determine whether the referral should be directed to Integrity Services or to Employment Relations.

> **NOTE** **When should you direct the referral to Integrity Services?**
> A referral should be made to Integrity Services where the access concern identified requires additional specialised assessment.

> **NOTE** **When should you direct the referral to Employment Relations?**
> A referral should be made direct to Employment Relations only in situations where there is clear evidence of deliberate inappropriate access by the team member, or where the team member has made a direct admission of deliberate inappropriate access.

3.0 Refer to Integrity Services
Team Leader

a Draft a referral email to Integrity Services using the subject heading 'Access Monitoring IS Support'.

> **NOTE** **What information do you need to include in the referral email?**
> • The team members name and role
> • Access points that cause concern
> • Details of additional validation steps completed and the results
> • Why concerns persist
> • Any conflicting or unusual explanations for the access
> • Details of discussion held with you Line Manager, including rationale for referral.

b Send the referral to Integrity Services via the email address integrity.insights@acc.co.nz.

3.1 Refer to Employment Relations
Team Leader

a Draft a referral email to HR Help using the subject heading 'ER Support'.

> **NOTE** **What information do you need to include in the referral email?**
> • The team members name and role
> • Access points that cause concern
> • Details of additional validation steps completed and the results
> • Why concerns persist
> • Any conflicting or unusual explanations for the access
> • Details of discussion held with you Line Manager, including rationale for referral.

b Send the referral to Employment Relations via the email address HRHelp@acc.co.nz.

4.0 Action Outcome of Referral
Team Leader

a Receive outcome of the assessment from Integrity Services or Employment Relations.

b Action any activities as required, including changing the Assurance rating assigned in the Client Information Access Validation Tool if instructed.

Recovery Assistant
Recovery Coordinator
Recovery Partner

Linked Process	Linked Process	Linked Process	1.0	2.0	3.0	Linked Process	Linked Process
Track Recovery	Conduct Recovery Check-in Conversation	Conduct Welcome Conversation	Identify the Recovery Team	Consider transitioning the claim	Transition claim to a Recovery Team	Conduct Welcome Conversation	Conduct Recovery Check-in Conversation

Real-time workforce analyst

Linked Process
Allocate Claim

ACC > Claims Management > Manage Claims > Assign and Allocate Claim > Transition Claim
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Page 1 of 7

Transition Claim v82.0

Summary

Objective
To review and consider transitioning a clients to another recovery team so that they receive the right level of support for their needs, at the right time.

Background
Clients will transition between recovery teams throughout the life of their claim. This might happen when:
• they progress with their recovery
• their situation changes
• new information becomes available.

Transitioning a client to a new recovery team takes place when the current team is no longer the best option for supporting their needs. Recovery team members should use their discretion when making this decision, drawing on Promapp guidance, provider feedback, and recovery support as required.

Owner   [Out of Scope]

Expert

Procedure

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

📄 **PROCESS** **Conduct Recovery Check-in Conversation**
Recovery Assistant, Recovery Coordinator, Recovery Partner

📄 **PROCESS** **Conduct Welcome Conversation**
Recovery Assistant, Recovery Coordinator, Recovery Partner

1.0 Identify the Recovery Team
Recovery Assistant, Recovery Coordinator, Recovery Partner

a Review the claim for information about a change in the client's circumstances and support needs.

NOTE **What if the claim is due to be closed within the next week?**
The claim does not need to be transitioned. This process ends.

NOTE **What if the client has another open claim with Escalated Care Pathways?**
If the claim is not a musculoskeletal injury then the claim should continue to be managed by a Recovery Team Member. If it is for a musculoskeletal injury, contact the ECP Team on 77097 to discuss.

The ECP Team will review with you, and may contact the ECP Provider managing the other claim to see if they also need to manage the additional claim. If they are going to do this, they will create a general task in EOS to track the progress and outcome. While you are waiting for an outcome, you should refrain from transitioning the claim unless there is an urgent request that needs assessment by a particular Recovery Team Member skillset.

If the ECP Provider needs to manage the additional claim, the ECP Team will update and transfer the claim to the ECP queue in EOS. If the Provider does not need to manage the additional claim, the ECP Team will update the task description to reflect this and close the general task. The claim can be transitioned if the ECP Provider is not going to take on the claim.

NOTE **What if you are in Assisted Recovery and need to determine which Assisted Recovery cohort should manage the claim?**
This is for claim transitions between Assisted Recovery cohorts only. For transitions into Assisted Recovery, see step 1.0 b.

b To enable you to make an informed decision on which is the correct Recovery Team review GUIDELINES Choosing the Right NG Recovery Team and NG GUIDELINES Whole of Person Guidelines and Allocations Rules.

📄 GUIDELINES Choosing the right Recovery Team

📄 Whole of Person Guidelines

NOTE **What if your client is newly injured?**
Hold off on considering a transition until more information is available, sometimes injuries are not as significant as first thought or clients make faster recoveries and may not need to transition to a different recovery team.

NOTE **What if a treatment injury claim is accepted for cover for a mesh injury?**
• If the Engagement Model Decision results state to send to Partnered, this claim will be transferred to Te Ara Tika.
• If the Engagement Model Decision results state to send to Assisted, Enabled or Supported, this claim will be transferred to Supported Recovery.
• For existing clients in Assisted Recovery - unless it is determined the client needs a higher level of support, these claims can remain in Assisted Recovery. If the client does require 1:1 support then normal transition guidelines should be followed.
• For existing clients in Supported Recovery or Partnered Recovery - if it is determined that the client needs some specialised support then the Recovery Team Member can discuss this with their Team Leader before the claim is transitioned to:
- if transitioning to Supported Recovery, the claim will be assigned to a Recovery Coordinator who has
been identified to manage mesh injury claims.
- if transitioning to Partnered Recovery, the claim will go to Te Ara Tika.

NOTE **What if there are claims managed by Third Party Administrators either through the Accredited Employer Programme or TPA Non-Work Service?**
ACC should not be proactively offer to manage these alongside other ACC claims:

• For work related injuries managed under the Accredited Employer Programme, these claims will continue to be managed by the Accredited Employer or their nominated Third Party Administrator.

• For non-work related injuries managed by Third Party Administrators, these claims will continue to be managed by the nominated Third Party Administrator, however clients can opt out of this at any point and ACC can assume management of the claim if the clients wishes to opt out contact tpasupport@acc.co.nz or DDI 45394 they will facilitate the opt out and claim return.

NOTE **What if it is a Work-Related injury and claimant is employed by an Accredited Employer**
Go to the Identify and Transfer Work-Related Injury Claim to Accredited Employer (AE) Process.

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

NOTE **What if it is a Non-Work-Related injury and the claimant is employed by an Accredited Employer**
Go to the Identify and Transfer Non-Work-Related Injury Claim to Third-Party Administrator (TPA) process.

> **PROCESS** Identify and Transfer Non-Work-Related Injury Claim to Third-Party Administrator (TPA)

NOTE **What if the client has an actively managed Physical Injury claim and Complex Mental Injury claim in Assisted?**
• If the client's needs are stable or require minimal support, both claims can be effectively managed by Assisted Recovery. The client does not need to be transitioned. For further information refer to the Whole of Person Guidelines and Allocation Rules.

• If the client's mental health deteriorates and their needs change and they require one on one support, this claim could be considered for transition and Whole of Person may apply. Refer to the Whole of Person Guidelines and Allocation Rules below.

NOTE **What if the client has an actively managed Complex Mental Injury claim and Complex Physical Injury claim?**
Both claims need to be managed by the Recovery team member managing the Complex Physical Injury.

NOTE **What if the client has multiple claims requiring management?**
All claims need to be managed by the individual or team that can best support their needs. For further information refer to the Whole of Person Guidelines and Allocation Rules.

NOTE **What if the client is to remain with the same team but has a request related to their Recovery Team member's location?**
For CMI claims: if at any time (including migration) the client identifies that they do not wish to be managed by their geographically located team record the conversation in a future dated contact. As this is customer engagement also record it in the Cultural area of the Recovery Plan with the client's preferred method of communication. The client can also be transferred to their local region if they move and request local management. Send an email to WFM@acc.co.nz requesting a change of Recovery Team member in addition to completing this process.

For Physical Claims - These will only be transferred if it will result in the best possible outcome for the client. The decision to transfer a client is based on their need and is made by Recovery Team Members with team leader approval. On the agreement that a claim can be allocated locally, rationale is noted on the claim and the Team Leader should agree on the named Recovery Team Member to receive the allocation, they then complete the Submit Claim Movement survey located in the WFM-Supported sharepoint this will ensure that claims go via the capability streaming tool.

NOTE **What if the client has an active Care Indicator?**
Recovery Team Member to review the Care Indicator prior to transition and discuss with their Team Leader as required to ensure any risks are identified and appropriate action taken.

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2.0 Consider transitioning the claim

Recovery Assistant, Recovery Coordinator, Recovery Partner

a Contact the client to discuss moving their claim to another team and understand the clients preference.

For guidance on how to conduct this conversation refer to NG SUPPORTING INFORMATION Having Recovery Team Transition Conversation and NG FAQ Transitioning a Client to Another Recovery Team.

NOTE **What if there is another claim being managed by another team/person?**

Consider Whole of Person management and follow the process as set out in the Whole of Person Guidelines.

📄 Whole of Person Guidelines

📄 NG FAQ Transitioning a Client to Another Recovery Team

📄 NG SUPPORTING INFORMATION Having Recovery Team Transition Conversations

NOTE **What if you are unsure a transition is needed?**

Make sure you have a conversation with your team leader to clarify if a transition is needed BEFORE you discuss with the client.

NOTE **What if the client doesn't agree to be transitioned?**
• Record your conversation with the client as a contact on the claim.
• Discuss with your leader how to approach the transition conversation at the next Recovery Check In.
• Add a note in the description field to the next Recovery Check In to remind you to if appropriate considering revisiting transitioning the client.

This process ends.

NOTE **What if you are a Recovery Coordinator or Partner and are unable to contact the client?**
• 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, discuss with your team leader to determine next steps. You may also consider seeking internal guidance.
• 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.

NOTE **What if you are a Recovery Assistant and are unable to contact the client?**

Recovery Assistants must make at least one attempt to contact the client to discuss the transition. If contact is unsuccessful this needs to be documented in the reminder action created in the steps 2.0b

NOTE **What if the client has a Complex Mental Injury and is being transitioned from Partnered to Assisted Recovery?**
• Client has an accepted claim
• The client does not have an active vulnerable indicator
• There are no risks noted in the report or by the provider
• The client is actively engaged in their therapy and well supported
• The client is receiving non complex supports and not financial support i.e. weekly compensation
• The client is not under 18 years of age

The decision to transition the claim is done collaboratively and must be discussed with the client and/or provider prior to transition.

b Based on the discussion you have had with the client, determine if they should be transitioned to a different Recovery Team which can better support their needs.

NOTE **What if the client is in Supported or Partnered Physical Injury and is 16 years or younger?**
Team Leader approval for the transition must be obtained prior to the transition to Assisted Recovery. Email your Team Leader the claim number, summary of the client situation and rationale for transition, with clear evidence that you have considered:

• The client's whole situation including ease of communication with parents/guardians, current living situation and other indicators described in Note 1a of Referring children in potentially vulnerable situations.
• The stability of the current injury must be clear, with Clinical Services hotline input if the injury is not clearly progressing / resolving Seek Internal Guidance.

Team Leaders will consider the clinical needs, social needs and likelihood of a stable and sustainable return to independence for the child. Team Leader will respond by email with Approval or Declinature and recommended next steps.

If approved, update Life Areas in Salesforce with the date of the approval noting "Transition to Assisted Recovery Approved". File the email away to the claim.
If declined, update the Recovery Plan to include recommended next steps.

📄 Referring children in potentially vulnerable situations

📄 Seek Internal Guidance

NOTE **What if you have determined the doesn't need to be transitioned?**
The client remains with the current Recovery Team. This process ends.

NOTE **What if there is an unmanaged Mental injury claim that is impacting the current managed claim?**
If recommendations have be made for support to be provided or considered on a claim with a sensitive indicator, follow the below steps:

1) The Recovery Team Member managing the physical injury claim should contact the client and discuss the recommendations.
2) Offer the client an opportunity to speak with a Recovery Partner to discuss what ACC support could be considered under the sensitive claim.
3) If the client agrees to having this conversation with the Recovery Partner, create an NGCM call back request task on the client's party record with the follow details
a. What has prompted this contact request
b. Brief summary of the client's situation
c. Contact to be made with client to discuss supports under sensitive claim and re-opening this.
4. Link the claim number to the task and transfer to the Partnered Recovery Department queue for allocation.

For the Recovery Partner:
5) Contact the client to discuss support and re-engaging under the sensitive claim.
6) If the client agrees to engage in support or wishes to continue with agreed next steps under the sensitive claim, the Recovery Partner should then consider whether whole of person conversation is appropriate now or once an engagement form has been received.
See Whole of Person Guidelines below.
7) Ensure the claim is open and assign to you if the client has agreed to engage in support.

If the client does not wish to engage with support under the sensitive claim, advise the Recovery Coordinator or Recovery Assistant of this outcome. Record your contact and close the task. Claim can be transfer into Actioned cases.

NOTE **What if you consider the claim should transferred to the Remote Claims Unit (RCU)?**
Go to (NGCM) Transition claim into Remote Claims Unit (RCU) process.
↪ **PROCESS** Transition client into Remote Claims Unit (RCU)

NOTE **What if you consider the claim should be transferred to the Wellington Central Branch/ Te Ara Tika team?**
Go to (NGCM) Transition Claim to Te Ara Tika.
↪ **PROCESS** Transition Claim to Te Ara Tika

📄 Whole of Person Guidelines

NOTE **What if you have received a 'General' task requesting a claim be transferred to Escalated Care Pathway (ECP)?**
Close open tasks on the Recovery Plan. Transition the claim and the 'General' task received from ECP to 'Escalated Care Pathway' department queue for the ECP team to manage using the following system steps.

If you need to contact or transfer a call to the ECP team you can call 07 848 7097 or email ECPTeam@acc.co.nz

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3.0 Transition claim to a Recovery Team
Recovery Assistant, Recovery Coordinator, Recovery Partner

a Prepare the claim for transition. Follow the below appropriate note, these steps must be completed:

NOTE **What if you are preparing the claim to transition to Supported or Partnered?**
• Check shared inbox and file away any emails (see system steps below)
• Ensure no outstanding emails on the claim
• Ensure filing away is completed and document list is tidy
• Complete all actions due
• Complete all urgent or overdue work required (Including referrals and emails)
• Life Areas updated
• Recovery goal updated
• Client is aware of and happy to transition (if not successfully able to contact this is noted in the task)

NOTE **What if you are preparing the claim to transition to Assisted?**
• Filling away completed and documents are tidy (see system steps for filing away below)
• All actions completed.
• All urgent or overdue work required is complete (including referrals and emails).
• Life areas updated.
• Recovery goal updated.
• No tasks overdue or due within 48 hours.
• Stakeholders (employer, provider etc) informed and information is updated i.e. participants.
• Remove any unnecessary Reminder tasks (i.e. waiting for report to arrive).
• Client is aware of and happy to transition.

If the client requires no further rehabilitation go to the Identify a Client for No Further Rehabilitation process.

PROCESS Identify a Client for No Further Rehabilitation

NGCM Filing Away - System Steps

NOTE **What if the Recovery Plan requires updating?**
Go to the Create or Update Recovery Plan process

PROCESS Create or Update Recovery Plan

b Complete transition by following the below appropriate note:

NOTE **What if you are transitioning a claim to Supported or Partnered**
From the Salesforce Recovery Plan, add a Reminder Action and set the action due date to today then enter the following information into the description field:

• Send a notification to the client advising them of your contact details (Management team change notification).
• Provide your rationale for transitioning the claim.
• If applicable, state next actions.
• In Eos, transfer the claim to the appropriate department queue. See Transfer a claim system steps below.
*If the information exceeds the reminder character limit of 1500 characters then record the rational for the transition in the 'Engagement' life area and note this in the reminder action.

If you are transitioning the claim to Partnered Recovery and need to advise if the claim needs to be allocated to the Mental Injury or Physical Injury team please email WFM@acc.co.nz

NOTE **What if you are transitioning a claim to Assisted**
• Notify provider/employer (if appropriate) of the transition and provide Assisted Recovery's details.
• In Salesforce, in the engagement life area record the transition rationale.
• In Eos, transfer the claim to Assisted Recovery.
• Ensure you have provided the client with Assisted Recovery's contact details either via phone, email or text notification.

Transfer a claim (Eos Online Help)

Create a Notification - System Steps

NOTE **What if the client is continuing to receive one to one management but being transitioned to a new Recovery Coordinator/Partner?**
Prepare the claim for transition as per the above preparation note.

From the Salesforce Recovery Plan, add a Reminder Action and set the action due date to today then enter the following information in the description field:

• Send 'Management team change' notification to the client
• Provide your rationale for transitioning the claim
• If applicable, state next actions.
• Email WFM@acc.co.nz if there are any allocation requirements (eg. location, gender, cultural capability)

NOTE **What if your client is transitioning from Supported or Partnered Recovery and receives Medical Consumables through Community Client/Onelink?**
Ensure any 'work items' awaiting approval are processed prior to transitioning the claim and that relevant Providers/Assessors are aware of the change of Recovery Team to ensure they select the correct approver for future requests.

NOTE **What if the client is being transitioned from Enabled to Assisted?**

I am a Recovery Administrator:

• In Eos, transfer the claim to the Assisted Recovery Department queue.

• Send 'Management team change' notification to the client with Assisted's contact details.

• If the claim has been incorrectly put in Enabled Recovery and a Welcome Conversation is required to complete the initial set up, create a NGCM Welcome Conversation task in Eos. Note in the description the reason for the transition.

• If the claim needs to be transitioned due to no longer meeting Enabled criteria (refer to Choosing the right Recovery Team), create the Recovery Plan in Salesforce. Add a Recovery Check In action (see create or update Recovery plan) and note in the description the reason for the transition.

I am a Recovery Assistant:

• In Eos, transfer the claim to the Assisted Recovery Department queue.

• Send 'Management team change' notification to the client with Assisted's contact details.

• If the claim has been incorrectly put in Enabled Recovery and a Welcome Conversation is required to complete the initial set up, attempt Welcome Conversation and set up the Recovery Plan accordingly.

• If the claim needs to be transitioned due to no longer meeting Enabled criteria (refer to Choosing the right Recovery Team), attempt a full Recovery Check in, if the client is an earner collect all Employment information e.g. Job title, job tasks and contact details for Manager and update the Recovery Plan accordingly.

• If the client is an earner attempt Employer Welcome Conversation and update life areas with relevant information.

◻ **PROCESS** Create or Update Recovery Plan

NOTE **What if the client is being transitioned to Enabled?**

• In Salesforce, complete all actions on the Recovery Plan timeline and mark as 'complete' or 'no longer relevant' (it is preferred that there are No open tasks for on-going claims management for clients with claims in Enabled Recovery).

• In Eos, transfer the claim to Enabled Recovery Department queue.

• Send 'Management team change' notification to the client.

◻ Transfer a claim (Eos Online Help)

NOTE **What if you're transferring a claim from BAU to a Recovery Team?**

In Eos, transfer the claim.

◻ Move a claim from BAU to NGCM

◻ Run or Edit Engagement Model Decision (EMD)

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◻ **PROCESS** **Allocate Claim**
Real-time workforce analyst

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◻ **PROCESS** **Conduct Welcome Conversation**
Recovery Assistant, Recovery Coordinator, Recovery Partner

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◻ **PROCESS** **Conduct Recovery Check-in Conversation**
Recovery Assistant, Recovery Coordinator, Recovery Partner

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