

REVIEW OF THE WAY IN WHICH PHYSIOTHERAPY SERVICES ARE FUNDED AND ACCREDITED BY ACC

ACC's response to questions arising from the Hearing held 14-18 May 2007 from David Goddard, QC, Chairman

Questions not answered on 25 May or 1 June 2007

47. ACC45 forms. An issue was raised about the signature of those forms in circumstances where the form is lodged electronically. Could you just explain briefly what the process is in terms of signature and the electronic lodgement context? (p466) Am I right to understand, though, that it's the responsibility of a provider, before submitting an electronic ACC45, to ensure that a hard-copy has been signed by the claimant at their practice? Is that right?

MS SALTER: As a follow up on that, does that imply, though, that at the point where someone at your end may --at ACC's end --may be requesting clinical notes, they don't know for certain whether or not someone has signed it because if they had that signed copy is at the practitioner end it is no longer at the ACC end? (p467)

ACC receives a significant proportion (currently in excess of 80 per cent) of its 1.8 million per annum initial registrations via electronic media.

The provider has the responsibility under the Health Information Privacy Code 1994 to ensure that the sending of health information to ACC is being done with the patient's authorisation.

ACC's recommendation, detailed in the Treatment Provider Handbook with respect to the initial claim lodgement form (the electronic ACC45), is that the practitioner, lodging the claim on behalf of the claimant, prints off a copy of the form and authority, and asks the claimant to sign it. The signed hard-copy is then stored by the clinic. As the claimant has now authorised the transfer of his/her health information, the registration is then electronically transmitted to ACC. ACC's receipt and subsequent lodgement of the electronic transmission is predicated on the claimant having authorised the process.

Although ACC has an expectation that the lodging clinic is holding the initial claimant authorisation, ACC as a matter of course seeks a further authorisation from the claimant at approximately seven weeks after the date of the claim for cases that are being managed at a Branch. This is stored on the ACC claim file. This subsequent authorisation is an opportunity for the

claimant to have a discussion with ACC about their rights, as well as ACC's obligations under the Privacy Act 1993 and the Health Information Privacy Code 1994.

There are a large number of forms that may be submitted to ACC in hard copy following the electronic ACC45 lodgement. These forms also ask for claimant's signature and have authorisation statements. These forms include the ACC32 (Prior Approval of Treatment), the ACC18 (Medical Certificate), the ACC250 (Transport to Treatment form), the ACC249 (Pharmacy Reimbursement form) and others.

This practice ensures that ACC can provide to practitioners a copy of the claimant's authorisation when requesting health information if the practitioner does not already hold authorisation.

From letter dated 11 May 2007

- 1. Does ACC accept the evidence of Strategic Pay on fair remuneration rates or does it stand by the benchmarking in the Deloitte Final Report, or does it have some other view?**

ACC has commissioned an independent review by Deloitte of the evidence of Strategic Pay on fair remuneration rates. The letter attached represents ACC's view on the evidence of Strategic Pay.