

ACC API Announcements

Kia ora

A big thank you for your continued support of ACC APIs as symbolised by the following figures:

	Dec-20	Jun-21	Dec-21	Jun-22	Dec-22
Vendors in Production	30	39	48	53	54
Average # of APIs / Vendor	2	2.5	4	5.4	5.1
Submission Volume (pa)	1.75M	2.55M	2.58M	3.01M	3.91M
Query Volume (pa)	2.97M	3.76M	5.29M	6.26M	6.37M

Overall: These figures provide insight to health sector complexity and the value that APIs provide in supporting such complexity.

Specifically: The stabilising of those figures make it look like we have reached product maturity however the initiatives below will cause further growth in all figures.

I will soon be finishing work; so, if you have questions or wish to gain insight please contact me at brent.fry@acc.co.nz

It has been a genuine pleasure working with software vendors, organisations such as the former DHBs, and the ACC Digital Operations team over my 12 years at ACC:

- 1. I have found you to be excellent straight up people, all wishing to make a positive difference for Providers, thank you.
- Collectively, we have effected considerable health sector change. I provide some highlights at the end of this email; they may take you down memory lane, best I don't ask whether they are good or bad memories eh. 3

Right enough self-indulgence; onto what's important.

OPPORTUNITIES TO ADD VALUE FOR YOUR CUSTOMERS

The following initiatives:

- 1. Symbolise ACCs ongoing commitment to continuously improve service through the use of APIs.
- 2. Offer significant service improvement, so we encourage their adoption for your customers.

Inbound Documents https://developer.acc.co.nz/sample-inbound-documents

Late February / Early March 2023, we are introducing ~ 100 more documents to the seven (7) that are currently supported. These are focussed on the dental and hearing loss services plus an external stakeholder, ABI Rehab; providing one submission solution for all ACC related documents. Some key points:

- 1. This is a statement of intent regards where ACC is taking this service; <u>expect additional</u> <u>documents after this</u>.
- 2. Feel free to advise of what documents your Providers would like included in this API to make their interactions with ACC easier.
- 3. Key immediate benefits to Providers include:
 - a. If they're using third party solutions: There is no per-submission charge by ACC, and the size of a document accepted is 20MB compared to 3MB.
 - b. If they're using mail / email: Our solution means less manual handling of documents.
 - c. If they're needing to use a mixture of submission methods: One submission mechanism makes life simpler.
- 4. A key benefit for software vendors is that, after initial assimilation to your solution, as ACC improves the service (such as accepting more documents and allowing larger documents to be submitted ... we're aiming for 100MB) there will be little additional impact on you, but you will be seen as providing the benefit.

Think API Combo's

I recommend having a chat with your user groups regards what would assist them. A couple of quick win scenarios to consider:

- 1. Claims, plus Inbound Documents.
- 2. Invoices, plus Inbound Documents.

They will know best regards what additional supporting material they send to ACC that, until now, has had to be sent via an alternate submission mechanism, often email.

As mentioned above, feel free to advise of what documents your Providers would like included in the Inbound Documents API to make their interactions with ACC easier.

Claims with automated numbering https://developer.acc.co.nz/products/claims-api

ACC is requesting you move to this sooner rather than later. Consider which of the following is the best for you, subject to your roadmap / workload:

- 1. The above link takes you to the ClaimNumberAllocation API; assimilate this into your claim solution to save the effort you and / or your customers spend on using manual ACC claim numbering.
 - a. The manual numbering system will have an end of life; however, it is yet to be announced. As an indicator, it is having to issue smaller sets of numbers now as options drop.
 - b. Key regards adopting this option; you will need to adjust again later to the following however it will be a non-breaking change.
- 2. Know that a new version of this API is expected to be rolled out by June 2023:
 - a. This will also be supporting new claim number formats as the current set nears end of life.
 - b. Key regards adopting this option; check your back-end systems regards what else might need to change to support the new claim number formats.

Further detail is provided at <u>ACC45 Number Change</u> to assist decision making.

Change of Diagnosis https://developer.acc.co.nz/products/change-of-diagnosis-api

This service is valuable to Providers who are increasingly advising ACC of this and, because it is not widely available by software vendors, they are requesting that ACC ProviderHub provide such a service.

Major New Initiative – Integrated Care Pathway (ICP)

ICP is our innovative way of managing people with injuries that require multiple rehabilitation services. You will have already received an introductory email and an invitation to webinars for 28 February and 2 March. <u>https://developer.acc.co.nz/integrated-care-pathways-icp</u> is the place for "the latest" as this unfolds; this link includes a copy of any emails sent.

Notable points from my perspective:

- 1. Where it can, ICP leverages off what submission APIs ACC already offer; specifically, the Claim, Medical Certificate, Change of Diagnosis, Invoice, and Inbound Documents APIs.
- 2. It will generate a new richer Query Claim API response.
- 3. It will offer ACC's first FHIR based submission API in addition to the above.
- 4. Realise that this is the start of potentially considerable change over a few years in terms of how ACC supports Providers to assist client recovery.
- 5. Over to you to establish how best to position your solution within that.

RELATED MATTERS Bug Fixes / Minor Enhancements

ACC is entering a phase of being able to deal with this backlog. For example backend systems have been updated to support some health information standards so we can now reflect that within the API. So expect a series of announcements over the next few months.

ProviderHub <u>https://www.acc.co.nz/for-providers/providerhub/</u>

All announcements regards the eBusiness Gateway (eChannel) replacement are made by that initiative.

Developer Resource Centre (DRC) Changes https://developer.acc.co.nz/

This continues to evolve rapidly thanks to your feedback plus increased ACC business need to communicate directly with software vendors. ACC is in the early stages of determining how to better support this growth. One result will be an improved user experience.

Claim – Altered expectations of the Provider regards the patient declaration

- 1. Previously, ACC reinforced the need for the Provider to capture a written patient signature with the patient declaration and, in effect, store that on our behalf.
- 2. The following is now the ACC published stance Lodging a claim for a patient (acc.co.nz):

Get patient declaration and consent

Your patient or authorised representative must confirm their consent for you to lodge the claim, and it must be recorded. This lets us collect information about their injury from you and any other health providers.

You can do this electronically by reading the following statements to the patient and recording the response in their clinical record:

1. Do you declare that you have provided true and correct information and you'll tell ACC if your situation changes?

- 2. Do you authorise me as your (name of health profession: GP, physiotherapist, etc) to lodge your claim with ACC?
- 3. Do you authorise your records to be collected or disclosed to ACC to help determine cover for your claim, determine what you'll be entitled to, or for research purposes (such as injury prevention, or assessment, and rehabilitation)?

Alternatively, you can ask the patient to physically sign each of the forms you're submitting. You'll need to sign them too.



3. Over to you:

- a. When and how you might alter your solution to support your Providers.
- b. Then advise them of the change.

As always, you are welcome to contact us to work through options.

A COUPLE OF MY HIGHLIGHTS WHILE WORKING WITH YOU

- 1. My initial ACC work was to establish the online Medical Certificate and get Medical (General and Nurse) Practitioners to complete it in the presence of their patient; a first for the NZ health sector. Establishing this with some of you so we could then break down that barrier has resulted in Provider online form completion being more the norm, with tangible benefits including patient support timeline reduction, and paper management cost drop.
- 2. Leading ACCs API development and sector shift has been another NZ health sector first. Tangible benefits have included:
 - a. Wider online solution coverage as ACC legacy systems maxed at ~10 software vendors per system. Another lens is establishing an even playing field for software vendors supporting Providers.
 - b. Resulting minimal impact on software vendors and Providers as ACC has shifted back-end systems from legacy tech.
 - c. Thanks to your adoption of the APIs, my old mantra of "a Provider's ACC online experience is of 5 registration processes, 5 UXs, and needing to remember 5 locations on their PMS" is now a thing of the past.
- Conceptualising and developing the Developer Resource Centre (<u>https://developer.acc.co.nz/</u>) in six weeks, then evolving it thanks to your feedback and business demand. We have proven the value of a dedicated space for the software vendor community and the people who work with you.
- 4. Maturing the ACC product Information Date Exchange (IDE); we have proven this solution has a clear role where ACC does not have APIs or stakeholders are not ready for API adoption.
- 5. Finally, consider the Inbound Documents API my parting gift:
 - a. This has been a slow burn but is a big deal.
 - b. ACC processes & expectations of Providers require non-digitised ACC forms and supporting material; this is not going to change rapidly.
 - c. Adopting this API so your Providers have only one mechanism to submit all ACC related documents will be good for you, your Providers, and patients. The latter because such content is sped up being delivered to ACC back-end systems for case manager decision making.
 - d. I encourage you to embrace this.

Please feel free to share this information with any colleagues. You can check out our previous updates on the <u>https://developer.acc.co.nz/developer-comms</u>.

If you have any questions or feedback regards additional documents to add to the Inbound Documents API, please <u>contact us</u> at your convenience.

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Mā te wa

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