# Medical Certificate User Interface

## Introduction

Support material for APIs consists of:

1. Context:
   a. Design Primitives - Provides framework for how ACC has developed its APIs;
   b. Provider API User Interface - Provides overall context for the service the specific API supports; and
   c. Support Expectations - Sets expectations of the software vendor regards support of their customer base.

2. The specific API:
   a. Swagger file;
   b. Core Specification;
   c. Specific API Specification; and
   d. Medical Certificate User Interface - This document as a repository for remaining important items.

This document contains information specific to this API regards:

1. Compliance (Sandpit) Environment;
2. Production Environment;
3. Quirks to keep in mind;
4. Support messages for the Provider; and
5. Additional Services / Functions / Steps for the Provider.

For the latter two items, tables are provided, and each item within is classified as follows:

1. **Required** – ACC will check integration prior to go live.
2. **Recommended** – ACC have learnt, primarily from Provider feedback, that this is good for the Provider; resulting in better quality submissions & less pain for them.
3. **Optional** – Something ACC has learnt for your consideration.

## Compliance (Sandpit) Environment

Such terms can be and are used interchangeably; internally ACC uses the term Compliance.

You can safely submit test medical certificates in this environment; it is not linked to ACC production systems but closely mimics the production experience. **e**g use of a digital certificate and receipt of error messages.

## Production Environment

Access to production is controlled:

1. Once you have successfully completed your testing, expect ACCs representatives, Digital Operations, to put your solution through a series of tests. This is about ensuring the Provider experience is as expected and ensuring data quality into ACC systems.
2. Once those tests are successfully completed a mutually agreed move to production is negotiated, and then a measured roll-out to your user-base can begin.

# Quirks

1. **Unique Identifiers**
   With both testing and production of the Medical Certificate API, unique identifiers (medical certificate numbers) are automatically generated by ACC. This contrasts with the Claim API, where both testing and production rely on the software vendor sourcing the unique identifiers (claim numbers) from ACC and then providing them to their users.

2. **Employer Details**
   The business rules for claims and medical certificates appear different for the following situation, this is intended:
   a. The claim API accepts employer details (optionally) for a patient who is not in paid employment, for instance a student or volunteer, but doesn't allow the Provider to set up work capacity periods for such a patient; whereas
   b. The medical certificate API doesn't ask about employment so it can be used to issue a medical certificate for the student or volunteer who needs to be accountable to others.

# Medical Certificate – Support messages for the Provider

Provided in current solutions to assist Providers understand what is expected of them by ACC. All are to be considered "Recommended".

| Current Offering Term | API JSON Field Name | Provider Support Message |
|---|---|---|
| **Patient Details** | | |
| ACC45 / Claim No | medicalCertificate/claimNumber | Expected formats: <br> • AANNNNN (2 alpha, 5 numeric) <br> • ANNNNNN (1 alpha, 6 numeric) <br> • NNNNNNN (7 numeric) <br> • NNNNNNNNNNN (11 numeric) <br> • ANNNNNNNNNN (1 alpha, 10 numeric) |
| **Injury Details** | | |
| Injury Details | (Heading) | Please use the most accurate / detailed diagnosis code available that is appropriate at this time in managing this injury. |
| Statement beneath heading | | Please select the diagnoses that still applies. |
| Principal Diagnosis | medicalCertificate/diagnosis/primaryDiagnosisIndicator | This is the injury that has the potential for the most impact on the Patient's continuing incapacity and potential for recovery. |
| Comments | medicalCertificate/diagnosis/diagnosisComment | Can refer to any of the diagnoses e.g. complications, severity. |
| **Fitness For Work** | | |
| Statement beneath | | Please note: If you determine that the patient is fit for some work, ACC may be able to 'top up' the patient's earnings with weekly compensation, or in situations where the employer is unable to arrange any suitable work |

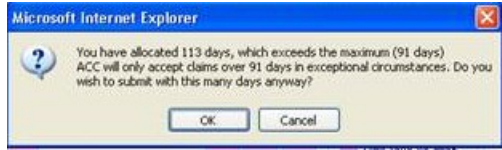| heading | | duties, pay their full entitlement to weekly compensation. |
|---|---|---|
| Return to work assistance required? | medicalCertificate/workCapacity/returnToWork/assistanceRequired | Does your patient require assistance to be able to Return to Work? Do you think additional services are required to those currently in place? Or do you want their case to be independently clinically reviewed? <br><br> If so, click yes. If not, click no and you will move to the next section. |
| (Below this) | | Weekly compensation can continue while your patient returns to work |
| Support needed to stay at work / return to work | medicalCertificate/workCapacity/returnToWork/assistanceType | If you select this, an ACC Case Manager will contact you to discuss what Return to Work assistance is currently in place and/or may be required for your patient. |
| Clinical review of patient's fitness for work needed | | If you select this, an ACC Case Manager will contact you to arrange a Clinical Review of Fitness for Work for your patient by an independent occupational specialist. |

# Medical Certificate - Additional Services / Functions / Steps For the Provider

These are experiences that a Provider already has an expectation of as a result of using current ACC online offerings. This learning is offered for your consideration re including in the user experience you provide.

| Service / Function / Step in process | API JSON Field Name | Required / Recommended / Optional | Description |
|---|---|---|---|
| **Services** | | | |
| Highlights of mandated fields | | Recommended | The swagger code identifies "mandated" fields. Consider assisting the Provider to know what they must do to minimise errors when sending by providing a form of highlight to those fields. |
| Provider Support Material | | Recommended | The vendor to incorporate this into its standard user support offering. |
| Code sets | | Required | Obtain access to ACC code sets from that API except SNOMED codes. |
| SNOMED Codes | | Optional | This API supports the submission of SNOMED codes if you choose to offer that option to your customers. |
| Free form fields | | Recommended | Consider advising Provider of available freeform field capacity. Providers can copy and paste content from other documents so natural field limits can be breached causing an error at submission. |
| Minimise the number of clicks | | Optional | eg. Ensure cursor automatically moves to next field after Y/N buttons are selected |
| Error messages (1) | | Recommended | The error messages we supply (see the Specification) go to you, the software vendor; we recommend that you pass these onto the Provider. |
| Error messages (2) | | Recommended | As your Providers first point of contact re an error we recommend that there is a generic error instruction provided along the lines of, 'If the API returns an error, please check this with your software vendor.' |

**Functions**

| | | | |
|---|---|---|---|
| Unique medical certificate identifier | | Required | This is automatically supplied by ACC. Do not alter. |
| Unique claim identifier | medicalCertificate/claimNumber | Required | ACC processes can kick in a lot quicker if the relevant claim identifier is included. |
| Content stored before being sent | | Recommended | Providers get situations where they start a medical certificate but can't complete it immediately. Examples: emergency in waiting room or need to do research first. |
| Mechanism to remind Provider to submit claim | | Recommended | |
| <Delete> or <Cancel> | | Recommended | Ability for Provider to remove content loaded for ACC but not submitted. Reason = they realise that the event isn't one that is ACC supported. |

**Patient Details**

| | | | |
|---|---|---|---|
| NHI Number | medicalCertificate/patient/details/nhi | Recommended | Both supplied to ACC & displayed for the Provider |
| Date of Injury | medicalCertificate/patient/details/accidentDate | Recommended | ACC processes can kick in a lot quicker if the relevant claim identifier is included. |
| Date of Birth | medicalCertificate/patient/details/dateOfBirth | Recommended | ACC processes can kick in a lot quicker if the relevant claim identifier is included. |
| First Name | medicalCertificate/patient/details/firstName | Recommended | ACC processes can kick in a lot quicker if the relevant claim identifier is included. |
| Surname | medicalCertificate/patient/details/surname | Recommended | ACC processes can kick in a lot quicker if the relevant claim identifier is included. |
| Email Address | medicalCertificate/patient/contact/emailAddress | Recommended | ACC processes can kick in a lot quicker if the relevant claim identifier is included. |

| | | | |
|---|---|---|---|
| Patient Cellphone Number | medicalCertificate/patient/contact/mobilePhone | Required | ACC processes can kick in a lot quicker if the relevant claim identifier is included. |
| Patient Address – Country | medicalCertificate/patient/address/country | Recommended | Note that ACC draws upon NZ Post addresses; as a result something like n/a within country will be rejected. |
| **Injury Details** | | | |
| Work capacity | | Recommended | Use a calendar to portray incapacity options |
| | | Recommended | Display a few days before consultation as well as todays date |
| | | Required | Ability for Provider to have a combination of one period of "Fully Unfit" & two periods of "Fit for Some Work" on the one medical certificate; sequential dates. |
| | | Required | ACC policy = medical certificate is to have the following (or equivalent) message appear to the Provider if a period of over 91 days is exceeded in the use of the calendar for the combined period of fully unfit and / or fit for some work.  |
| | | Optional | Max of one year for the calendar: 1. An example of where it might be acceptable for a year-long medical certificate is for a paraplegic / tetraplegic patient. 2. Even then good practice means that there should be a yearly visit to cover off progress / going downhill and things like any medical advances that might make a difference. |
| <Clear> | | Recommended | Ability for Provider to clear what put in calendar so it can be redone. |
| Review | medicalCertificate/workCapacity/reviewIncapacityDate | Required | Ability to select a date when the patient is expected to revisit. |
| Full Return to Work | See Specification – section titled "Fitness for work" | Required | Ability to select a date when the patient is medically expected to be able to return to work to undertake their previous role. |

**Declaration**

| Declaration | | Required | Provider declaration wording to be presented to Provider prior to submission. |
|---|---|---|---|
| | | | **Patient Declaration** |
| | | | I declare this certificate to be an accurate reflection of my activity restrictions. I authorise: |
| | | | ACC to collect medical and other records which are or may be relevant to this claim |
| | | | Any health agency which holds medical and other records which are or may be relevant to this claim to give those records to ACC upon request. |
| | | | I have read and understood the supplied important patient information. |
| | | | **Doctor Declaration** |
| | | | I personally examined the patient named above for the above injury(s) and to the best of my knowledge, the information given is correct. |
| | | | I have discussed the patient declaration with the patient and the patient has authorised me to submit this form to ACC. |
| | | | **(*)** |

**Send a medical certificate**

| <Submit> or <Send> | | Required | Medical certificate content sent to ACC. |
|---|---|---|---|
| Acknowledgment to Provider | | Required | Minimum message to Provider is to be "ACC advise that your submission has been received, thank you." |

**Print outs for patients**

| Printout options<br>- Patient declarations | | Required | 1. Printouts are required.<br>2. Content within print outs is required.<br>3. Format is over to the vendor.<br>4. Examples are provided below. **(*1)** |
|---|---|---|---|
| - Patient copy of medical | | Required | Allow the Provider to print any combination of documents. |

| certificate | | Required | Ability to print the same content again at another time. E.g. Patient returns having lost the employer copy. |
| --- | --- | --- | --- |
| - Employer copy of medical certificate | | Optional | Use of the ACC logo. Request via "Contact" on the Developer Portal. |

**(\*)**

**Important patient information**
ACC is here to support you if you've been injured, by helping you get back to work and everyday life as soon as possible. If you need time off work after an accident, or your normal activities are limited, we will help in your recovery.

This ACC18 Medical Certificate describes how your injury affects your ability to work. If ACC needs any more information about your claim we will contact you later.

**Getting the right treatment and payments**
To make sure you receive the right treatment and any payments for your claim, it's important that all the information on this ACC18 Medical Certificate is accurate.

So that you always receive the right help, it's important you let us know if:
• you return to work or receive any earnings, no matter how small, so we can adjust your weekly compensation payments
• there's any change in your physical capacity
• the services being provided by ACC are not being delivered properly, eg if your home helper doesn't turn up

It's your responsibility to let us know about any changes to your personal circumstances that may affect your payments. Please help us keep the ACC scheme fair for everyone by keeping your information accurate. If we find the information supplied is false we will take the matter seriously.

**Resolving issues**
We want to work with you to resolve any problems. So if you have an issue with something we've done or a decision we've made, we'll work with you to sort it out as quickly as possible. You can learn more about your rights in the Working together to resolve issues (ACC2393) booklet, which is available at www.acc.co.nz.

**About the medical certificate**
- If you'd like a physical copy of this certificate, please ask your GP to print you a copy.
- This form may also be used by accredited employers in the ACC Partnership Programme.

- The information collected by ACC on this Medical Certificate (ACC18) will be used to process this claim for financial assistance, including weekly compensation, in accordance with the Privacy Act 1993 and the Health Information Privacy Code 1994. The Privacy Act and the Health Information Privacy Code gives you the right to see and correct personal information ACC holds about you.

**Why we ask for your authority to collect your medical and other records**
To establish your entitlement to compensation, rehabilitation and treatment we may need to collect medical and other records about you from a third party, such as your General Practitioner (GP), other medical professional or employer. We need your authority to collect them.
It's important that you understand that when you authorised your health provider to submit this ACC18 form to ACC, that you've also authorised:
• ACC to collect medical and other records which are or may be relevant to this claim
• any health agency that holds medical and other records that are or may be relevant to your claim, to give those records to ACC upon request.

PATIENT DECLARATION AND CONSENT

I declare:

- this certificate to be an accurate reflection of my activity restrictions.

I authorise:

- ACC to collect information about this injury;
- any health agency which holds health information about this injury to give that information to ACC.

I have read and understood the supplied important patient information.

| Patient to sign here or legal guardian or representative | …………………………………………………………………………………………… |
| Date | …………………………………………………………………………………………… |
| Authorised representative name | …………………………………………………………………………………………… |
| Authorised representative relationship to patient | …………………………………………………………………………………………… |

**(*1)** Format is over to the vendor; the following is an example of what ACC seeks.

## Patient Consent (Declaration)

See above.

## Patient / ACC Copy

**Medical Certificate ACC18**
*ACC/Patient Copy*

| | | | |
|---|---|---|---|
| ACC18 No | 201607140004 | ACC45/Claim No | VF00455 |
| Date of Injury | 05 Nov 2012 | NHI Number | ZAA2604 |

**Patient Details**

| | |
|---|---|
| Title | Mr |
| Surname | Claim |
| First Names | Test Test |
| Date of Birth | 01 Dec 1978 |
| *Residential Address:* | |
| Street | PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345rfreeeeeeeeeeeeeee |
| Suburb | |
| City | Lower Hutt |
| Postcode | |
| *Other Contact Details:* | |
| Phone (Home): | (04)9999999 |
| Phone (Work): | |
| Mobile: | (000)0000000 |
| Email: | |

**Injury Details**

**Principal Diagnosis**

| | | |
|---|---|---|
| **Diagnosis 1** S550. | | 05 Nov 2012 |
| Ankle sprain (S550.) | | |
| **Diagnosis 2** SP047 | | 05 Nov 2012 |
| Breakage of prosthesis (SP047) | | |
| **Diagnosis 3** F59.. | | 05 Nov 2012 |
| Hearing loss (F59..) | | |

**Comments**
What a mess....

**Fitness for Work**

**Fully unfit for work**
From 22 Jul 2016 until 28 Jul 2016
Because
op

**Fit for some work 1**
Normal hours from 15 Jul 2016 until 21 Jul 2016
**Physical Restrictions**

**Physical Restrictions**
No Lifting or forceful movements, less than 15kg
**Fit for some work 2**
3 hours per day, 5 days per week, from 29 Jul 2016 until 02 Aug 2016
**Physical Restrictions**
No Lifting or forceful movements, less than 15kg
**Return to Work**
03 Aug 2016

**Return to Work Assistance Required**
Return to work assistance required   Yes
Support needed to stay at work / return to work   Yes

**Complications / Assistance Required**
Complications / Assistance Required?   Yes
Complications / issues
diabetes
Other assistance
required
taxi

**Contact**
ACC to contact Practitioner   Yes
Best contact day
Monday
Contact details
Phone after 4pm

**Treatment Provider**

| | |
|---|---|
| ACC Provider ID | J99966 |
| Name | Dr Nigel Thompson |
| Occupation | Doctor |
| Practice Name | Acme Medical Centre |
| Address | 66 Central Drive |
| Suburb | Octagon |
| City | Dunedin |
| Postcode | 9010 |

# Copy for the Employer

## Medical Certificate ACC18
*ACC - Employer Version*

| | | | |
|---|---|---|---|
| ACC18 No | 201607140004 | ACC45/Claim No | VF00455 |
| Date of Injury | 05 Nov 2012 | NHI Number | ZAA2604 |

**Patient Details**

| | | **Injury Details** | |
|---|---|---|---|
| Title | Mr | **Principal Diagnosis - Diagnosis 1** | |
| Surname | Claim | **Diagnosis 1** | |
| First Names | Test Test | Ankle sprain (S550.) | |
| Date of Birth | 01 Dec 1978 | **Diagnosis 2** | |
| *Residential Address:* | | Breakage of prosthesis (SP047) | |
| Street | PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345rfreeeeeeeeeeeeeee | **Diagnosis 3** | |
| | | Hearing loss (F59..) | |
| | | **Comments** | |
| | | What a mess.... | |
| Suburb | | | |
| City | Lower Hutt | | |
| Postcode | | | |
| *Contact Details:* | | | |
| Phone (Home): | (04)9999999 | | |
| Phone (Work): | | | |
| Mobile: | (000)0000000 | | |
| Email: | | | |

**Fitness for Work**

**Fully unfit for work**
From 22 Jul 2016 until 28 Jul 2016

**Fit for some work 1**
Normal hours from 15 Jul 2016 until 21 Jul 2016

**Physical Restrictions**
No Lifting or forceful movements, less than 15kg

**Fit for some work 2**

## Fitness for Work

**Fully unfit for work**
From 22 Jul 2016 until 28 Jul 2016

**Fit for some work 1**
Normal hours from 15 Jul 2016 until 21 Jul 2016

**Physical Restrictions**
No Lifting or forceful movements, less than 15kg

**Fit for some work 2**
3 hours per day, 5 days per week, from 29 Jul 2016 until 02 Aug 2016

**Physical Restrictions**
No Lifting or forceful movements, less than 15kg

**Return to Work**
03 Aug 2016

## Treatment Provider

| | |
|---|---|
| ACC Provider No | J99966 |
| Name | Dr Nigel Thompson |
| Occupation | Doctor |
| Practice Name | Acme Medical Centre |
| Street | 66 Central Drive |
| Suburb | Octagon |
| City | Dunedin |
| Postcode | 9010 |
| Phone | 03 479 2816 |
| Declaration | 14 Jul 2016 |

**Employer version: please give this copy to your employer.**