



Medical Certificate API

User Interface Guidelines

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VERSION HISTORY

Date	Version	Change
	1.0	Initial Release
June 2020	1.1	
August 2022	1.2	Changed title and file name to read Tips & Tricks as opposed to User Interface
May 2023	1.3	Document title change ONLY from Tips & Tricks to reflect the true nature of the document. No content change
	1.4	Clearing up broken content missed in earlier release.
December 2023	1.5	Updated patient declaration to align with Privacy guidance.
February 2024	1.6	Update to Patient Declaration statement.

1 INTRODUCTION

Support material for APIs consists of:

1. Context:
 - a. Provider API User Interface - Provides overall context for the service the specific API supports; and
2. The specific API:
 - a. Common API Specification;
 - b. Medical Certificate User Interface - This document as a repository for remaining important items.

This document contains information specific to this API regards:

1. Quirks to keep in mind;
2. Support messages for the Provider; and
3. 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.

2 QUIRKS

2.1 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.

2.2 EMPLOYER DETAILS

The business rules for claims and medical certificates appear different for the following situation, this is intended:

- 1.1. 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
 - 1.2. 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.
-

3 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: <ul style="list-style-type: none"> • AANNNNN (2 alpha, 5 numeric) • ANNNNNN (1 alpha, 6 numeric) • NNNNNNN (7 numeric) • NNNNNNNNNN (11 numeric) • 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/primaryDiagnosisIndicat or	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.

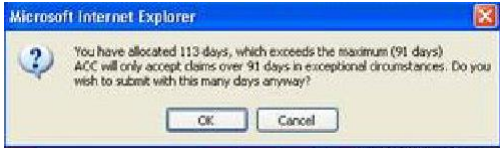
Current Offering Term	API JSON Field Name	Provider Support Message
Fitness For Work		
Statement beneath heading		Please note: If you determine that the patient is fit for some work, ACC may be able to ‘top up’ the patient’s earnings with weekly compensation, or in situations where the employer is unable to arrange any suitable work 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? 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		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	medicalCertificate/workCapacity/returnToWork/assistanceType	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.

4 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.

Service / Function / Step in process	API JSON Field Name	Required / Recommended / Optional	Description
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.

Service / Function / Step in process	API JSON Field Name	Required / Recommended / Optional	Description
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. 

Service / Function / Step in process	API JSON Field Name	Required / Recommended / Optional	Description
		Optional	Max of one year for the calendar: <ol style="list-style-type: none"> 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.

4.1 DECLARATION

Service / Function / Step in process	API JSON Field Name	Required / Recommended / Optional	Description
Declaration		Required	<p>Provider declaration wording to be presented to Provider prior to submission.</p> <p>Patient Declaration</p> <p>ACC may collect, use and disclose personal and health information for its lawful functions in connection with the Accident Compensation Act 2001. This includes obtaining relevant medical or other records about you and sharing relevant information with third parties to manage claims and entitlements; and / or where permitted or required by law. Providing information to ACC is voluntary. However, if relevant information is not provided, ACC may not be able to determine whether you are eligible for cover or for particular entitlements. You have the right to access and request correction of your personal and health information.</p> <p>Further details of how and why ACC collect, use, store and disclose information can be found on ACC's website under 'Privacy': acc.co.nz/privacy.</p> <p>Provider Declaration</p> <p>I personally examined the patient named above for the above injury(s) and to the best of my knowledge, the information given is accurate. I can confirm that:</p> <ul style="list-style-type: none"> • I've discussed the patient declaration with the patient • The patient agrees that this certificate is an accurate reflection of their activity restrictions • The patient authorises ACC to collect the following information and to use and disclose it in accordance with the purposes set out in the patient information: <ul style="list-style-type: none"> ○ Medical and other records which are or may be relevant to their claim ○ Details of their accident ○ Tax records, employment details and history which are or may be relevant to their claim • The patient authorises the holders of such information to provide it to ACC • The patient has authorised me to send this form to ACC. • I have recorded the patient's authorisation to the matters above in the clinical record. <p>(*)</p>

Service / Function / Step in process	API JSON Field Name	Required / Recommended / Optional	Description
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		Required	1. Printouts are required. 2. Content within print outs is required. 3. Format is over to the vendor. 4. An example is provided int the Printout options example section below.
- Patient declarations			
- Patient copy of medical certificate		Required	Allow the Provider to print any combination of documents.
- - Employer copy of medical certificate		Required	Ability to print the same content again at another time. E.g. Patient returns having lost the employer copy.
		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.

4.2 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.

4.3 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.

4.4 ABOUT THE MEDICAL CERTIFICATE

1. If you'd like a physical copy of this certificate, please ask your GP to print you a copy.
2. 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.

4.5 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), another 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.

4.6 PRINTOUT OPTIONS EXAMPLE

Format is over to the vendor; the following is an example of what ACC seeks.

Patient Consent (Declaration)

See the **Declaration** section 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		Injury Details	
Title	Mr	Principal Diagnosis	
Surname	Claim	Diagnosis 1	S550. 05 Nov 2012
First Names	Test Test		Ankle sprain (S550.)
Date of Birth	01 Dec 1978	Diagnosis 2	SP047 05 Nov 2012
<i>Residential Address:</i>			Breakage of prosthesis (SP047)
Street	PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box 12345PO Box	Diagnosis 3	F59.. 05 Nov 2012
Suburb			Hearing loss (F59..)
City	Lower Hutt	Comments	
Postcode			What a mess...
<i>Other Contact Details:</i>			
Phone (Home):	(04)9999999		
Phone (Work):	(000)0000000		
Email:			

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
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

4.7 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

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
12345PO Box
12345Pfreeeeeeeeeeeeeee
Suburb
City Lower Hutt
Postcode
Contact Details:
Phone (Home): (04)9999999
Phone (Work):
Mobile: (000)0000000
Email:

Injury Details

Principal Diagnosis - Diagnosis 1
Diagnosis 1
Ankle sprain (S550.)
Diagnosis 2
Breakage of prosthesis (SP047)
Diagnosis 3
Hearing loss (F59..)
Comments
What a mess....

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.