

# Process

- [Lodging a manual claim](#)
- [Lodging electronic claim](#)
- [Missing mandatory data](#)
- [Streaming a claim from registration](#)
- [Streaming TI claim](#)
- [Responding to provider requests](#)

## Lodging a manual claim

*The Hamilton and Dunedin Registration Centres use this process when they receive a manual injury claim form to confirm the form's data is complete and that it's not a duplicate claim.*

**Latest updates 27/11/2013:** A number of small process corrections and separation of streaming steps out into separate process.

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### Receive, check and sort claims

#### Responsibility

Lodgement team

#### When to use

Use this instruction when you receive one of the following manual claim forms at the Hamilton or Dunedin registration centres:

- ACC45 ACC Injury claim
- ACC42 Dental claim registration
- ACC21 Advice of accidental death claim
- ACC2151 Treatment Injury claim.

#### Instruction

##### Step 1

Check the claim form for any missing [mandatory data](#) that you need to register the manual claim, including:

- the client's first and last names
- the client's home address

- the client's date of birth
- the date of the accident
- a description of the accident
- details about whether a motor vehicle was involved
- details about whether the accident happened at work
- the client's employment status, eg non-earner, employee, self-employed or other, including shareholder employee, contracted employee or commission-only salesperson
- employer details for all work accident claims
- the injury, eg [READ code](#) (274K) and a diagnosis of the injury
- work capacity information, if it applies
- the client's or the provider's signature.

## **Step 2**

Note or highlight any missing mandatory data.

## **Step 3**

Check the form for:

- dental claims
- work injuries
- non-work injuries
- accredited employer claims
- staff claims
- 'test' claims, eg Mickey Mouse or Joe Blow.

## **Step 4**

Sort non-work injury claims into the following groups:

- full registration 'accept', eg to be registered with full data then streamed
- full registration 'held', eg needing further investigation for:
  - non-work gradual process
  - late lodgement
  - overseas injury
  - mental injury
  - hernias
  - anything else out of the ordinary.

## **Step 5**

Sort the following claims into groups to be held for further investigation:

- non-work gradual process
- late lodgement
- overseas injury
- mental injury
- hernias
- anything else out of the ordinary.

### Step 6

Check the ACC42 dental claims to make sure:

- there is an injury marked for each tooth listed
- there is a pre-accident condition marked for each tooth
- any teeth with prior damage have this specified in either the check boxes or the additional comments
- additional comments regarding restorations and caries specify the size
- that 'no prior damage' and 'prior damage' are not both specified, eg no prior damage and medium filling
- any damage to a prosthesis is specified, eg which teeth or if a denture was fractured down the middle
- the oral hygiene, periodontal condition and caries activity 'oral assessments' are completed. If they're the only missing dental information on the form, we can still register the claim
- 'permanent teeth missing' is highlighted if the claim is going to the missing mandatory team for another reason
- there are full dental tab details, unless it is a late lodged claim.

### Step 7

Check for missing or conflicting data.

If there is...	then...
no missing or conflicting data	<ul style="list-style-type: none"> <li>• allocate the claim form to the appropriate Lodgement team, eg non-work, work related gradual process injury</li> <li>• go to <b>Check if ACC45 number in Eos and claim is a copy</b></li> </ul>
missing or conflicting data	go to step 8

### Step 8

Check if the form is signed by the provider and client.

If the form is...	then...
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If the form is...	then...
signed	go to step 9
not signed	<ul style="list-style-type: none"> <li>issue a letter against the client party record and return the form</li> <li>this process ends</li> </ul>

## Step 9

Check the claim form for the following client information:

- name
- date of birth
- gender.

## What happens next?

If there is...	then...
enough information to register the claim	<p>go to <b>Check if ACC45 number in Eos and claim is a copy</b></p> <ul style="list-style-type: none"> <li>place the manual claim form in the 'missing mandatory box' to be investigated for missing or conflicting data</li> </ul>
not enough information to register the claim	<ul style="list-style-type: none"> <li>go to <a href="#">Managing missing mandatory data</a></li> <li>this process ends</li> </ul>

[Back to process map ↑](#)

# Check if ACC45 number in Eos and claim is a copy

## Responsibility

Lodgement team

## When to use

Use this instruction to check if an ACC45 number is in use and if the new claim is a copy of an existing claim in Eos.

## Step 1

[Search for the claim](#) number in Eos.

## Step 2

If the...	then...
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If the...	then...
'Claim Search' results screen appears	<ul style="list-style-type: none"> <li>the claim lodged in Eos with the same ACC45 number displays</li> <li>go to step 3</li> </ul>
'Person' tab on the 'Claim Search' screen appears	<ul style="list-style-type: none"> <li>the ACC45 number is not in use</li> <li>go to <b>Check if client party exists in Eos and/or claim is a duplicate</b></li> </ul>

### Step 3

Open the claim and check the client's name and accident details to determine if it's a copy.

If...	then...
all the claim details match and no change is needed	<ul style="list-style-type: none"> <li>stamp the claim with 'copy' or write 'copy' on it</li> <li>write the date the original claim was registered and who registered it</li> <li><a href="#">add a contact</a> with the details of the claim copy</li> <li>go to step 4</li> <li><a href="#">re-link</a> the claim to the correct client</li> <li>check the 'incorrect' client and amend any details changed in error, eg the address</li> </ul>
the claim has been linked or registered to the wrong client	<ul style="list-style-type: none"> <li>advise your Team Manager or Team Leader to remove the incorrect claim form document and check all linkages in the form of a task, contact or document have been removed or moved to the correct party</li> <li><a href="#">add a contact</a> advising why the claim form document has been removed, ie 'incorrect client selection at registration'</li> <li>go to step 4</li> <li>make the changes or corrections</li> <li><a href="#">add a contact</a> noting: <ul style="list-style-type: none"> <li>you received a copy of a claim from the provider</li> <li>the changes that you made</li> </ul> </li> </ul>
you need to change or add any claim details	<ul style="list-style-type: none"> <li>if other ACC forms are attached to the copy, detach and forward to the appropriate person or unit</li> <li>go to <a href="#">Preparing, scanning and filing documents for VCF</a> to file the ACC45 copy</li> <li>this process ends</li> </ul>

### Step 4

If the...	then...
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If the...	then...
claim is in Eos and it's an <b>exact</b> copy	<ul style="list-style-type: none"> <li>go to <a href="#">Closing physical files</a></li> <li>this process ends</li> </ul>
ACC45 number is in Eos and it's not a copy	issue a 'dummy' ACC45 number using your local team process
ACC45 number is not in use	go to <b>Check if client party exists in Eos and/or claim is a duplicate</b>

[Back to process map](#) ↑

## Check if client party exists in Eos and/or claim is a duplicate

### Responsibility

Lodgement team

### When to use

Use this instruction to determine if the client party exists in Eos and if the claim is a duplicate.

### Before you begin

You can't duplicate a claim if the existing claim has the cover status of 'held' or 'declined' because the duplicate will take on the cover status of the original claim, although it will show as a duplicate.

### Instruction

#### Step 1

[Search for the client](#) in Eos using the Alt+1 method and include all the following fields. This search will display any matches of the NHI number.

- NHI number
- first initial
- last name
- date of birth
- gender.

If there...	then go to...
are no matches	step 2
is one match	step 3

If there...	then go to...
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is more than one match **Register manual claim as complete or incomplete**

### Step 2

Remove the NHI number from the criteria and run the search again. Eos will display all similar results.

If there ...	then ...
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are no similar results

- [create a new party record](#)
- go to step 4

is one similar result

go to step 3

is more than one similar result go to **Register manual claim as complete or incomplete**

### Step 3

[Select and open the party record](#) and review the information to ensure that the following fields match those in the ACC45 form

- first name
- full last name
- date of birth
- gender.

If the information is...	then go to...
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an exact match

step 4

different in any way, eg

- slight spelling differences in names where all other criteria are exact matches
- near matched date of birth where all other criteria are exact matches
- hyphenated last name
- twins with first name initials matched
- different NHI numbers but all other details match

**Register manual claim as complete or incomplete**

## Step 4

Select the client record to view the client's list of claims and check for possible duplicates of the claim that you're registering:

- Open each claim dated within seven days of the date of the accident
- Compare each claim with the one to be registered.

## Step 5

Check for ACC45 numbers that may have been keyed incorrectly, eg the ACC45 numbers are similar but two numbers are transposed. If you find any, pull the claim from filing to check if the number was keyed correctly.

If the ACC45 was keyed...	then...
correctly	go to step 6 <ul style="list-style-type: none"><li>• add the correct ACC45 number as a <a href="#">case alias</a></li><li>• <a href="#">add a contact</a> with details of any changes</li></ul>
incorrectly	<ul style="list-style-type: none"><li>• send both the client and the provider an <a href="#">EXR07 Change of ACC45 number (36.5K)</a> letter so they know we've assigned a new ACC45 number</li><li>• go to step 6</li></ul>

## Step 6

Check that all the claim details match, including:

- the date of the accident
- the accident details
- the client's employment status
- the cause of the injury.

Remember that:

- some people have more than one accident in a week or even in a day and the accidents may be similar, eg elderly people often fall; rugby players often hurt their knees
- the injuries do not have to be the same as long as it is the same accident. A client may go back to their doctor for an additional injury they did not realise they had, or that was missed on the first claim form.

## Step 7

If there are...	then...
no duplicate claims	go to <b>Register manual claim as complete or incomplete</b>



If there are...	then...
	<ul style="list-style-type: none"> <li>case alias to existing claim</li> </ul>
duplicate dental claims	<ul style="list-style-type: none"> <li>forward the ACC42 and ACC37 forms, if included, to the Dental Unit</li> <li>this process ends</li> </ul>
duplicate claims	go to step 8

## Step 8

Use the following table to check if the registered claim was accepted and the new claim can also be accepted.

If the registered claim...	and the new claim can be...	then...
was accepted	accepted	it's a duplicate <ul style="list-style-type: none"> <li>do not case alias</li> </ul>
was accepted	held	<ul style="list-style-type: none"> <li>continue registering the claim</li> <li>lodge the claim with 'held' status</li> <li>do not duplicate</li> <li>continue registering the claim</li> </ul>
is held or declined	accepted or held	<ul style="list-style-type: none"> <li>lodge the claim with 'held' status</li> <li>add 'Possible duplicate' in the 'Additional Injury Comments' field</li> </ul>

## What happens next

If the duplicate should be...	then...
lodged	go to <b>Register manual claim as complete or incomplete</b>
case aliased	<ul style="list-style-type: none"> <li><a href="#">link the duplicate claim</a> to the existing claim</li> <li>go to <a href="#">Preparing, scanning and filing documents for VCF</a></li> </ul>

[Back to process map ↑](#)

## Register manual claim as complete or incomplete

### Responsibility

Lodgement team

## When to use

Use this instruction when you're ready to enter the manual claim details into Eos.

## Before you begin

Employment details in the Employer Search Tool (Step 3) come from IPS2. Only the ACC Business Service Centre (BSC) can update incorrect details in IPS2. If you update the Employer Search Tool, you must ask the ACC BSC to correct the details in IPS2.

## Instruction

### Step 1

[Register the claim](#). Make sure you select 'full' for all claim registrations from the 'Registration type' dropdown list.

### Step 2

Print the [Checklists for registering a manual claim](#) and use this to ensure you enter the claim details correctly.

Check the details from 'Part A: Personal Details' of the ACC45 and [update the client's party record](#) as needed.

### Step 3

Check that the employment details from 'Part B: Accident and Employment Details' are correct and enter them into Eos.

If...	then...
the employer details are incorrect	<ul style="list-style-type: none"><li>• give the following details to the <a href="#">ACC Business Service Centre</a>, either by email or via the ACAF template:<ul style="list-style-type: none"><li>• ACC number</li><li>• employer name</li><li>• correct address details</li></ul></li><li>• go to step 4</li></ul>
you're unable to find the employer	<ul style="list-style-type: none"><li>• check the Employer Search Tool, the <a href="#">whitepages.co.nz</a> and <a href="#">coys.co.nz</a></li><li>• go to step 4</li></ul>
you're unable to match the employer details	<ul style="list-style-type: none"><li>• phone the client or employer to get more information</li><li>• go to step 4</li></ul>
you're unable to find the employer number	<ul style="list-style-type: none"><li>• use the default proxy number 'Regproxy'</li><li>• go to step 4</li></ul>

If...	then...
the claim is WRSPDI Hearing Loss claim	<ul style="list-style-type: none"> <li>• use the gradual process default proxy number GPProxy</li> <li>• go to step 4</li> </ul>

### Step 4

Enter the details from 'Part – C: Injury Diagnosis and Assistance'.

If...	then...
the claim has a 'Z' code (T149 or R69 for ICD10)	
the injury side is not stated, eg left or right for 'paired' body parts such as legs, hands, arms etc	<ul style="list-style-type: none"> <li>• register the claim as incomplete</li> </ul>
there are any conflicting details on the ACC45	<ul style="list-style-type: none"> <li>• go to step 5</li> </ul>
there is no provider number or you can't read the provider number	
the injury side the provider marked doesn't match the side the client says they injured	<ul style="list-style-type: none"> <li>• register the claim as incomplete</li> <li>• go to <a href="#">Managing missing mandatory data</a></li> <li>• this process ends</li> </ul>

### Step 5

Enter the details from 'Part D: Ability to Work'.

### Step 6

Enter the details from 'Part E: Treatment Provider and Patient Declaration':

- Enter and search the provider number in Eos so MFP will pick it up
- Check the ACC45 is dated
- If you're unable to locate the provider or there is no date on either side of the form, register the claim as 'incomplete'.

### Step 7

Check the ACC45 for any [missing mandatory information on the claim form](#) then use the following table to determine whether to submit the claim with missing mandatory data or pause registering the claim.

If there is...	then...
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If there is...	then...
missing mandatory data and you're unable to get it straight away	<ul style="list-style-type: none"> <li>select 'Yes' in the 'Submit Form with Missing Mandatory Data?' field</li> <li>click 'OK' at the bottom of the 'ACC Form registration' screen</li> <li>go to step 8</li> </ul>
any information that does <b>not</b> match that in the party record	<ul style="list-style-type: none"> <li>select 'Yes' in the 'Submit Form with Missing Mandatory Data?' field</li> <li>type 'Check correct party ID' in the 'Missing Mandatory Data Notes' field</li> <li>click 'OK' at the bottom of the 'ACC Form registration' screen</li> <li>go to step 8</li> <li>click 'Pause' at the bottom of the 'ACC Form registration' screen</li> </ul>
missing mandatory data and you can get it straight away	<ul style="list-style-type: none"> <li>close the registration screen</li> <li>update the claim from your personal work queue once you have obtained the missing information</li> <li>go to step 8</li> <li>select 'No' in the 'Submit Form with Missing Mandatory Data?' field</li> </ul>
no missing mandatory data	<ul style="list-style-type: none"> <li>click 'OK' at the bottom of the 'ACC Form registration' screen</li> <li>go to step 8</li> </ul>

### Step 8

If you selected...	and...	then...
'No' in the 'Submit Form with Missing Mandatory data?' field	<p>there is missing mandatory data</p> <p>there is <b>no</b> missing mandatory data</p>	<ul style="list-style-type: none"> <li>a message displays the missing data</li> <li>you won't be able to proceed until you enter all the mandatory data</li> <li>the claim is 'complete'</li> <li>go to <a href="#">Streaming a claim from registration</a></li> <li>this process ends</li> </ul>
'Yes' in the 'Submit Form with Missing Mandatory Data?' field	n/a	<ul style="list-style-type: none"> <li>Eos generates the 'Missing mandatory data' task and forwards it automatically to the appropriate 'Missing Mandatory Data Work Queue'</li> <li>go to <a href="#">Managing missing mandatory data</a></li> <li>this process ends</li> </ul>

# Lodging an electronic claim

*The Hamilton and Dunedin Registration Centres use this process when they receive an electronic ACC45 claim form, to confirm the form's data is complete and that it's not a duplicate claim.*

## Determine if mandatory data is missing or conflicting

### Responsibility

Lodgement team

### When to use

Use this instruction in the Hamilton or Dunedin Registration Centre when you receive an electronic ACC45 Injury claim form.

### Instruction

#### Step 1

Check the PDF claim form for any [missing mandatory data](#) that you need to register the electronic claim. Look for:

- the client's date of birth
- the date of accident and a description of the accident
- the client's name
- work capacity information, if it applies
- a missing [READ code](#), injury or injury diagnosis
- the date of accident is the client's date of birth, if it applies
- 'test' claims, eg Mickey Mouse or Joe Blow.

#### Step 2

If there is...	then...
missing or conflicting data	go to step 3
no missing or conflicting data	go to <b>Check if ACC45 number in Eos and claim is a copy</b>

#### Step 3

Determine if there is enough party information to [register the claim](#) as incomplete. Check the claim for the following party information:

- the client's name

- the client's date of birth
- the client's gender.

#### Step 4

If there is...	then...
enough information	<p>go to <b>Check if ACC45 number in Eos and claim is a copy</b></p> <ul style="list-style-type: none"> <li>• continue registering the claim with information available</li> <li>• select 'No' to 'Submit form with missing mandatory data?'</li> </ul>
not enough information	<ul style="list-style-type: none"> <li>• the registration process ends and Eos generates the 'Missing mandatory data' task and forwards it automatically to the appropriate 'Missing Mandatory Data Work Queue'</li> <li>• go to <a href="#">Managing missing mandatory data</a></li> <li>• this process ends</li> </ul>

[Back to process map ↑](#)

## Check if ACC45 number in Eos and claim is a copy

### Responsibility

Lodgement team

### When to use

Use this instruction to check if the ACC45 number is in use and if the new claim is a copy of an existing claim in Eos.

### Instruction

#### Step 1

Search for the ACC45 number in Eos using the 'Create Claim' screen.

#### Step 2

If...	then...
there is already a claim lodged in Eos with the same ACC45 number	go to step 3
the ACC45 number is not in use	go to <b>Check if client party exists in Eos and/or claim is a duplicate</b>

### Step 3

Open the claim and check the client's name, accident details and injury diagnosis to determine if it is a copy.

If...	then...
all the claim details match and you don't need to change anything	<ul style="list-style-type: none"><li>cancel the task with the reason 'original task inappropriate'</li><li>this process ends</li><li><a href="#">re-link the claim</a> to the correct client</li><li>check the 'incorrect' client's details and amend any details changed in error eg the address</li></ul>
the claim has been linked or registered to the wrong client	<ul style="list-style-type: none"><li>advise your Team Manager or Team Leader to remove the incorrect claim form document and check all linkages in the form of a task, contact or document have been removed or moved to the correct party</li><li><a href="#">add a contact</a> advising why the claim form document has been removed, ie 'incorrect client selection at registration'</li><li>go to step 4</li><li>make the changes or add the new details</li></ul>
you need to change or add any claim details	<ul style="list-style-type: none"><li><a href="#">add a contact</a> noting you received a claim copy from the provider and any changes you made</li><li><a href="#">upload</a> the ACC45 to master claim</li><li>go to step 4</li></ul>

### Step 4

If the ACC45 number is...	then...
in Eos and the claim is not a copy	<ul style="list-style-type: none"><li>allocate a new claim number from the claim spreadsheet</li><li>enter the claim number, the date, the reason for the new number and your initials in the spreadsheet</li><li>send a copy of the <a href="#">EXR07 Change of ACC45 number</a> (36.5K) letter to the client and the provider so they know we've changed the ACC45 number.</li><li>go to <b>Check if client party exists in Eos and/or claim is a duplicate</b></li></ul>
not in use	go to <b>Check if client party exists in Eos and/or claim is a duplicate</b>

[Back to process map](#) ↑

## Check if client party exists in Eos and/or claim is a duplicate

## Responsibility

Lodgement team

## When to use

Use this instruction to check if the client party exists in Eos and the claim is a duplicate.

## Before you begin

You can't duplicate a claim if the existing claim has the cover status of 'held' or 'declined' because the duplicate will take on the cover status of the original claim, although it will show as a duplicate.

## Instruction

### Step 1

[Search for the client in Eos](#) using the Alt+1 method and include all the following fields. This search will display any matches of the NHI number.

- first initial
- last name
- date of birth
- gender
- NHI number.

If there...	then go to...
are no matches	step 2
is one match	step 3
is more than one match	<b>Register electronic claim as complete or incomplete</b>

### Step 2

Remove the NHI number from the criteria and run the search again. Eos will display all similar results.

If there...	then...
are no similar results	<ul style="list-style-type: none"><li>• <a href="#">create a new party record</a></li><li>• go to step 4</li></ul>
is one similar result	go to step 3
is more than one similar result	go to <b>Register electronic claim as complete or incomplete</b>



### Step 3

Select and open the party record and review the information to ensure that the following fields match those in the ACC45 form

- first name
- full last name
- date of birth
- gender.

If the information is...	then go to...
an exact match	step 4
different in any way, eg	
<ul style="list-style-type: none"><li>• slight spelling differences in names where all other criteria are exact matches</li><li>• near matched date of birth where all other criteria are exact matches</li><li>• hyphenated last name</li><li>• twins with first name initials matched</li><li>• different NHI numbers but all other details match</li></ul>	<b>Register electronic claim as complete or incomplete</b>

### Step 4

Select the client record to view the client's list of claims and check for possible duplicates of the claim you are registering.

- Open each claim dated within seven days of the accident date
- Compare each claim with the one to be registered.

### Step 5

Check for ACC45 numbers that may have been keyed incorrectly, eg the ACC45 numbers are similar but two numbers are transposed. If you find any, pull the claim from filing to check if the number was keyed incorrectly.

If the ACC45 number was keyed...	then...
correctly	go to step 6
incorrectly	<ul style="list-style-type: none"><li>• <a href="#">add a contact</a> with details of any changes</li><li>• send both the client and the provider an <a href="#">EXR07 Change of ACC45 number</a> (36.5K) letter so they know we've assigned a new ACC45 number</li></ul>

If the ACC45 number was keyed...	then...
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- go to step 6

### Step 6

Check that all the claim details match, including:

- the date of accident
- the accident details
- the client's employment status
- the cause of the injury.

Remember that:

- some people have more than one accident in a week or even in a day and the accidents may be similar, eg elderly people often fall; rugby players often hurt their knees
- the injuries do not have to be the same as long as it is the same accident. A client may go back to their doctor for an additional injury they did not realise they had, or that was missed on the first claim form.

### Step 7

If there are...	then...
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duplicate claims      go to step 8

no duplicate claims go to **Register electronic claim as complete or incomplete**

### Step 8

Use the following table to check if the registered claim was accepted and if the new claim can also be accepted.

If the registered claim...	and the new claim can be...	then...
was accepted	accepted	it is a duplicate
is held or declined	accepted	<ul style="list-style-type: none"> <li>• do not duplicate</li> </ul>
was accepted	held	<ul style="list-style-type: none"> <li>• continue registering the claim</li> </ul>
is held or declined	held	<ul style="list-style-type: none"> <li>• lodge the claim with 'held' status</li> </ul>

### What happens next

If the duplicate should be...	then...
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If the duplicate should be...	then...
lodged	go to <b>Register electronic claim as complete or incomplete</b>
case aliased	<a href="#">link the duplicate claim</a> to the existing claim

[Back to process map](#) ↑

## Register electronic claim as complete or incomplete

### Responsibility

Lodgement team

### When to use

Use this instruction when you're ready to enter the electronic claim details into Eos.

### Before you begin

Employment details in the Employer Search Tool (Step 3) come from IPS2. Only the ACC Business Service Centre (BSC) can update incorrect details in IPS2. If you update the Employer Search Tool, you must ask the ACC BSC to correct the details in IPS2.

### Instruction

#### Step 1

Print the [Checklists for registering an electronic claim](#) and refer to this to ensure you enter the claim details correctly.

#### Step 2

Check the details in 'Part A: Personal Details' of the ACC45 and update the [client's party record](#), as needed.

#### Step 3

Check that the employment details from 'Part B: Accident and Employment Details' are correct and then enter them into Eos.

If...	then...
the employer details are incorrect	<ul style="list-style-type: none"> <li>email the <a href="#">ACC Business Service Centre</a> with the: <ul style="list-style-type: none"> <li>ACC number</li> <li>employer name</li> <li>correct address details</li> </ul> </li> </ul>

If...	then...
you're unable to find the employer	<ul style="list-style-type: none"> <li>go to step 4</li> <li>check the Employer Search Tool, the <a href="http://whitepages.co.nz">whitepages.co.nz</a> and <a href="http://coys.co.nz">coys.co.nz</a></li> <li>go to step 4</li> </ul>
you're unable to match the employer details	<ul style="list-style-type: none"> <li>phone the client or employer to get more information</li> <li>go to step 4</li> </ul>
you're unable to find the employer number	<ul style="list-style-type: none"> <li>use the default proxy number 'Regproxy'</li> <li>go to step 4</li> </ul>
the claim is WRSPDI Hearing Loss claim	<ul style="list-style-type: none"> <li>use the gradual process default proxy number GPProxy</li> <li>go to step 4</li> </ul>

### Step 4

Enter the details from 'Part – C: Injury Diagnosis and Assistance'. Register the claim as incomplete if **any** of the following apply:

- the claim has a 'Z' READ code (T149 or R69 for ICD10)
- the injury side is not stated, ie left or right, for 'paired' body parts, eg legs, hands, arms etc
- there are any conflicting details on the ACC45
- the injury side the provider marked doesn't match the side the client says they injured.

### Step 5

Enter the data from 'Part D: Ability to Work'.

### Step 6

Enter the details from 'Part E: Treatment Provider and Patient Declaration':

- Search for the provider number in Eos so MFP will pick it up
- If you're unable to locate the provider, register the claim as 'incomplete'.

### Step 7

Check the ACC45 for any [missing mandatory information on the claim form](#) then use the following table to determine whether to submit the claim with missing mandatory data or pause registering the claim.

If there is...	then...
missing mandatory data and you're unable to get it straight away	<ul style="list-style-type: none"> <li>select 'Yes' in the 'Submit Form with Missing Mandatory Data?' field</li> <li>click 'OK' at the bottom of the 'ACC Form registration'</li> </ul>

If there is...	then...
any information that does not match that in the party record	<p>screen</p> <ul style="list-style-type: none"> <li>go to step 8</li> <li>select 'Yes' in the 'Submit Form with Missing Mandatory Data?' field</li> <li>type 'Check correct party ID' in the 'Missing Mandatory Data Notes' field</li> <li>click 'OK' at the bottom of the 'ACC Form registration' screen</li> <li>go to step 8</li> <li>select 'No' in the 'Submit Form with Missing Mandatory Data?' field</li> </ul>
no missing mandatory data	<ul style="list-style-type: none"> <li>click 'OK' at the bottom of the 'ACC Form registration' screen</li> <li>go to step 8</li> <li>click 'Pause' at the bottom of the 'ACC Form registration' screen</li> </ul>
missing mandatory data and you can get it straight away	<ul style="list-style-type: none"> <li>close the registration screen</li> <li>update the claim from your personal work queue once you have obtained the missing information</li> <li>go to step 8</li> </ul>

### Step 8

If you selected...	and...	then...
No' in the 'Submit Form with Missing Mandatory data?' field	<p>there is missing mandatory data</p> <p>there is <b>no</b> missing mandatory data</p>	<ul style="list-style-type: none"> <li>a message displays the missing data</li> <li>you won't be able to proceed until you enter all the mandatory data</li> <li>the claim is registered as complete</li> <li>go to <a href="#">Streaming a claim from registration</a></li> </ul>
'Yes' in the 'Submit Form with Missing Mandatory Data?' field	n/a	<ul style="list-style-type: none"> <li>Eos generates the 'Missing mandatory data' task and forwards it automatically to the appropriate 'Missing Mandatory Data Work Queue'</li> <li>go to <a href="#">Managing missing mandatory data</a></li> <li>this process ends</li> </ul>

# Managing missing mandatory data

Use this process to manage the missing data work queue and process claims with missing mandatory data.

### Retrieve task from work queue or manual claim form

#### Responsibility

Lodgement team

#### When to use

Use this instruction to identify claims with missing mandatory data or when there is a need to check client information during claim registration.

#### Instruction

##### Step 1

Retrieve the new task from the Eos work queue and the manual claim form from the 'missing mandatory data' box.

##### Step 2

Check the task description.

If...	then there is...	then go to...
the task description is 'Register Claim'	an eclaim that could not be registered and is incomplete	<b>Obtain missing mandatory data and complete fields</b>
the task description is 'Missing Mandatory Data'	either a manual or eclaim registered as 'incomplete'	step 3
there is a manual claim form only and the name or date of birth is missing	a manual claim that was not able to be registered and has not had registration started	<b>Obtain missing mandatory data and complete fields</b>

##### Step 3

Check the 'Missing Mandatory Data Notes' field.

If...	then go to...
the note says 'Check correct Party ID'	<b>Check right 'Party' record</b>
there are either other notes or no notes	<b>Obtain missing mandatory data and complete fields</b>

[Back to process map ↑](#)

## Check right 'Party' record

### Responsibility

Lodgement team

### When to use

Use this instruction to ensure the ACC45 claim form has been linked to the correct Party Record.

### Instruction

#### Step 1

Check the client's 'Party' record in Eos and compare it with the following details on the ACC45 form:

- first name
- full last name
- date of birth
- gender.

#### Step 2

If the information on the ACC45...	then go to...
is similar to the information held in the 'Party' record	<b>Obtain missing mandatory data and complete fields</b>
is <b>not</b> similar to the information held in the 'Party' record	step 3
does not match <b>any</b> of the information in the 'Party' record	step 6

#### Step 3

Phone the client to determine whether the client is the same one as shown in the selected 'Party' record. Request the following details to help with verification:

- first name, middle name, last name
- date of birth
- gender

- last injury
- contact numbers
- current and previous address
- employer information
- provider or medical centre.

#### Step 4

Update the [Verification status](#) for the information in Eos.

If...	then...
this is the first time the information has been verified	verify the information by clicking the Verified radio button
the information has been verified at some point before	re-verify the information by clicking the 'thumbs-up' icon

#### Step 5

If...	then...
at least 5 of the items in the 'Party' record match those provided by the client	<ul style="list-style-type: none"> <li>• select the correct 'Party' record</li> <li>• go to <b>Obtain missing mandatory data and complete fields</b></li> </ul>
fewer than 5 items in the 'Party' record match those provided by the client	<ul style="list-style-type: none"> <li>• <a href="#">create a new 'Party' record</a></li> <li>• go to step 7</li> </ul>
you can't contact the client	go to step 6

#### Step 6

Contact the provider to determine whether the client is the same one as shown in the selected 'Party' record.

If...	then...
the information from the provider confirms the client's identity	<ul style="list-style-type: none"> <li>• select the correct 'Party' record</li> <li>• go to <b>Obtain missing mandatory data and complete fields</b></li> </ul>
either:	
<ul style="list-style-type: none"> <li>• the information from the provider doesn't match the 'Party' record</li> <li>• the provider can't give you enough information to ensure that the party record in Eos is the correct one</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">create a new 'Party' record</a></li> <li>• go to step 5</li> </ul>



If...	then...
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- you can't contact the provider

### Step 7

Move the party to the new 'Party' record. Any tasks will move automatically.

### Step 8

Advise your Team Manager and/or Team Leader to remove the ACC45 Injury claim form from the incorrect 'Party' record. Make a contact to explain this.

### What happens next

Go to **Obtain missing mandatory data and complete fields**.

[Back to process map](#) ↑

## Obtain missing mandatory data and complete fields

### Responsibility

Lodgement team

### When to use

Use this instruction to get any missing mandatory data that you need to complete the claim registration from the client and/or provider and enter the missing data.

### Instruction

#### Step 1

Check what mandatory information is missing, then do the missing mandatory [task](#).

#### Step 2

Retrieve the task and contact the client, employer, provider or other relevant person by phone to get the missing information and resolve any areas of conflict or confusion.

#### Step 3

[Add a contact](#) to record the details of your phone call.

#### Step 4

If you get the information you need go to step 6. If not, use the table below.

If you're unable to get the information by phone and...	then...
there is client information missing from the claim form	<ul style="list-style-type: none"> <li>return the form to either: <ul style="list-style-type: none"> <li>the client with the <a href="#">CVR01 ACC45 Information request – claimant letter</a> (35.5K)</li> <li>the vendor with the <a href="#">CVR02 ACC45 Information request – vendor</a> (39.5K) letter</li> </ul> </li> <li>go to step 5</li> </ul>
the provider supplied a read code of 'Z... Unspecified conditions' and did not supply a diagnosis in the 'Additional Injury Comments'	<ul style="list-style-type: none"> <li>send the <a href="#">CVR03 ACC45 Diagnosis request – vendor</a> (97K) letter to the provider</li> <li>if it's a manual claim, make sure ensure you return the form with the letter</li> <li>go to step 5</li> </ul>
there is provider information missing from a manual claim form, eg signature, provider number etc	<ul style="list-style-type: none"> <li>return the form to the provider with either: <ul style="list-style-type: none"> <li>the <a href="#">CVR02 ACC45 Information request – vendor INF03556</a> letter</li> <li>the <a href="#">ACC2303 Request for more information on dental claim</a> (191K) form</li> </ul> </li> <li>go to step 5</li> </ul>
the address on the manual claim form is invalid or you can't read it	<ul style="list-style-type: none"> <li><a href="#">search</a> for the client in Eos: <ul style="list-style-type: none"> <li>look for an existing claim in the last 3 months</li> <li>consider that the client may have moved address from the last time a claim was filed</li> <li>use other search tools if needed</li> </ul> </li> <li>contact the client or provider</li> <li>go to step 5</li> </ul>
the client and/or provider signature is missing on the ACC45 claim form	<ul style="list-style-type: none"> <li>email or post the form back to the provider to sign or to get the client's signature</li> <li>a provider or representative may sign for an incapacitated patient</li> <li>go to step 5</li> </ul>

## Step 5

[Add a contact](#) under the claim record and note any action taken. The 'Follow up Document/Report' task auto-generates to check if the missing information has been received.

## Step 6

If you...	then...
receive the missing information	<ul style="list-style-type: none"><li>• <a href="#">complete registering the claim</a> using the supplied information</li><li>• go to step 7</li></ul>
don't receive the missing information	go to <b>Advise insufficient information to accept claim</b>

## Step 7

Record the missing information.

If the claim is...	then...
manual	<ul style="list-style-type: none"><li>• stamp the physical ACC45 claim form with the completed registration date</li><li>• note the following on the original form in red pen:<ul style="list-style-type: none"><li>• who supplied the information</li><li>• the reason we asked for the information</li></ul></li><li>• <a href="#">add a contact</a> against the claim noting:<ul style="list-style-type: none"><li>• the correct information</li><li>• who supplied the information</li><li>• the date the information was supplied</li></ul></li></ul>
electronic	<p><a href="#">add a contact</a> against the claim noting:</p> <ul style="list-style-type: none"><li>• the correct information</li><li>• who supplied the information</li><li>• the date the information was supplied</li></ul>

## What happens next

Go to [Streaming a claim from registration](#).

This process ends.

[Back to process map](#) ↑

## Advise insufficient information to accept claim

### Responsibility

Lodgement team

## When to use

Use this instruction if you haven't received all the information you need to accept a claim.

## Before you begin

You must do this within 21 days of claim lodgement if you have not received all of the mandatory data and the claim registration is incomplete.

## Instruction

### Step 1

Create a [CVR63 Claim decline - info not provided - claimant](#) (37.5K) letter and save it to the client's file.

Send a copy (cc) to the provider, advising them that we can't register the claim because there is not enough information. Include a sentence in the provider's copy advising that the client didn't return the necessary information.

### Step 2

[Add a contact](#) explaining that you couldn't register the claim because there wasn't enough information.

### Step 3

Decline cover before the 21 days expire.

### Step 4

[Move the claim to the 'Actioned Cases' department queue.](#)

## What happens next

This process ends. If the information is supplied at a later date, we'll re-examine the claim at that time.

# Streaming a claim from registration

**Latest updates 8/3/2015:** Updated to reflect the new claim streaming process and criteria.

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*The Hamilton and Dunedin Registration Centres use this process after they've registered a manual claim form or an electronic claim and confirmed that it's not a duplicate, to stream the claim to the appropriate unit.*

# Determine cover status

## Responsibility

Lodgement team

## When to use

Use this instruction to review each system-generated cover recommendation that Eos makes based on the details entered from the claim form.

## Before you begin

- You must assess each claim on a case-by-case basis.
- Familiarise yourself with:
  - [Streaming criteria](#)
  - [Applying streaming criteria](#)
  - [Claim types](#).

## Instruction

### Step 1

Check the details on the Eos registration 'Summary Screen' and consider the following questions:

- Has there been an accident
- Was it a personal injury
- Was there an external force or resistance
- Are the injury code and diagnosis acceptable
- Does the cause of the personal injury meet the [criteria for an accident](#) as defined by the Accident Compensation (AC) Act 2001, Section 25
- Did the injury occur in New Zealand, as defined by the AC Act 2001, Section 16
- Was the claim lodged within 12 months of the date of the accident
- Is it a gradual process claim
- Has the lodging provider diagnosed within their scope of practice?

### Step 2

Update the details on the Eos 'Summary Screen' if needed.

- You must only change details on the 'Summary Screen'
- You can't return to the registration screen.

Select the reasons for your changes and add more information if needed.

### Step 3

If you're unsure whether we can accept the claim, place the claim on hold.

## Step 4

Determine the claim status.

If the claim is...	then...
a staff claim	go to <b>Stream a staff claim</b>
handled by an accredited employer	go to <b>Attribute and forward claim to accredited employer</b>
a dental claim	go to <b>Add dental details and transfer to the Dental Unit</b>
a specialist claim	go to <b>Stream a specialist claim</b>
a declined non-specialist claim	<ul style="list-style-type: none"><li>change the cover status to 'held'</li><li>go to <b>Stream a specialist claim</b></li></ul>
any other claim type	go to <b>Stream a non-specialist claim</b>

[Back to process map ↑](#)

## Stream a staff claim

### Responsibility

Lodgement team

### When to use

Use this instruction to stream a staff claim to the Staff Claims Unit when either:

- the Eos party level Staff Indicator is true for the client
- the client has named ACC as their employer on their claim form.

### Before you begin

Familiarise yourself with:

- [Streaming criteria](#)
- [Applying streaming criteria](#)
- [Claim types.](#)

### Instruction

#### Step 1

If the client has...	then make sure the registration 'Summary Screen' in Eos displays...
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If the client has...	then make sure the registration 'Summary Screen' in Eos displays...
named ACC as their employer	<ul style="list-style-type: none"> <li>• 'Accredited Employer' and Accredited Employer Claim in the 'Cover Status' and 'Cover Status Reason' fields</li> <li>• 'Staff Claims Unit' in the 'Transfer/Allocation' field</li> <li>• either 'Staff Claim – Work accident' or 'Staff Claim' in the 'Transfer/Allocation Reason' field</li> </ul>
a Staff Indicator in Eos	<ul style="list-style-type: none"> <li>• 'Staff Claims Unit' in the 'Transfer/Allocation' field</li> <li>• either 'Staff Claim – Work accident' for work accidents or 'Staff Claim' in the 'Transfer/Allocation Reason' field</li> </ul>

## Step 2

Click 'OK' to stream the claim to the Staff Claims Unit.

### What happens next

The Staff Claims Unit manages the claim.

This process ends.

[Back to process map ↑](#)

## Attribute and forward claim to accredited employer

### Responsibility

Lodgement team

### When to use

Use this instruction to notify the client, provider and employer or third party administrator that we've lodged a work injury claim where the employer is an accredited employer.

### Before you begin

Familiarise yourself with:

- [Streaming criteria](#)
- [Applying streaming criteria](#)
- [Claim types](#).

## Instruction

### Step 1

Ensure the claim status is 'Accredited Employer' and the reason is 'Accredited Employer' in the registration summary screen.

### Step 2

Check if the claim needs special handling.

If the...	then...
accredited employer is ACC	<ul style="list-style-type: none"><li>go to <b>Stream a staff claim</b></li><li>this process ends</li></ul>
claim is a sensitive claim	<ul style="list-style-type: none"><li>go to <b>Stream a specialist claim</b></li><li>this process ends</li></ul>
claim is for a work accident that is a 'Motor Vehicle Accident' with an 'MV' fund code	<ul style="list-style-type: none"><li>go to either<ul style="list-style-type: none"><li><b>Stream a specialist claim</b></li><li><b>Stream a non-specialist claim</b></li></ul></li><li>this process ends</li></ul>
accredited employer is not ACC and no MV fund code applies	<ul style="list-style-type: none"><li>transfer the claim to the appropriate Hamilton or Dunedin 'Actioned cases' work queue to generate a task in the 'Registration Centre – AE Notifications' work queue</li><li>open the task from the 'Registration Centre – AE Notifications' work queue</li></ul>

### Step 3

Generate the '[Employer Claim Transfer Pack](#)'.

### Step 4

Select, print and send the following documents from the pack:

- [CVR25 Advise client claim to be managed by employer](#)
- [CVR26 Advise provider claim to be managed by employer.](#)

### Step 5

Eos generates a template document for the email to the accredited employer.

- Copy the body from the document into the blank email
- Copy the email address and subject from the document into the blank email.



## Step 6

If the claim is...	then...
a manual claim	scan the ACC45 document
an electronic claim	<ul style="list-style-type: none"><li>open the claim</li><li>select the ACC45 and any other employer documents and contacts</li></ul>

## Step 7

Privacy check the email before sending it to the employer.

## Step 8

Save the email and the letters in Eos with the title 'Accredited Employer Notification'.

## What happens next?

The accredited employer manages the claim. If needed, go to [Archiving physical claim files](#) to file the ACC45 copy.

This process ends.

[Back to process map](#) ↑

# Add dental details and transfer to the Dental Unit

## Responsibility

Lodgement team

## When to use

Use this instruction when you've registered a dental claim and you need to add details to the 'Dental' tab.

## Instruction

### Step 1

Review the dental information from 'Part D: Injury diagnosis and pre-accident condition' of the ACC42 Dental claim registration form.

If...	then...
any of the three 'oral	<ul style="list-style-type: none"><li>go to the Eos Registration 'Summary Screen' and:</li></ul>

If...	then...
assessments' are missing	<ul style="list-style-type: none"> <li>change the Cover Status to 'Held'</li> <li>change the Cover Status Reason to 'Claim Assessment Required'</li> <li>click 'OK' to stream the claim to the Hamilton or Dunedin SC - Dental department</li> </ul>
'Prior damage - other causes' is selected	<ul style="list-style-type: none"> <li>go to the Eos Registration 'Summary Screen' and: <ul style="list-style-type: none"> <li>change the Cover Status to 'Held'</li> </ul> </li> <li>change the Cover Status Reason to 'Claim Assessment Required'</li> <li>click 'OK' to stream the claim to the Hamilton or Dunedin SC – Dental department</li> </ul>
<p>does not record any:</p> <ul style="list-style-type: none"> <li>tooth numbers for injured teeth</li> <li>tooth injury classification</li> <li>prosthesis information</li> </ul>	<ul style="list-style-type: none"> <li>go to the 'ACC Form Registration' screen and: <ul style="list-style-type: none"> <li>select 'Yes' in the 'Submit Form with Missing Mandatory Data' field</li> <li>click 'OK' at the bottom of the screen</li> </ul> </li> <li>go to the Eos Registration 'Summary Screen' and: <ul style="list-style-type: none"> <li>change the Cover Status to 'Held'</li> <li>change the Cover Status Reason to 'Missing Mandatory Data'</li> <li><a href="#">transfer the claim</a> to the 'Missing Mandatory Data' queue</li> </ul> </li> <li>go to <a href="#">Managing missing mandatory data</a></li> <li>this process ends</li> </ul>

## Step 2

[Open the claim](#) in Eos and:

- [add dental details](#) for the missing the oral assessment or prior damage
- send the ACC42 form and any attached documents to the Dental Unit
- this process ends.

[Back to process map](#) ↑

## Stream a specialist claim

### Responsibility

Lodgement team

## When to use

Use this instruction to decide how to stream a specialist claims

Specialist claims include:

- fatal, sensitive, treatment injury, hearing loss, dental and gradual process claims
- claims for clients who are managed by the Remote Claims Unit (RCU)
- declined and held claims
- Employer Centric Services (ECS) claims.

## Before you begin

Familiarise yourself with:

- [Streaming criteria](#)
- [Applying streaming criteria](#)
- [Claim types](#).

## Step 1

Determine where to transfer the claim to.

If the claim is...	then...	unless it is also a ...
an accidental death or fatal claim	transfer the claim to either: <ul style="list-style-type: none"><li>• 'Hamilton SC – Accidental Death Unit' department queue</li><li>• 'Dunedin SC – Accidental Death Unit' department queue</li></ul>	staff, accredited employer or treatment injury claim
for a client who has either: <ul style="list-style-type: none"><li>• current claims managed by the RCU</li><li>• previous claims managed by the RCU and a current active care indicator</li></ul>	transfer the claim to the 'Remote Claims Unit' department queue	staff, accredited employer or fatal claim
a sensitive claim	transfer the claim to the 'Sensitive Claims Unit' department queue	staff, RCU or fatal claim
a treatment injury claim	<ul style="list-style-type: none"><li>• if the claim is manual, refer to <a href="#">Preparing, scanning and filing documents for VCF</a> to upload either of the following to the claim file:<ul style="list-style-type: none"><li>• the <a href="#">ACC2152 Treatment injury</a></li></ul></li></ul>	staff, accredited employer, RCU or sensitive claim

If the claim is...	then...	unless it is also a ...
	<p><a href="#">claim form</a> (121K)</p> <ul style="list-style-type: none"> <li>any other documents attached to the ACC45 form that relate to a treatment injury claim</li> <li>transfer the claim to the 'Treatment Injury Centre' department queue</li> </ul>	
a hearing loss claim	<p>transfer the claim to either:</p> <ul style="list-style-type: none"> <li>'Hamilton SC – Hearing Loss' department queue</li> <li>'Dunedin SC – Hearing Loss' department queue</li> </ul>	staff, accredited employer, fatal, RCU, sensitive or treatment injury claim
a 'held' dental claim	<ul style="list-style-type: none"> <li>transfer the claim to either: <ul style="list-style-type: none"> <li>'Hamilton SC – Dental' department queue</li> <li>'Dunedin SC – Dental' department queue</li> </ul> </li> <li>send the relevant unit the ACC42 and/or ACC37 form and any attached documents</li> <li>transfer the claim to either: <ul style="list-style-type: none"> <li>'Hamilton Registration – Actioned Cases' department queue</li> <li>'Dunedin Registration – Actioned Cases' department queue</li> </ul> </li> </ul>	staff, accredited employer, fatal, RCU, sensitive or treatment injury claim
an 'accepted' dental claim	<ul style="list-style-type: none"> <li>send the relevant unit the ACC42 and/or ACC37 form and any attached documents</li> <li>transfer the claim to either: <ul style="list-style-type: none"> <li>'Hamilton Registration – Actioned Cases' department queue</li> <li>'Dunedin Registration – Actioned Cases' department queue</li> </ul> </li> <li>send the relevant unit the ACC42 and/or ACC37 form and any attached documents</li> </ul>	staff, accredited employer, fatal, RCU, sensitive or treatment injury claim
a work-related gradual process	transfer the claim to the 'Southern Short Term Claims Centre (STCC) – Gradual Process' department queue	staff, accredited employer, fatal, RCU, sensitive or treatment injury or dental claim
an asbestosis claim	transfer the claim to the 'Southern Short Term Claims Centre (STCC) – Gradual Process' department queue	staff, accredited employer, fatal, RCU, sensitive or treatment injury or dental claim
an Employer Centric Service (ECS) claim	transfer the claim to the 'Employer Centric Services – Administration' department queue	held, declined, staff, accredited employer, fatal, RCU, sensitive, treatment injury, dental or gradual

If the claim is...	then...	unless it is also a ...
		process claim
a 'held' claim	transfer the claim to the 'Cover Assessment' department queue	staff, accredited employer, fatal, RCU, sensitive, treatment injury, dental, work-related gradual proces, asbestosis or ECS claim
any other claim	<ul style="list-style-type: none"> <li>go to Stream a non-specialist claim</li> <li>this process ends</li> </ul>	

## Step 2

Use the Claim Type criteria and the description of the accident to work out the correct claim type for the claim.

## Step 3

Check that Transfer/Allocation unit in the Eos 'Summary Screen' is appropriate for the claim type.

If the Transfer/Allocation unit ....	then...
is appropriate for the claim type	confirm the: <ul style="list-style-type: none"> <li>unit that the claim has been allocated to in the 'Transfer/Allocation' field</li> <li>reason for the alloation in the 'Transfer/Allocation Reason' field</li> </ul>
is not appropriate for the claim type	update the: <ul style="list-style-type: none"> <li>unit that the claim has been allocated to in the 'Transfer/Allocation' field</li> <li>reason for the alloation in the 'Transfer/Allocation Reason' field</li> </ul>

## Step 4

If needed, go to [Archiving physical claim files](#) to file the ACC45 form.

## What happens next

If you streamed the claim to...	then...
Hamilton or Dunedin cover assessment	the assessor will: <ul style="list-style-type: none"> <li><a href="#">make cover decision at cover assessment</a></li> <li>stream the claim based on their cover</li> </ul>

If you streamed the claim to...	then...
the Southern STCC Gradual Process Unit or a specialist unit	decision  the unit will follow their relevant process

This process ends.

[Back to process map ↑](#)

## Stream a non-specialist claim

### Responsibility

Lodgement team, Cover Assessment team, Client Address Verification team, Inquiry Service Centres.

### When to use

Use this instruction to decide how to stream a non-specialist claim.

Non-specialist claims exclude:

- staff claims
- accredited employer claims
- fatal, sensitive, treatment injury, hearing loss, dental and gradual process claims
- claims for clients who are managed by the Remote Claims Unit (RCU)
- declined and held claims
- Employer Centric Services (ECS) claims.

### Before you begin

Familiarise yourself with:

- [Streaming criteria](#)
- [Applying streaming criteria](#)
- [Claim types](#)
- [Conversion probability threshold.](#)

### Instruction

#### Step 1

Make sure the claim is a non-specialist claim and its Cover Status is 'Accept'.

If...	then...
-------	---------

both the:

- claim is a non-specialist claim go to step 2
- Cover Status is 'Accept'

the claim is a specialist claim

- go to **Stream a specialist claim**
- this process ends

the Cover Status is not 'Accept'

- go to **Stream a specialist claim**
- this process ends

## Step 2

Check:

- whether or not the client has any open existing claims that are managed by a branch, STCC or ECS unit
- whether or not the client's claim form has been checked with 'contact provider' or 'assistance required'
- the client's earner status in Eos.

If the client is an...	then his or her earner status will be...
------------------------	--

non-earner	<ul style="list-style-type: none"> <li>• either:               <ul style="list-style-type: none"> <li>• 'Non-earner'</li> <li>• 'Unemployed'</li> </ul> </li> <li>• go to step 3</li> </ul>
earner	<ul style="list-style-type: none"> <li>• either:               <ul style="list-style-type: none"> <li>• 'Other'</li> <li>• 'Other' and 'Employed'</li> <li>• 'Potential'</li> <li>• 'Potential' and 'Employed'</li> <li>• 'Potential' and 'Other'</li> <li>• 'Potential', 'Other' and 'Employed'</li> </ul> </li> <li>• go to step 5</li> </ul>

## Step 3

Decide where the non-earner claim should be transferred to based on the following [Streaming criteria](#).

If the client has...	and there is...	then the claim should be transferred to...
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If the client has...	and there is...	then the claim should be transferred to...
	either:	
an open existing claim	<ul style="list-style-type: none"> <li>a provider request</li> <li>no provider request</li> </ul>	the department queue of the branch, STCC or ECS unit managing the existing claim
no open existing claims	a provider request	the STCC closest to where the client lives
no open existing claims	no provider request	either the: <ul style="list-style-type: none"> <li>'Hamilton Registration – Actioned Cases' department queue</li> <li>'Dunedin Registration – Actioned Cases' department queue</li> </ul>

#### Step 4

If you are...	then...
streaming the claim from the 'Registration summary' screen	<ul style="list-style-type: none"> <li>click 'OK' on the registration 'Summary Screen' to generate the <a href="#">CVR40 Cover acceptance – claimant</a> (44K) letter, which is sent from our third-party mailhouse direct to the client</li> <li>go to step 8</li> </ul>
not streaming the claim from the 'Registration summary' screen ie post-registration	<ul style="list-style-type: none"> <li>manually <a href="#">transfer the claim</a> based on the <a href="#">Streaming criteria</a> in step 3</li> <li>go to step 8</li> </ul>

#### Step 5

Decide where the earner claim should be transferred based on the following [Streaming criteria](#).

If client has..	and the client...	then the claim..
a provider request	has an open existing claim	should be transferred to the department queue of the branch, STCC or ECS unit managing the existing claim
a provider request	has no open existing claims	should be transferred to the 'Service Needs assessment' department queue
no provider request	has or doesn't have an open existing claim	will need a <a href="#">Conversion probability threshold</a> test before you can decide where to transfer it



## Step 6

If there is...	and you are...	then...
a provider request	streaming the claim from the 'Registration summary' screen	<ul style="list-style-type: none"> <li>click 'OK' on the registration 'Summary Screen' to generate the <a href="#">CVR40 Cover acceptance – claimant</a> (44K) letter, which is sent from our third-party mailhouse direct to the client</li> <li>go to step 8</li> </ul>
a provider request	<b>not</b> streaming the claim from the 'Registration summary' screen ie post-registration	<ul style="list-style-type: none"> <li>manually <a href="#">transfer the claim</a> based on the <a href="#">Streaming criteria</a> in step 5</li> <li>go to step 8</li> </ul>
<b>no</b> provider request	streaming the claim from the 'Registration summary' screen	<ul style="list-style-type: none"> <li>confirm the 'Transfer/Allocation' department to either the: <ul style="list-style-type: none"> <li>'Hamilton Registration - Auto streaming' department queue</li> <li>'Dunedin Registration - Auto streaming' department queue</li> </ul> </li> <li>click 'OK' on the registration 'Summary Screen' to generate the <a href="#">CVR40 Cover acceptance – claimant</a> (44K) letter, which is sent from our third-party mailhouse direct to the client</li> <li>go to step 8</li> </ul>
<b>no</b> provider request	<b>not</b> streaming the claim from the 'Registration summary' screen ie post-registration	<p>check:</p> <ul style="list-style-type: none"> <li>the <a href="#">Insights tab on claim record</a> in Eos for the client's conversion probability and duration rating scores, which are displayed in the 'conversion probability (%)' and 'WC Days (0-182)' dials</li> <li>whether or not the claim meets or exceeds the <a href="#">Conversion probability threshold</a></li> <li>go to step 7</li> </ul>

## Step 7

Manually [transfer the claim](#) based on the following [Streaming criteria](#).

If the claim...	and the client..	manually transfer the claim to...
meets or exceeds the <a href="#">Conversion probability threshold</a>	has <b>no</b> open existing claims	the 'Service Needs assessment' department queue
meets or exceeds the <a href="#">Conversion probability threshold</a>	has an open existing claim	the department queue of the branch, STCC or ECS unit managing the existing claim

If the claim...	and the client..	manually transfer the claim to...
does <b>not</b> meet the <a href="#">Conversion probability threshold</a>	has or doesn't have an open existing claim	either the: <ul style="list-style-type: none"> <li>• 'Hamilton Registration – Actioned Cases' department queue</li> <li>• 'Dunedin Registration – Actioned Cases' department queue</li> </ul>
has <b>no</b> conversion probability score and/or duration rating	has or doesn't have an open existing claim	the 'Service Needs Assessment - Screening Triage' department

### Step 8

- Complete any other business process for the claim.
- If needed, go to [Archiving physical claim files](#) to file the ACC45 form.

### What happens next

If you transferred the claim to:

- the SNA team, they will [prepare and allocate for a service needs assessment](#)
- the Hamilton or Dunedin Auto-Streaming department queue, the claim will be automatically streamed based on its conversion probability
- any other business unit, they'll continue to manage the claim.

This process ends.

# Receiving and streaming treatment injury claim

*This process is used to check that a treatment injury claim has been registered and to obtain information so the claim can be streamed and allocated appropriately.*

*The process map replaces the swimlane previously used in Manage Claims. You can see that swimlane by clicking here: [Receive and stream treatment injury claim \(45K\)](#)*

## Check information received

### Responsibility

Case Administrator

## When to use

Use this instruction when information is received via mail, fax, and email or Eos task. This information could take the form of an [ACC2152](#) (123K), clinical notes or reports.

## Instruction

### Step 1

If the claim is...	then...
registered and unallocated	go to <b>Manage registered ACC45</b> <ul style="list-style-type: none"><li>• set follow up document report task</li></ul>
registered and allocated	<ul style="list-style-type: none"><li>• set target date for the same day</li><li>• go to <b>Manage registered ACC45</b></li></ul>
not registered	go to Step 2

### Step 2

Check whether an ACC45 has been provided by the submitting provider.

If ACC45 has...	then...
been provided	<ul style="list-style-type: none"><li>• email the Hamilton or Dunedin Service Centre to have the claim registered</li><li>• wait until claim has been registered and returned</li><li>• go to <b>Manage registered ACC45</b></li><li>• send a <a href="#">TI15 Request ACC45 from provider</a> (36K) form to the provider and record the information in the Admin holding tray spreadsheet</li></ul>
not been provided	<ul style="list-style-type: none"><li>• if the claim is still not registered after 14 days, contact the provider to remind them of the need to submit an ACC45, wait another 14 days and then send all documents back to the provider</li><li>• this process ends</li></ul>

## What happens next

When the ACC45 is received, the claim will be registered and allocated to the Treatment Injury work queue.

Go to **Manage registered ACC45**.

[Back to process map](#) ↑

## Manage registered ACC45

## Responsibility

Case Administrator

## When to use

Use this instruction when a new treatment injury claim is received in the Treatment Injury Centre work queue.

It is important to review all new claims within 48 hours of receipt from registration.

## Instruction

### Step 1

Open the claim and check it is a treatment injury claim.

If the claim is...	then...
a treatment injury claim	<ul style="list-style-type: none"><li>• check that the 'Treatment Injury Indicator' on the 'General' tab is set to Treatment Injury</li><li>• go to Step 2</li></ul>
not a treatment injury	<ul style="list-style-type: none"><li>• check the 'Treatment Injury Indicator' is not selected on the 'General' tab</li><li>• change the accident cause in the 'Accident' subtab of the 'Injury' tab to ensure that it is not Medical Treatment</li><li>• <a href="#">transfer the claim</a> back to the lodging registration centre with the description 'PICBA not TI – requires decision'</li><li>• this process ends</li></ul>

### Step 2

Check if the claim is a duplicate.

If the claim is...	then...
a duplicate	<ul style="list-style-type: none"><li>• link the duplicate claim to the master claim</li><li>• transfer claim to team manager to allocate to a case administrator. The Case Administrator will send out either:<ul style="list-style-type: none"><li>• <a href="#">CVR44 duplicate accept</a> (41K)</li><li>• <a href="#">CVR65 duplicate decline</a> (38K)</li><li>• T184 Duplicate claim decision – held claim</li></ul></li><li>• this process ends</li></ul>
not a duplicate	<ul style="list-style-type: none"><li>• go to Step 3</li></ul>

### Step 3

Decide the next action for the claim.

If the claim includes...	then...
a request for more than 14 days off work	<ul style="list-style-type: none"><li>transfer the claim and all tasks to the Team Manager's (TM) work queue for allocation<ul style="list-style-type: none"><li>Reason: Task: Department work flow</li><li>Description: reason for the transfer, eg surgery request received</li></ul></li><li>go to <b>Stream and allocate claim</b></li></ul>
a surgery request	<ul style="list-style-type: none"><li>transfer the claim and all tasks to the TM's work queue for allocation<ul style="list-style-type: none"><li>Reason: Task: Department work flow</li></ul></li><li>go to <b>Stream and allocate claim</b></li></ul>
an <a href="#">ACC2152 Treatment injury claim</a> (121K) form and/or clinical notes received	<ul style="list-style-type: none"><li>transfer the claim and all tasks to the TM's work queue for allocation<ul style="list-style-type: none"><li>Reason: Task: Department work flow</li></ul></li><li>go to <b>Stream and allocate claim</b></li><li>create a 'TIPS Follow up ACC2152 Clinical Records Request' task:<ul style="list-style-type: none"><li>Description: Send ACC2152 request to provider</li><li>Target date: two working days</li></ul></li><li>create a 'Follow up Needs Assessment' subtask<ul style="list-style-type: none"><li>Description: Assess the claim</li><li>Target date: one working day</li></ul></li><li>transfer the claim to the 'TIPS-Admin' work queue</li><li>go to <b>Request information from provider</b></li></ul>
insufficient documentation, eg no ACC2152 or not enough records to progress claim	<ul style="list-style-type: none"><li>create a 'Follow up Needs Assessment' subtask<ul style="list-style-type: none"><li>Description: Assess the claim</li><li>Target date: one working day</li></ul></li><li>transfer the claim to the 'TIPS-Admin' work queue</li><li>go to <b>Request information from provider</b></li></ul>

[Back to process map](#) ↑

## Request information from provider

### Responsibility

Case Administrator

### When to use

Use this instruction to request an ACC2152 from a health provider.

### Before you begin

Consult [How to manage legislative timeframes](#).

## Instruction

### Step 1

Open the 'TIPS Follow up ACC2152 Clinical Records Request' task.

### Step 2

Check the claim information to find out if the required information has been submitted.

If the information...	then...
has been submitted	<p>go to <b>Stream and allocate claim</b></p> <ul style="list-style-type: none"><li>• check the name of the provider where the request for the <a href="#">ACC2152 Treatment Injury Claim</a> (123K) form is to be sent</li><li>• <a href="#">create a purchase order</a> from the General QE tab</li><li>• generate a <a href="#">T112 Clinical information request (ACC2152)</a> (123K) form to send to the provider or facility with a target date of 10 working days</li><li>• update the 'TIPS Follow up ACC2152/Clinical Records Request' task:<ul style="list-style-type: none"><li>• Description: ACC2152 due from provider name</li><li>• Target date: 15 working days</li></ul></li></ul>
is still required	<ul style="list-style-type: none"><li>• send the request to the provider with the following attachments:  either:<ul style="list-style-type: none"><li>• copy of the ACC45</li><li>• signed authority to collect relevant records on file</li></ul> plus:<ul style="list-style-type: none"><li>• blank ACC2152</li><li>• a freepost envelope for non-DHB</li></ul></li></ul>

### Step 3

When task target date has been reached, check to see if the ACC2152 has been received.

If the ACC2152 has...	then...
received	go to <b>Stream and allocate claim</b>
not been received and the claim is allocated	forward the task to Case Owner
not been received and the	<ul style="list-style-type: none"><li>• generate and send to provider <a href="#">T113 Clinical information reminder</a> -</li></ul>

If the ACC2152 has...	then...
claim is unallocated	<p><a href="#">provider</a> (45K) letter with a target date of 10 working days</p> <ul style="list-style-type: none"> <li>• update the 'TIPS Follow up ACC2152/Clinical Records Request' task: <ul style="list-style-type: none"> <li>• Description: ACC2152 reminder sent</li> <li>• Target date: 11 working days</li> </ul> </li> <li>• send the request reminder to the provider with the following attachment: <ul style="list-style-type: none"> <li>• copy of the original request letter</li> </ul> </li> </ul>

#### Step 4

If the information is not received after the reminder period and claim is...	then...
allocated	forward the task to Case Owner
unallocated and nearing the legislative timeframe	go to <b>Decline claim due to lack of information</b>

[Back to process map](#) ↑

## Decline claim due to lack of information

### Responsibility

Case Administrator

### When to use

Use this instruction to decline the claim when the requested [ACC2152](#) (123K) form and/or clinical records have not been provided.

### Instruction

#### Step 1

Contact the client and explain:

- that the claim will be declined due to a lack of information, as the ACC2152 form and clinical records have not been provided
- the claim can be re-opened for reassessment when the required information is provided.

#### Step 2

Record the conversation in the 'Contacts' tab, as well as any action taken.

### **Step 3**

Update the cover details and treatment injury tabs in Eos.

### **Step 4**

Prepare and send the client the [T162 Claim decline – no response letter](#) (105K).

### **Step 5**

Move the claim to actioned cases.

### **What happens next**

This process ends.

[Back to process map](#) ↑

## **Stream & allocate claim**

### **Responsibility**

Team manager

### **When to use**

Use this instruction when a new claim appears in your My Claims queue, to stream and allocate the claim to a clinical advisor who will determine cover.

### **Instruction**

#### **Step 1**

Open the 'My Claims' tab and select the claim to be allocated.

#### **Step 2**

Examine the claim and the supporting documentation including:

- [ACC2152 Treatment Injury Claim](#) (123K) form
- clinical records
- relevant medical notes.

#### **Step 3**

Consider the complexity of the claim and other risk factors.

Consult [Cover criteria for treatment injury](#) and [Managing legislative timeframes](#)



## Step 4

If...	then the claim is streamed as...	then transfer the claim to a case administrator and add the following information in the description...
there is enough information available to make cover decision	straightforward	<ul style="list-style-type: none"><li>Reason: Department allocation</li><li>Description: straightforward claim and name of clinical advisor</li><li>go to <b>Making treatment injury cover decision</b></li></ul>
there is not enough information to make cover decision	moderate/complex	<ul style="list-style-type: none"><li>Reason: Department allocation</li><li>Description: moderate/complex claim and name of clinical advisor</li><li>go to <b>Gathering information for a treatment injury claim cover decision</b></li></ul>
the claim is not a treatment injury		<ul style="list-style-type: none"><li>Reason: incorrectly allocated</li><li>Description: not TI and next action required, eg Transfer to Branch</li></ul>

## What happens next

This process ends.

# Responding to provider requests

*Client Service Delivery (CSD) staff who work with claims and Cover Assessment Staff use this process to contact providers and/or clients when a provider ticks 'Contact Provider' or 'Assistance required' on an ACC45 or other claim form when the provider has not been already been contacted as part of a three-point contact or Service Needs Assessment.*

## Review request and contact provider

### Responsibility

CSD staff who work with claims and Cover Assessment Staff

### When to use

Use this instruction when a provider ticks 'Contact Provider' or 'Assistance Required' on an ACC45 or other claim form and:

- you've been allocated either:
  - an AUTO 'Contact Provider' or 'Assistance Required' task
  - a claim with an open AUTO 'Contact Provider' or 'Assistance Required' task
- the provider and/or client have not already been contacted as part of:
  - [Completing initial three-point contact and action plan](#) for Claims Management Network staff
  - [Completing a Service Needs Assessment](#) for Service Needs Assessment staff.

## Instruction

### Step 1

Open the task from your work queue and review the ACC45 or other claim form details.

### Step 2

Contact the provider within two working days of being allocated the task or claim.

If the provider ticked...	and...	then...
'Contact provider' only		<ul style="list-style-type: none"> <li>• contact the provider and discuss their reasons for asking us to contact them</li> <li>• <a href="#">Do a task</a> in Eos to:               <ul style="list-style-type: none"> <li>• complete and close the open AUTO 'Contact Provider' task</li> <li>• <a href="#">add a contact</a> to the claim file</li> </ul> </li> <li>• go to <b>Transfer claim</b></li> </ul>
'Assistance Required' only	you've talked to the provider or client before and you understand what assistance the client needs	<ul style="list-style-type: none"> <li>• <a href="#">Do a task</a> in Eos to:               <ul style="list-style-type: none"> <li>• complete and close the open AUTO 'Assistance Required' task</li> <li>• <a href="#">add a contact</a> to the claim file</li> </ul> </li> <li>• go to <b>Transfer claim</b></li> </ul>
	you haven't talked to the provider or client about what assistance the client needs	<ul style="list-style-type: none"> <li>• contact the provider and discuss the assistance the provider says the client needs</li> <li>• <a href="#">Do a task</a> in Eos to:               <ul style="list-style-type: none"> <li>• complete and close the open AUTO 'Assistance Required' task</li> <li>• <a href="#">add a contact</a> to the claim file</li> </ul> </li> <li>• go to <b>Transfer claim</b></li> </ul>

If the provider ticked...	and...	then...
'Contact Provider'	'Assistance required'	<ul style="list-style-type: none"> <li>contact the provider and discuss the assistance the provider says the client needs</li> <li><a href="#">Do a task</a> in Eos to: <ul style="list-style-type: none"> <li>to complete and close the open AUTO 'Contact Provider' or 'Assistance required' tasks</li> <li><a href="#">add a contact</a> to the claim file</li> </ul> </li> <li>go to <b>Transfer claim</b></li> </ul>

[Back to process map ↑](#)

## Transfer claim

### Responsibility

CSD staff who work with claims and Cover Assessment Staff

### When to use

Use this instruction to transfer a claim with an open AUTO 'Contact Provider' or 'Assistance Required' task to the appropriate team.

### Step 1

Transfer the claim to the appropriate team.

If the provider indicates that...	and your business unit...	then...
the cover decision at registration needs to be reviewed	makes cover decisions	<ul style="list-style-type: none"> <li><a href="#">transfer the claim</a> to your business unit, if it's in the 'Hamilton or Dunedin Registration – Actioned Case' queue</li> <li>check for open 'Contact Provider' and 'Assistance Required' tasks that are not assigned to a case owner</li> <li>manually transfer any unassigned 'Contact Provider' and 'Assistance Required' tasks to your business unit</li> <li>go to <a href="#">Confirming existing cover decision</a></li> <li>this process ends</li> </ul>
the cover decision at registration needs to be	doesn't make cover decisions	<ul style="list-style-type: none"> <li><a href="#">transfer the claim</a> to the Cover Assessment team</li> <li>check for open 'Contact Provider' and</li> </ul>

If the provider indicates that...	and your business unit...	then...
reviewed		'Assistance Required' tasks that are not assigned to a case owner <ul style="list-style-type: none"> <li>manually transfer any unassigned 'Contact Provider' and 'Assistance Required' tasks to the Cover Assessment team</li> <li>this process ends</li> </ul>
the client needs extra assistance from us	is the right unit to manage the claim	<ul style="list-style-type: none"> <li>use <a href="#">Updating an action plan</a> to include the extra assistance in the plan for managing the client's claim</li> <li>this process ends</li> <li>use <a href="#">Streaming a claim from registration to transfer the claim</a> to the correct business unit to manage the claim type</li> </ul>
the client needs extra assistance from us	isn't the right unit to manage the claim	<ul style="list-style-type: none"> <li>check for open 'Contact Provider' and 'Assistance Required' tasks that are not assigned to a case owner</li> <li>manually transfer any unassigned 'Contact Provider' and 'Assistance Required' tasks to the correct business unit</li> <li>this process ends</li> </ul>
no action is required		this process ends

### What happens next

- If the claim has been transferred to a specialist or non-specialist unit, then that unit will manage the claim.
- If the cover decision needs to be reviewed, then either the business unit managing the claim or the Cover Assessment team will review it.
- If no action is required, then the business unit who is managing the claim will continue to manage it.