

Reference

- [Checklist electronic claim](#)
- [Manual claim checklist](#)
- [Health practioner index](#)
- [Streaming criteria](#)
- [Applying streaming criteria](#)
- [Claim types](#)
- [READ Codes \(274K\)](#)
- [NZ standard classification of occupations \(299K\)](#)
- [ACC45 example \(174K\)](#)
- [Data quality quick keys \(245K\)](#)

Checklists for registering an electronic claim

Introduction

When you [register an electronic claim as complete or incomplete](#) in Eos, use the following checklists to make sure that you enter the details from the ACC45 correctly.

The ACC45 is divided into five parts, and there is a checklist for each part:

- Checklist for Part A: Personal Details
- Checklist for Part B: Accident and Employment Details
- Checklist for Part C: Injury Diagnosis and Assistance
- Checklist for Part D: Ability to Work
- Checklist for Part E: Treatment Provider and Patient Declaration

Checklist for Part A: Personal Details

You must...	Check
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enter 'c/o Parent or Guardian' in the 'Additional Recipient Reference' line for clients under 16 years

remove 'c/o Parent or Guardian' in the 'Additional Recipient Reference' line, for clients 16 years and older

enter a title. Use:

- 'Master' for boys under 16 years

You must...	Check
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- 'Mr' for males over 16 years
- 'Ms' if you don't know a woman's title

enter apostrophes for contracted family names, eg O'Donnell

use hyphens for double-barrelled names, eg Smith-Jones

add middle names, if they are provided

Use the Eos Address Look up tool to automatically format the address.

If the tool is not working or unavailable or the client is an overseas visitor of 'no fixed abode' or living in a Woman's Refuge shelter the following address rules apply:

- register the address for overseas visitors, clients with 'no fixed abode' or living in Women's Refuge shelters as either:
 - 'PO Box 408, Dunedin'
 - 'PO Box 952, Hamilton'
- enter the words 'Overseas visitor' in the 'Additional Recipient Reference' line
- register rural delivery addresses with a space, ie R D
- enter suburbs, where provided

complete the first address line and the town or city for all addresses

add the postal code, if supplied

use 'Not stated' if the client hasn't stated their ethnicity or leave it as recorded in the client's party record in Eos

only use the 'staff indicator' if the client is an ACC staff member

use the 'Secure Access Indicator' if the client or their immediate family belongs to one of the following groups:

- the Governor General
- Members of Parliament
- Members of the Judiciary
- ACC Board Members

Checklist for Part B: Accident and Employment Details

You must...	Check
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use the closest matching options you can find for the:

- 'Prior Activity'

You must...	Check
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- 'Accident Contact'
- 'Accident Cause'
- 'Off Road Agency' fields.

Often there is not a perfect match

change 'Did the accident happen in New Zealand?' to 'No' and the 'Accident Location' to 'Overseas', if the accident occurred overseas

consider the meaning of the terms 'Accident Contact' and 'Off Road Agency':

- 'Accident Contact' is what the client came in contact with
- 'Off Road Agency' is the reason the accident happened

Example:

Description reads: 'Painting on ladder, ladder tipped over and I fell on the ground'

- Contact = Ground ('I fell on the ground')
- Off Road = Ladder ('ladder tipped over')

record the client's employment details if the client is in paid employment or is self-employed and the accident is work-related

record the client's employment status as either 'employed', 'self-employed' or 'non-earner'

register all non-earners with a 'Sedentary' work type

register clients who are currently on ACC weekly compensation as 'employed'

check the client is aged 6 or under, if 'pre-school child' is listed as their occupation

list clients 6-18 years old as 'student'

list clients over 18 years old as 'unknown'

Checklist for Part C: Injury Diagnosis and Assistance

You must...	Check
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ensure you use the correct code type – READ or ICD10:

- most codes use capital letters
- codes can mean something very different if lower case is used

enter a side, ie left or right for 'paired' body parts, eg legs, hands, arms etc

enter 'Not applicable' for the injury side, if there is a bilateral, ie two-sided, or central injury of a singular body part, and it is not one of a 'paired' set

You must...	Check
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always enter 'Not stated' for severity

- complete the NHI number if it is provided and it is legible
- use the format AAA123

the provider number is a [Health Practitioner Index \(HPI\)](#) identification number. HPI provider numbers are two numeric digits and four alpha characters, eg 18AKLM

Checklist for Part D: Ability to Work

You must...	Check
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mark 'Normal hours' as 'Yes' and 'Selective duties' as 'No', if the client has no time off work

- mark 'Normal hours' as 'No' and 'Selective duties' as 'No' if the client is fully unfit for work with no restricted or selective duties
- complete the time off as per the ACC45

Checklist for Part E: Treatment Provider and Patient Declaration

You must...	Check
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search for the provider number in Eos, so MFP will pick it up

Checklists for registering a manual claim

Introduction

When you [register a manual claim as complete or incomplete](#) in Eos, use the following checklist to make sure that you enter the details from the ACC45 form correctly.

The ACC45 form is divided into five parts, and there is a checklist for each part:

- Checklist for Part A: Personal Details
- Checklist for Part B: Accident and Employment Details
- Checklist for Part C: Injury Diagnosis and Assistance
- Checklist for Part D: Ability to Work
- Checklist for Part E: Treatment Provider and Patient Declaration

Checklist for Part A: Personal Details

You must...	Check
enter 'c/o Parent or Guardian' in the 'Additional Recipient Reference' line for clients under 16 years	
remove 'c/o Parent or Guardian' in the 'Additional Recipient Reference' line, for clients 16 years and older	
enter a title. Use:	
<ul style="list-style-type: none">• 'Master' for boys under 16 years• 'Mr' for males over 16 years• 'Ms' if you don't know a woman's title	
enter apostrophes for contracted family names, eg O'Donnell	
use hyphens for double-barrelled names, eg Smith-Jones	
add middle names, if they are provided	
use the Eos Address Lookup tool to automatically format the address.	
If the tool is not working or unavailable or the client is an overseas visitor, of 'no fixed abode' or living in a Women's Refuge shelter, the following address rules apply:	
<ul style="list-style-type: none">• register the address for overseas visitors, clients with 'no fixed abode' or living in Women's Refuge shelters as either:<ul style="list-style-type: none">• 'PO Box 408, Dunedin'• 'PO Box 952, Hamilton'• enter the words 'Overseas visitor' in the 'Additional Recipient Reference' line• register rural delivery addresses with a space, ie R D• enter suburbs, where provided	
complete the first address line and the town or city for all addresses	
use 'Not stated' if the client hasn't stated their ethnicity or leave it as recorded in the client's party record in Eos	
only use the 'staff indicator' if the client is an ACC staff member	
use the 'Secure Access Indicator' if the client or their immediate family belongs to one of the following groups:	
<ul style="list-style-type: none">• the Governor General• Members of Parliament• Members of the Judiciary• ACC Board Members	

Checklist for Part B: Accident and Employment Details

You must...	Check
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register the accident description exactly as it is written on the form

use the closest matching options you can find for the:

- 'Activity'
- 'Contact'
- 'Cause'
- 'Agency' fields

Often there is not a perfect match

change 'Did the accident happen in New Zealand?' to 'No' and the location to 'Overseas', if the accident occurred overseas

consider the meaning of the terms 'Accident contact' and 'Off road agency':

- 'Accident contact' is what the client came in contact with
- 'Off road agency' is the reason the accident happened

Example:

Description reads: 'Painting on ladder, ladder tipped over and I fell on the ground'

- Contact = Ground ('I fell on the ground')
- Off road = Ladder ('ladder tipped over')

record the client's employment details if the client is in paid employment or is self-employed and the accident is work related

record the client's employment status as either 'employed', 'self employed' or 'non-earner'

register all non-earners with a 'Sedentary' work type

register clients who are currently on ACC weekly compensation as 'employed'

check the client is aged 6 or under, if 'pre-school child' is listed as their occupation

list clients 6-18 years old as 'student'

list clients over 18 years old as 'unknown'

Checklist for Part C: Injury Diagnosis and Assistance

You must...	Check
-------------	-------

ensure you use the correct code type – READ or ICD10:

- most codes use capital letters

You must...	Check
-------------	-------

- codes can mean something very different if lower case is used

enter a side, ie left or right for 'paired' body parts, eg legs, hands, arms etc

enter 'Not applicable' for the injury side, if there is a bilateral, ie two-sided, or central injury of a singular body part, and it is not one of a 'paired' set

always enter 'Not stated' for severity

- complete the NHI number if it is provided and it is legible
- use the format AAA123
- not change the NHI on the client's party record if it has been verified by a MOH and ACC data match

not enter additional injury comments that describe the same condition as the injury codes, eg Read code is 'S570 – Cervical sprain' with an unnecessary comment, eg 'neck strain'

always enter additional injury comments that give new or more specific information about the injury, eg '5th MCP', 'compound fracture'

- mark either :
 - 'Rehabilitation' as '4' if the ACC45 is marked 'yes' for 'Has the patient been admitted to hospital?'
 - 'ACC should call me?' otherwise mark it as 'Not stated'
- click 'Yes' for the 'Has the patient been admitted to hospital?' field, if the client has been admitted to hospital

check that the provider number matches who signed the claim form

Checklist for Part D: Ability to Work

You must...	Check
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mark 'Can continue normal work' as 'Yes' and 'Restricted work duties' as 'No', if the client has no time off work

- mark 'Can continue normal work' as 'No' and 'Restricted work duties' as 'No' if the client is fully unfit for work with no restricted duties
- complete the time off as per the ACC45

Checklist for Part E: Treatment Provider and Patient Declaration

You must...	Check
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- use the 'Form signed on' date from the provider's side at the bottom right corner of the claim form
- use the date on the client's side of the form, if there is no date on the provider's side

You must...**Check**

- ensure that both the client and provider have signed the ACC45 form
- check the client has not signed both sides of the form

Health Practitioner Index

Introduction

The Health Practitioner Index (HPI) is a Ministry of Health initiative to streamline identification numbers across the Health Sector. ACC has adopted this identification model for its provider, vendor, and facility records.

The benefits of the Health Practitioner Index

- The provider identification number is the same with ACC, the Ministry of Health (MoH) and their Registration Authority eg the Medical Council of New Zealand
- The future benefit to the health sector will be the ability to access and transfer health-related information in a secure manner.

How are we transitioning our identification numbers?

Since 2009, the Provider Vendor Registration (PVR) team has been registering providers, vendors and facilities with their HPI number.

Identifying HPI numbers

- HPI provider numbers are two numeric digits and 4 alpha characters, eg 18AKLM
- HPI vendor numbers start with a G, followed by 5 numeric digits, eg G01097.

Streaming criteria

Introduction

ACC's current operating model determines, the claim types that are streamed to:

- each business unit to manage following registration
- Actioned Cases.

Streaming criteria

The following table summarises the business streaming criteria for each claim type.

Claim type	Criteria	Stream the claim to	Excluding
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Claim type	Criteria	Stream the claim to	Excluding
	Work and non-work accident claims for clients who either:		
Staff claim	<ul style="list-style-type: none"> are an ACC staff member on the payroll have a staff indicator on their party record 	Staff Claims Unit	NA
Accredited Employer (AE) claim	<ul style="list-style-type: none"> The client is employed by an accredited employer The claim is for a work accident 	Registration - Actioned cases at either: <ul style="list-style-type: none"> Hamilton Dunedin 	<ul style="list-style-type: none"> Staff claims Motor vehicle accident (MVA) claims Sensitive claims
Fatal claim	Claims that have a fatal (accidental death) injury READ code listed in Claim types	The Accidental Death Unit at either: <ul style="list-style-type: none"> Hamilton Dunedin 	<ul style="list-style-type: none"> Staff claims Treatment injury claims AE claims
Remotely managed claim	The client has either: <ul style="list-style-type: none"> current claims managed by the Remote Claims Unit (RCU) previous claims managed by the RCU and a current active care indicator 	RCU	<ul style="list-style-type: none"> Staff claims AE claims Fatal claims
Sensitive claim	Claims that have a sensitive injury READ code listed in Claim types (including accredited employer claims)	<ul style="list-style-type: none"> The Sensitive Claims Unit Stream AUTO tasks for AE claims to the Dunedin Quality Assurance Service Centre 	<ul style="list-style-type: none"> Staff claims Remotely managed claims Fatal claims
Treatment injury (TI) claim	Claims that have a treatment injury READ code listed in Claim types	The Treatment Injury Centre	<ul style="list-style-type: none"> Staff claims AE claims Remotely managed claims Sensitive claims TI claims that relate to a previous AE claim

Claim type	Criteria	Stream the claim to	Excluding
Hearing loss claim	Accepted, held or declined claims that have a hearing loss injury READ code listed in Claim types	The Hearing Loss Centre at either: <ul style="list-style-type: none"> • Hamilton • Dunedin 	<ul style="list-style-type: none"> • F583 – Tinnitus claims • AE claims • Fatal claims • Remotely managed claims • Staff claims • TI claims • Sensitive claims • Open wounds to mouth claims
Held dental claim	Held claims that have a dental injury READ code listed in Claim types	The Dental Unit at either: <ul style="list-style-type: none"> • Hamilton • Dunedin 	<ul style="list-style-type: none"> • Staff claims • Fatal claims • Remotely managed claims • Sensitive claims • TI claims • Held dental claims • Open wounds to mouth
Dental claim with a provider request	Accepted claims that have a dental injury READ code listed in Claim types , where the provider checked the claim form with either: <ul style="list-style-type: none"> • contact provider • assistance required 	The Dental Unit at either: <ul style="list-style-type: none"> • Hamilton • Dunedin 	<ul style="list-style-type: none"> • Staff claims • Fatal claims • Remotely managed claims • Sensitive claims • TI claims • Held dental claims • Open wounds to mouth
Accepted dental claim	Accepted claims that have a dental injury READ code listed in Claim types , where the provider has not asked for us to contact them	Registration – Actioned Cases at either: <ul style="list-style-type: none"> • Hamilton • Dunedin 	<ul style="list-style-type: none"> • Staff claims • Fatal claims • Remotely managed clients • Sensitive claims • TI claims
Gradual process claim	Accepted, held or declined claims that have a gradual	The Gradual Process Unit at the Southern	<ul style="list-style-type: none"> • Hearing loss claims • Staff claims

Claim type	Criteria	Stream the claim to	Excluding
	<p>process injury READ code listed in Claim types, which includes either:</p> <ul style="list-style-type: none"> gradual process work accident claims asbestosis claims 	STCC	<ul style="list-style-type: none"> AE claims Fatal claims Remotely managed claims WRGPDI claims
Held claims - non specialist	Held claims where the cover decision is not made by a specialist unit	Hamilton or Dunedin cover assessment	<ul style="list-style-type: none"> Dental claims Fatal claims Gradual process Hearing loss claims Remotely managed claims Sensitive claims Staff claims TI claims AE claims with no cover decision Fatal claims Hearing Loss claims
Declined claims - non-specialist	Non-specialist claims that are declined at registration	Hamilton or Dunedin cover assessment	<ul style="list-style-type: none"> Remotely managed claims Sensitive claims Staff claims TI claims
Employer Centric Services (ECS) claims	Accepted earner claims for clients whose employer is an ECS member for both work and non-work accidents	Employer Centric Services	<ul style="list-style-type: none"> Sensitive claims Fatal claims WRGPDI claims Remotely managed claims
Non-earner claims for clients who have an existing open claim	<p>Accepted claims for clients who:</p> <ul style="list-style-type: none"> are non-earners or unemployed have an existing open claim managed by a branch, STCC or ECS unit 	The department queue of the branch, STCC or ECS unit managing the existing claim	<ul style="list-style-type: none"> All specialist claims Existing claims in actioned cases

Claim type	Criteria	Stream the claim to	Excluding
Non-earner claims with a provider request	<p>Accepted claims for clients:</p> <ul style="list-style-type: none"> who are non-earners or unemployed whose claim form has been checked 'contact provider' or 'assistance required' 	The Short Term Claims Centre closest to where the client lives	<ul style="list-style-type: none"> All specialist claims Clients with an existing open claim
Non-earner claims with no provider request and no existing open claims	<p>Accepted earner claims for clients:</p> <ul style="list-style-type: none"> who are non-earners or unemployed whose claim form has not been checked 'contact provider' or 'assistance required' 	<p>Registration - Actioned cases at either:</p> <ul style="list-style-type: none"> Hamilton Dunedin 	All specialist claims
Earner claims for clients who have a provider request and an existing open claim	<p>Accepted earner claims for clients:</p> <ul style="list-style-type: none"> who are earners whose claim form has been checked 'contact provider' or 'assistance required' have an existing open claim managed by a branch, STCC or ECS unit 	The department queue of the branch, STCC or ECS unit managing the existing claim	<ul style="list-style-type: none"> All specialist claims Existing claims in actioned cases
Earner claims for clients who have a provider request and no existing open claims	<p>Accepted earner claims for clients:</p> <ul style="list-style-type: none"> who are earners whose claim form has been checked 'contact provider' or 'assistance required' who do not have an existing open claim managed by a branch, STCC or ECS unit 	The Service Needs Assessment team	All specialist claims
Earner claims for clients who have an existing open claim and no provider request and that meet the Conversion probability	<p>Accepted claims for clients:</p> <ul style="list-style-type: none"> who are earners who have an existing open claim managed by a branch, STCC or ECS unit 	The department queue of the branch, STCC or ECS unit managing the existing claim	<ul style="list-style-type: none"> All specialist claims Earner claims that either: <ul style="list-style-type: none"> have no provider request do not meet or

Claim type	Criteria	Stream the claim to	Excluding
Claim type threshold	<ul style="list-style-type: none"> whose claim form has not been checked 'contact provider' or 'assistance required' that meet or exceed the Conversion probability threshold 		exceed the Conversion probability threshold
Earners claims for clients who have no existing open claims and no provider request and that meet the Conversion probability threshold	<p>Accepted claims for clients:</p> <ul style="list-style-type: none"> who are earners who have no existing open claims managed by a branch, STCC or ECS unit whose claim form has not been checked 'contact provider' or 'assistance required' that meet or exceeds the Conversion probability threshold 	The Service Needs Assessment team	<ul style="list-style-type: none"> All specialist claims Earners claims that either: <ul style="list-style-type: none"> have no provider request do not meet or exceed the Conversion probability threshold
Earners claims for clients who have no provider request and do not meet the Conversion probability threshold	<p>Accepted claims for clients:</p> <ul style="list-style-type: none"> who are earners whose claim form has not been checked 'contact provider' or 'assistance required' that do not meet or exceed the Conversion probability threshold 	Registration - Actioned cases at either: <ul style="list-style-type: none"> Hamilton Dunedin 	<ul style="list-style-type: none"> All specialist claims Earners claims that either: <ul style="list-style-type: none"> have a provider request meet or exceed the Conversion probability threshold
Earners claims with no conversion probability score or duration rating	<p>Accepted claims for clients:</p> <ul style="list-style-type: none"> who are earners whose claim form has not been checked 'contact provider' or 'assistance required' for which the Conversion probability threshold test cannot be completed 	Service Needs Assessment - Screening Triage	All specialist claims
All other claims	Accepted claims that ACC can close straightaway	Registration - Actioned cases at either: <ul style="list-style-type: none"> Hamilton 	Claims that meet the other streaming criteria in this table

Claim type

Criteria

Stream the claim to

Excluding

- Dunedin

Applying streaming criteria

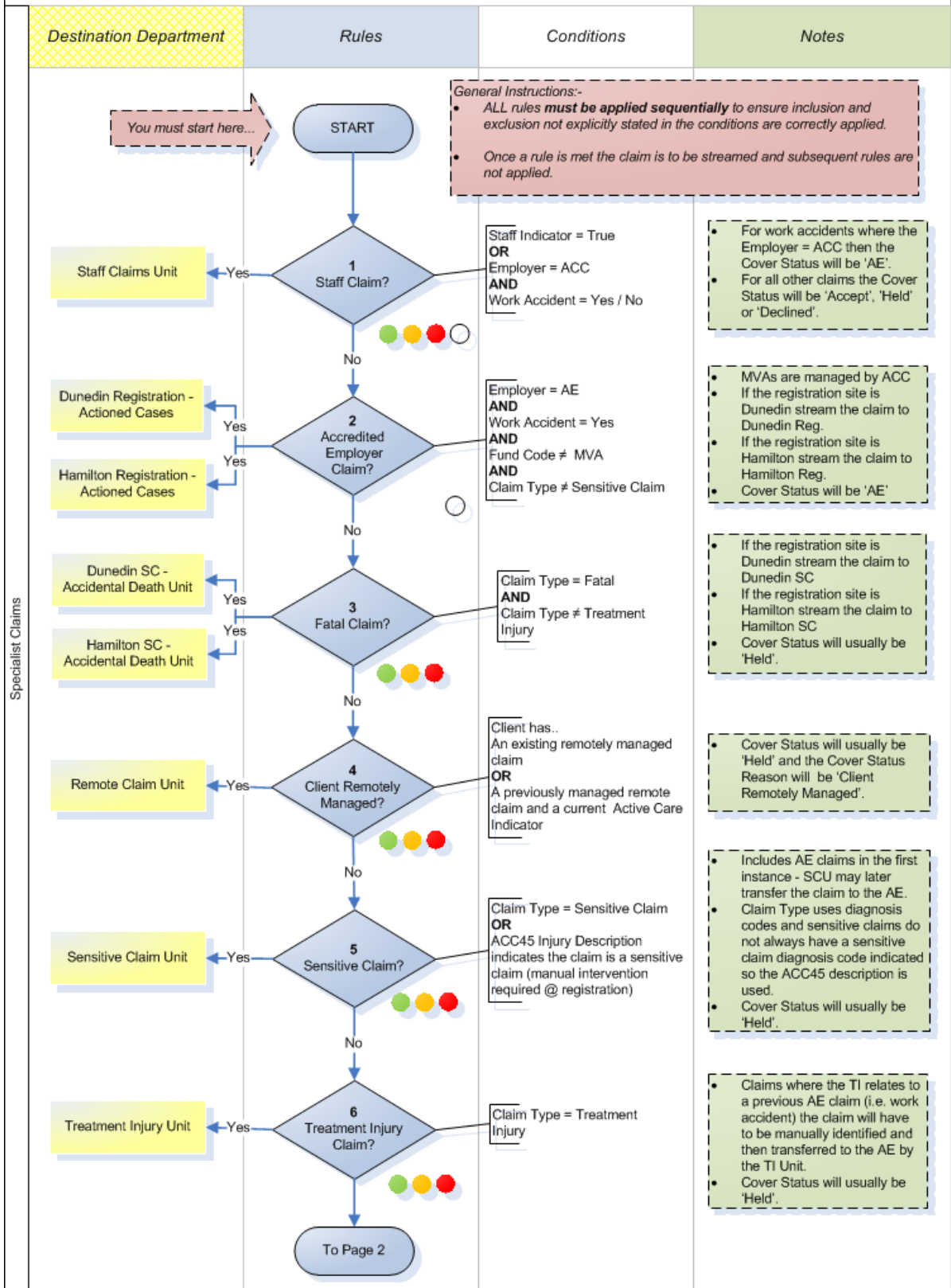
Eos streams claims automatically using the rules detailed in the streaming criteria.

If there is some doubt about where to stream a claim, then you can use the streaming criteria to check where it should be streamed. It's important to take all the relevant exclusions into account when doing this.

The following flowchart shows how to manually apply the streaming criteria.

Registration Streaming Rules (page1)

●●●○ = Potential cover status – Accept, Held, Declined or AE



Claim types

Introduction

Eos automatically assigns claim types to all new claims based on the information provided at registration.

The claim type is used to establish the cover status and stream the claim.

Case owners may edit the claim type later in the [Edit Claim Type and Other Indicators screen](#).

Claim types assigned at registration

Claim type	Criteria
	Either:
	<ul style="list-style-type: none"> injury READ code (or IC 9/10 equivalent) is: R21.. Q486. Q211. Q210. Q016. Lyu75 L39X. L39B. L39A. L264z L2642 L2641 L2640 L264. L192. G5751 94B.. 22J4. 22J.. 8HG.. TGyz4 TLxz4 fatal indicator is 'yes' at registration
Fatal (accidental death)	
Treatment injury	<p>The ACC45 indicates the cause of accident is 'medical treatment'</p> <p>Injury READ code (or ICD9/10 equivalent) is:</p> <p>N3371 N337. N337. H410. H41.. B232.</p>
Gradual process	<p>AA0.. N2412 N2203 N21z2 N2179 N2174</p> <p>N2165 N2164 N2157 N2133 N2132 N2131</p> <p>N2124 N211. M12.. H4... F340. AD30.</p> <p>AD2X. A84.. ZV4C5 H33..</p> <p>Injury READ code (or ICD9/10 equivalent) is:</p> <p>SN571 U3L.. U3L0. U3L1. U3L2. U3L3.</p> <p>U3L4. U3L5. U3L6. U3L7. U3Ly. U3Lz.</p> <p>TL01. E2B.. E29y1 E21.. E2019 E2000</p> <p>Injury READ code (or ICD9/10 equivalent) is:</p> <p>F59.. F582. F5916 F590. F591. F5900</p> <p>F5812 F5901 F581. F5902 F5903 F5904</p> <p>F5905 F5906 F590y F590z F5910 F5911</p> <p>F5912 F5913 F5915 F591y F591z F592.</p> <p>F5921 F59y. F59z. P40.. P400. P402.</p>
Sensitive	
Hearing loss (excluding F583 - Tinnitus)	

Claim type	Criteria
	P402z P40z. P40zz F581. Injury READ code (or ICD9/10 equivalent) is:
Dental excluding open wounds to the mouth	S8363 7N920 J0510 S0282 SE04. S024. SP047 S022x S8366 S0225 S0283 S0220 191Z. S022. S8367 S8373

Sensitive Claim Engagement Form

What's the Sensitive Claim Engagement Form?

Under the Integrated Services for Sensitive Claims (ISSC) contract, ISSC providers will electronically submit a Sensitive Claim Engagement form to ACC. This form is the equivalent to an electronic ACC45 claim form and provides ACC with specific information needed to identify and register a claim as a sensitive claim straight away.

The ISSC provider uses an online ID login to access the engagement form on MyACC, the ACC eChannel platform. They complete the form, including all mandatory fields, with the input of the client to ensure they're comfortable with the information being entered.

The engagement form can only be submitted to ACC when all mandatory fields are completed.

Once the ISSC provider has completed and submitted the form, an engagement form reference number is generated. The provider can then print off or save a PDF file of the form to give to the client

When the engagement form is received through the eBusiness Gateway, Eos identifies the form as a sensitive claim and matches the engagement form to an ACC45 number. Registration staff access the engagement form from a work queue and once they have registered the claim, Eos automatically streams the claim to the Sensitive Claims Unit.

Most of the claim information will automatically be entered into Eos when the engagement form is electronically received. The role of the Registration team is mainly to check the information that has been submitted on the form, then identify and decide if the claim should be registered as a 'new claim' or a 're-engagement' of an existing claim.

Definitions of Sensitive Claim Engagement Form terminology

These definitions relate to terminology referred to:

- in the Sensitive claim engagement form
- in the Integrated Services for Sensitive Claims contract used by ISSC Suppliers and Providers

- in the Sensitive Claims Unit:

Term:	Definition:
Lodgement Date:	Sensitive Claims define the “lodgement date” as the date the original claim is lodged. ie. this is when ACC receive the ACC45 or the Sensitive Claim Engagement Form.
Event Date:	Sensitive Claims define the “event date” as the approximate date the sexual assault, sexual abuse incident occurred.
Date of Accident:	For a Sensitive Claim, the “date of accident” is the date that the client first seeks treatment for their mental injury. As a default, this is set to the date of consultation on the engagement form, or for a claim lodged via ACC45, the date that the client signed the form.
Engagement:	In the ISSC contract, client “engagement” is where a client has presented at an ISSC Supplier to access ISSC services. E.g. the client first engages during the “Getting Started” service when they meet with the ISSC Supplier to complete the Sensitive Claim Engagement Form.
Period of Engagement:	This is a period of treatment time that the client engages with ACC and an ISSC Supplier for. In EOS, this period of engagement is known as an “Interval”.
Re-engagement:	This is where a client has presented at an ISSC Supplier to access ISSC services under a previously lodged claim. These clients are sometimes also referred to as a “returning client” or “re-entry engagement client”

To learn more about the ISSC Contract, see [Integrated Services for Sensitive Claims](#)

How to register a Sensitive Claim Engagement Form

Follow the instructions in Eos Online Help “[Register Sensitive Claim Engagement Form](#)” to register an electronic Sensitive Claim Engagement Form into Eos when it is received at ACC.

Then follow the business rules below to determine whether a Sensitive Claim Engagement Form should be registered as a ‘new claim’ or a ‘re-engagement’ of an existing claim:

If	then...
<p>the client does not have a sensitive claim registered with ACC as shown in the Eos Registration Wizard</p> <p>Note: Sensitive claims lodged before October 1992 will not show in the Eos Registration Wizard. Engagement forms relating to claims lodged before this time are to be registered as new claims.</p>	<ul style="list-style-type: none"> • this is a new claim • continue in Eos Online Help “Registering a Sensitive Claim Engagement Form”
<p>the client has a sensitive claim registered with ACC and the claim number has been recorded on the engagement</p>	<ul style="list-style-type: none"> • this is a re-engagement and the Sensitive Claim Engagement Form

If form	then...
	<p>should be linked to the existing claim, regardless of the cover status</p> <ul style="list-style-type: none"> • continue in Eos Online Help “Registering a Sensitive Claims Engagement Form – Re-entry Engagement”
the client has a sensitive claim (or claims) registered with ACC but a claim number has not been recorded on the engagement form	<ul style="list-style-type: none"> • follow the next set of business rules below

Follow the business rules below for clients that have a sensitive claim registered with ACC as shown in the Eos Registration Wizard:

If the event date (or event period) on the engagement form is ... after the lodgement date of the most recently lodged sensitive claim displayed on the Eos Registration Wizard	then...
	<ul style="list-style-type: none"> • this is a new claim • continue in Eos Online Help “Registering a Sensitive Claim Engagement Form” • this is a re-engagement and the Sensitive Claim Engagement Form should be linked to the first claim lodged after the event date or period, regardless of the cover status
before the lodgement date of a sensitive claim(s) displayed on the Eos Registration Wizard	<p>Note: If the event period on the engagement form crosses the lodgement date of a sensitive claim, then register the engagement form as a new claim and SCU will duplicate the claim if required</p> <ul style="list-style-type: none"> • continue in Eos Online Help “Registering a Sensitive Claims Engagement Form – Re-entry Engagement”

This diagram below provides a summary of these business rules for quick reference:

