

23 March 2022





## Your Official Information Act request, reference: GOV-016939

Thank you for your email of 25 February 2022, asking for the following information under the Official Information Act 1982 (the Act):

- 1. I am seeking the information regarding these policy/procedure/process rules that ACC have for Collecting claim information at registration:
  - Snapshot of Registration; and
  - Storage of Claim information; and
  - Claim information for a claim; and
  - Inbound documentation.
- 2. This information is described under 4.0 of the Claim Lodgement Process document v10.0

### Our response

The sub-headings that you have requested do not contain substantial information. We have included a copy of the landing pages of each of the four sub-headings, as follows:

- Snapshot of Registration
- Storage of claim information
- Claim information for a claim
- Inbound documentation

Additionally, we have included the process(s) links that are within those pages, including:

- Register a claim
- Receive and input manual claim: Accidental Death
- Receive and input manual claim: Dental
- Receive and input manual claim: Early Cover
- Receive and input manual claim: Email

Note that we have removed staff names, as they are out of scope of this request.

### If you're concerned about this response, please get in touch

You can email me at GovernmentServices@acc.co.nz.You can also contact the Ombudsman via info@ombudsman.parliament.nz or by phoning 0800 802 602 if you are not happy with this response. Information about how to make a complaint is available at www.ombudsman.parliament.nz

Ngā mihi

Sara Freitag

**Acting Manager Official Information Act Services** 

Government Engagement & Support



# **Business Rules Portal**

Back to search results **Export** Rule Name **Snapshot of registration** Statement The Accident Compensation Corporation must retain a copy of the claim information the Accident Compensation Corporation collected about the claim after registration is complete. Motivation This ensures a record of the claim information collected is retained for future reference in case of any follow-up questions. Rule ID CovDec-036 Process(s)

Manage Claim Documents   Receive and Input Manual Claim   Receive Electronic Claim
Owner(s)
Manager Claims Assessment ☑
Business Term(s)
Accident Compensation Corporation claim claim information
Business Rule Group(s)
Cover Decision
Source(s)
Business Decision: Cover Decision Service - Client Front End Establishment Project
Additional Information
Approver
Manager Lodgement & Triage
Activation Date
15/09/2018
Author

**Rule Type** 

Obligation

**Approval Date** 

10/09/2018

# Contact

If you have any comments or require any clarification, contact <a href="mailto:EBR@acc.co.nz">EBR@acc.co.nz</a>.



# **Business Rules Portal**

ack to search results Expor
Rule Name
Storage of claim Information
Statement
Claim information for a lodged claim must be stored on a claim record.
lotivation
his ensures ACC stores the information it receives regarding Claims in an orderly fashion that can be looked up t a later date. It also ensures claim information is not mixed up between clients and claim records.
ule ID
egClm-007
inked Rule(s)

7/22, 1:24 PM	Enterprise Business Portal
Claim information for a claim	
System(s)	
<u>Eos</u>	
Process(s)	
Register Claim 🗹	
<u>negister siami</u>	
0	
Owner(s)	
Manager Claims Assessment ☑	
Business Term(s)	
claim claim information claim record	
Business Rule Group(s)	
Degistration	
Registration	
Source(s)	

<u>Business Decision: Claim Registration - Lodgement & Triage</u>

**Additional Information** 

711722, 1.2-11 101	Enterprise Business Fortal
Approval Date	
17/08/2018	
Author	
Rule Type	
Obligation	
Approver	
Mai	nager Lodgement & Triage
Activation Date	
19/09/2001	

# Contact

If you have any comments or require any clarification, contact <a href="mailto:EBR@acc.co.nz">EBR@acc.co.nz</a>.



# **Business Rules Portal**

**Export** Back to search results Rule Name Claim information for a claim Statement A claim form for a lodged claim must contain claim information. **Motivation** This ensures the claim contains the information required to make a cover decision. Rule ID RegClm-005 Linked Rule(s)

Storage of claim Information Claim lodged using claim form

System(s)
<u>Eos</u>
Process(s)
Register Claim 🗹
Owner(s)
Manager Technical Services ☑
Business Term(s)
claim claim form claim information
Business Rule Group(s)  Registration
Source(s)
Business Decision: Lodge & Validate Claim and Make Cover Decision ☐
Additional Information
Approval Date

3/17/22, 1:23 PM Enterprise Business Portal 21/08/2018 **Author Approver** Technical Policy Team Manager, Technical Services **TBR** Yes **Rule Type** Obligation **Activation Date** 

# 04/02/2016

## Contact

If you have any comments or require any clarification, contact <a href="mailto:EBR@acc.co.nz">EBR@acc.co.nz</a>.



# **Business Rules Portal**

Back to search results



**Export** 

Rule Name

# Inbound documentation

Statement

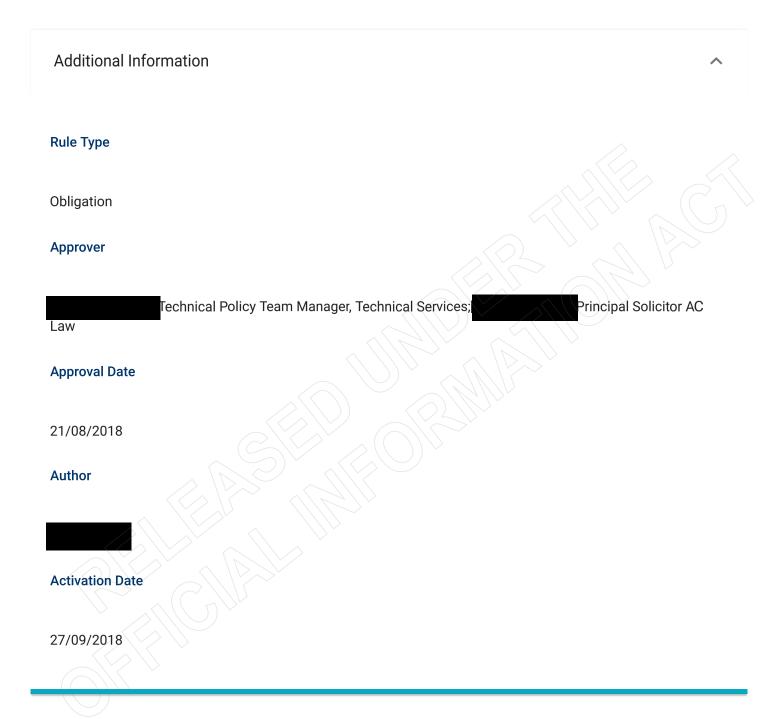
Inbound documentation the Accident Compensation Corporation receives must be attached to a claim record if all of the following are true:

- the inbound documentation is regarding any of the following:
  - o an existing claim.
  - o an existing client.
- the inbound documentation contains claim information that is relevant to the client's claim.
- the inbound documentation contains claim information that is necessary for the claim management of the client's claim.

# Motivation

This ensures an ACC staff member can view the paper/email/fax that was received, and that only relevant information is attached.

Rule ID
RegClm-016
System(s)
<u>Fos</u>
Process(s)
Manage Claim Documents ☑
Owner(s)
Manager Technical Services ☑
Business Term(s)
Accident Compensation Corporation claim claim information claim record client inbound document
Business Rule Group(s)
Registration
Source(s)
Business Decision: Claim Registration - Lodgement & Triage  CHIPS: Virtual Claim Folder (VCF) and locally uploaded documents



# Contact

If you have any comments or require any clarification, contact <a href="mailto:EBR@acc.co.nz">EBR@acc.co.nz</a>.

EOS ONLINE HELP

# Register a claim

Published 21/10/2021

# Introduction

Use these instructions to register a manual ACC45 claim into Eos.

# How to: Register a manual claim

- Register a manual claim
  - Quick steps

# Register a manual claim

# **Quick steps**

- 1. Click Create a new ACC45 Claim
- 2. Enter ACC45 number in Confirm ACC45 Number field. Click Create

If the number isn't in use, the **Person** tab on the **Case Search** screen displays

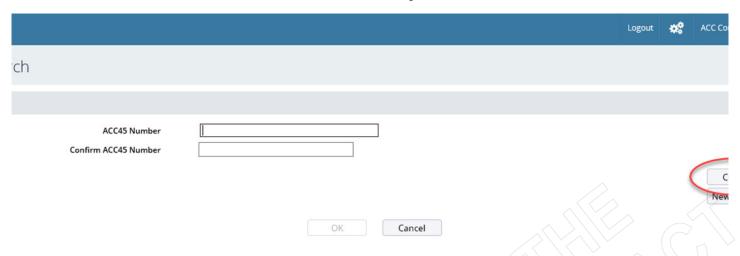
- 1. Complete as much info as you can. Click Search
- 2. If the Add button appears, click it to add the party record
- 3. Once added, continue registering claim. When you get matches, confirm correct party. Click Add Claim
- 4. Select Registration type
- 5. Enter the ACC45 details in the fields
- 6. Select **Yes** in the **Submit Form with Missing Mandatory Data?** field if the ACC45 has missing data. Click **OK**
- 7. Check details. Select reason for change. Click **OK**

### Step 1

Click Create a new ACC45 Claim on the operational toolbar.

**Create Claim - Claim Search TS102153** 

3/11/22, 11:18 AM Register a claim



## Step 2

Enter the same ACC45 number in the Confirm ACC45 Number field and click Create.

- If the ACC45 number is already in use, the Case Search screen displays.
- If the ACC45 number is not in use, the **Person** tab on the **Case Search** screen displays to enable you to continue the registration.

# Step 3

Fill out as much information on the **Person** tab as possible and click **Search**.

## Step 4

If no matches are returned, or you're sure the party record doesn't exist, the Add button will appear. Click **Add** to add the party record. See <u>Add a party</u>.

Once the party has been added, continue registering the claim. When matches are returned, confirm the correct party and click **Add Claim**.

### Step 5

Select the **Registration type** ('Full' or 'Rapid') in the Claim Summary section.

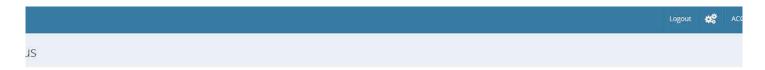
## Step 6

Enter the details from the ACC45 in the remaining fields, as appropriate.

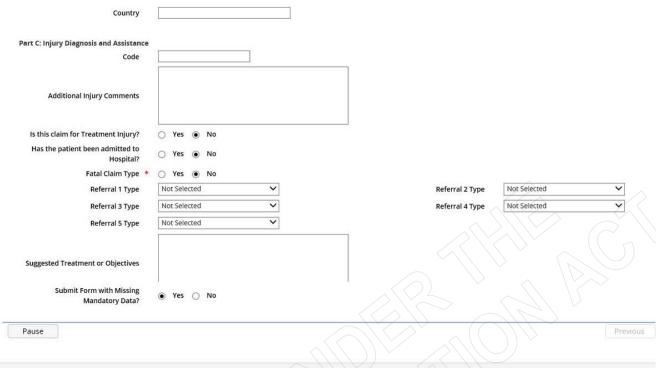
### Step 7

Select **Yes** in the 'Submit Form with Missing Mandatory Data?' field if the ACC45 has missing data. Click **OK.** If no mandatory data is missing, the Summary Screen will display.

## **Claim Summary TS102159**



ACC45 Claim Form			Prevo
ACC45 FORM			
* Mandatory Fields			
Claim Summary			
ACC45 Number			
Registration type	Full 💙	Lodgement Date * 30/10/2018	00
Management Site	Wellington Branch	Registration Users Name	
Part A: Personal Details			
National Health Index (NHI)		First Name *	
Number Middle Name		Last Name *	
Preferred Name		Date of Birth * DD/MM/YYYY	
Gender	★ Please Select ✓	Ethnicity * Please Select	V
Address Line 1		Address Line 2	
Suburb		Town/City *	
Post Code		Country New Zealand	
Work Phone		Home Phone	
Claimant	Q		
Personal Details			
- Craoriai Detaila			
	F11 (7) F 7 7 1		
	Ethnicity Details		
Middle Name		Last Name *	
Preferred Name		Date of Birth DD/MM/YYYY	
Gender		Ethnicity Please Select	~
Address Line 1	*	Address Line 2	
Suburb		Town/City *	É
Post Code		Country New Zealand	ļ
Work Phone		Home Phone	
Claimant			
Personal Details			
	Ethnicity Details -		
· · · · · Accident stem	- I nouse service	Accident Location 1 16000 Select .	
Please give a brief description of how the accident happened			
Did the accident happen in New			
Zealand			
Prior Activity	Please Select		
Accident Contact	Not Selected 🗸	Accident Cause Not Selected	~
Did the Accident happen on a			
road	* 100		
road: Off Road Agency	Please Select		
road: Off Road Agency Did the Accident happen at work:	/ * Please Select  No		
road: Off Road Agency Did the Accident happen at work: Earner Status at Date of Accident	Please Select   No   Please Select   Please Se		
road: Off Road Agency Did the Accident happen at work: Earner Status at Date of Accident Claimant Occupation	y * Please Select  No  Please Select  Q	What type of work do you do? * Please Select V	
road: Off Road Agency Did the Accident happen at work: Earner Status at Date of Acciden Claimant Occupation Department	Please Select  No  Please Select  Q	What type of work do you do? ★ Please Select ✓	
road: Off Road Agency Did the Accident happen at work: Earner Status at Date of Accident Claimant Occupation	Please Select  No  Please Select  Q  t	What type of work do you do? * Please Select V	
roadi Off Road Agency Did the Accident happen at worki Earner Status at Date of Accideni Claimant Occupatior Departmeni Missing Mandatory Data for Denta	Please Select  No  Please Select  Q  t	What type of work do you do? ★ Please Select ✓	
road: Off Road Agency Did the Accident happen at work: Earner Status at Date of Accident Claimant Occupation Department Missing Mandatory Data for Denta	Please Select  No  Please Select  Q  t	What type of work do you do? • Please Select V	
roadi Off Road Agency Did the Accident happen at worki Earner Status at Date of Accideni Claimant Occupatior Departmeni Missing Mandatory Data for Denta	Please Select  No  Please Select  Q  t		
road: Off Road Agency Did the Accident happen at work: Earner Status at Date of Accident Claimant Occupation Department Missing Mandatory Data for Denta	Please Select  No  Please Select  Q  t	What type of work do you do? * Please Select V	
road: Off Road Agency Did the Accident happen at work: Earner Status at Date of Accident Claimant Occupation Department Missing Mandatory Data for Denta	Please Select  No  Please Select  Q  t  In I		
roadi Off Road Agency Did the Accident happen at work: Earner Status at Date of Accident Claimant Occupation Department Missing Mandatory Data for Denta Claim Employer Details	Please Select  No  Please Select  Q  I		
roadi Off Road Agency Did the Accident happen at work: Earner Status at Date of Accident Claimant Occupation Department Missing Mandatory Data for Denta Claim Employer Details Employer Name	Please Select  No  Please Select  Q  The please Select  Q  The please Select  Q		
roadi Off Road Agency Did the Accident happen at work: Earner Status at Date of Accident Claimant Occupation Department Missing Mandatory Data for Denta Claim Employer Details Employer Name	Please Select  Please Select  Q  The please Select  Q		
off Road Agency Did the Accident happen at work: Earner Status at Date of Accident Claimant Occupation Department Missing Mandatory Data for Denta Claim Employer Details  Employer Address of Employer Addres	Please Select  Please Select  Q  The please		



## Step 8

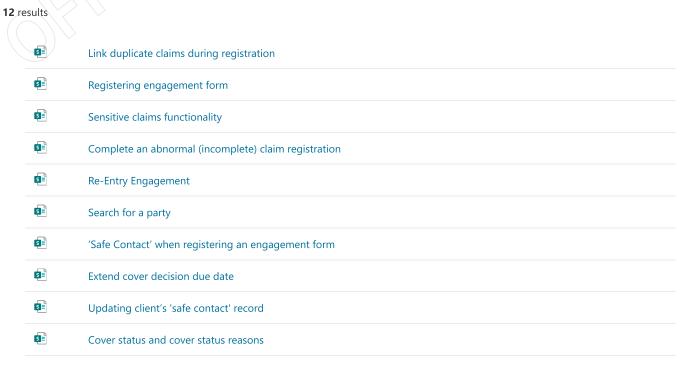
Check the details on the **Summary Screen** (details are system-generated based on information that has been entered). Change the details if necessary.

Note: You're unable to return to the registration screen and must change details on this screen only.

## Step 9

Select the reason for the change, adding more information about the reasons for change when required. Click **OK** to return to the **Claim Search** screen to start another registration.

## **Related Content**



3/11/22, 11:18 AM Register a claim

# **Page Details**

Content Owner



Content Experts



Topic

Claims

EOS Online Topic

Specialist Functions Registering a claim

Information Type

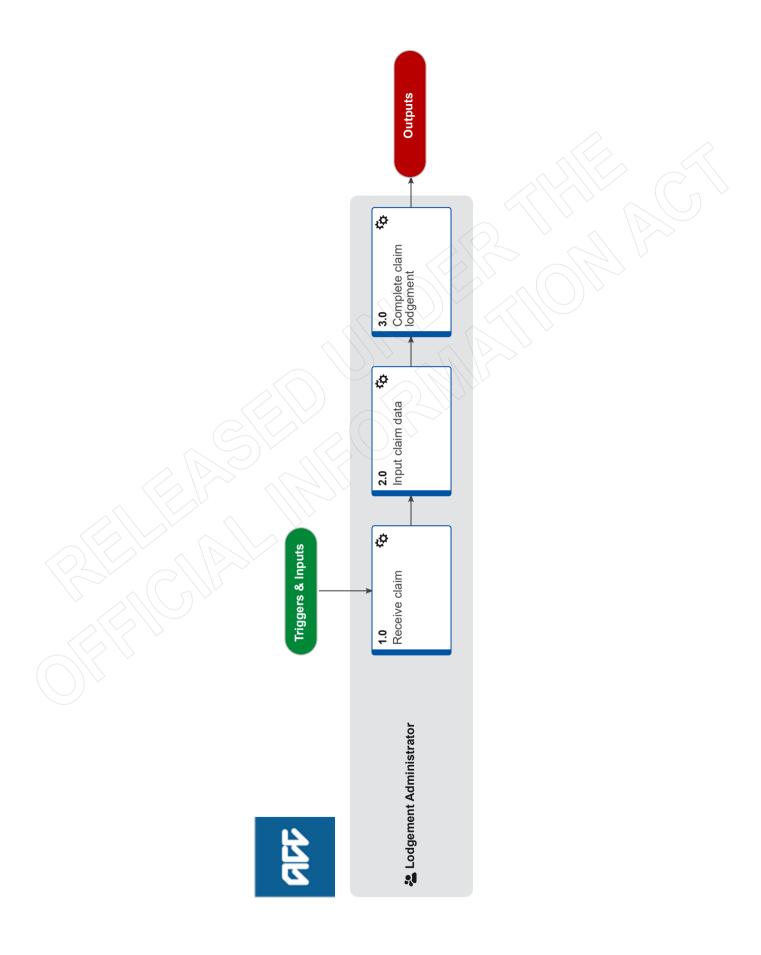
System Steps

Relates To

Claim

# Receive and Input Manual Claim :: Accidental Death v20.0





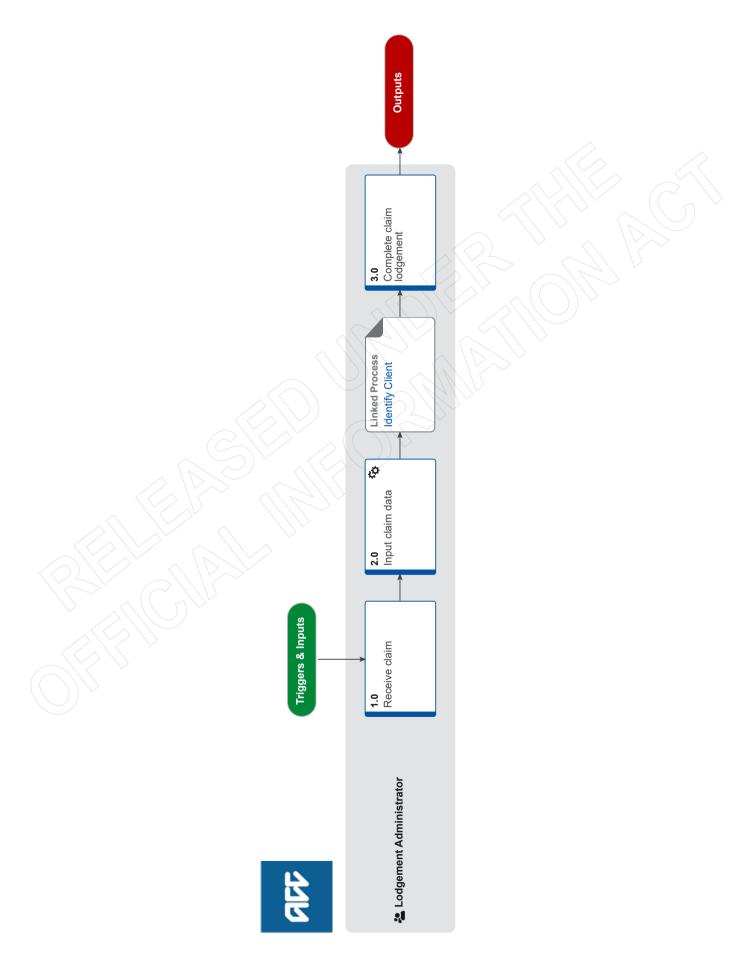
# Receive and Input Manual Claim :: Accidental Death v20.0



Sumn	nary
Backgr An Acci dent. Th	ture ACC21 Accidental Death claim forms received manually into Eos on behalf of the submitter and then prepare the forms for document management.
Owner	
Expert	
Proce	edure
<b>a</b>   <b>a</b>   <b>b</b>	eceive claim dgement Administrator  If necessary, review information about accidental death by following the link below to the Accidental Death Claim Policy in CHIPS.  Accidental death claims Policy  Prepare ACC21 form for data input.  NOTE Where can I find the ACC21 form for data input?
Loc a I	cout claim data dgement Administrator  Request a Dummy ACC45 number using the Request Dummy 45 tool.  Request Dummy 45 spreadsheet  In the reason for request box in the Request Dummy 45 tool, type 'ACC21'.
<b>c</b>	In Eos, enter the accidental death claim information into the relevant fields.  NOTE What if you can see information or inconsistencies on the ACC21form that you can correct now so that they don't trigger an IR?  NOTE What information should you enter and where?  Record Date of Death
	https://go.promapp.com/accnz/Process/9bc4f925-8d2e-4566-99a5-eedb41b603f6?force=False  NOTE What if more than one ethnicity has been selected on the claim form?  Click NEXT on the claim intake form to save the changes.
a o b i	Complete claim lodgement dgement Administrator Close out of the Eos screen and any related documents. Forward any related email(s) back to the sender of the email Move any related email(s) into Completed [current year] sub-folder in the Registration Email Inbox.
	NOTE What if there's a paper claim form?

# Receive and Input Manual Claim :: Dental v23.0





# Receive and Input Manual Claim :: Dental v23.0



### Summary

### **Objective**

To capture ACC42 dental claim forms into Eos on behalf of the provider and then prepare the forms for further document management.

### **Background**

A Provider has submitted an ACC42 claim form to ACC manually by:

- · posting it to the Mailhouse
- · emailing it directly to ACC
- · faxing it directly to ACC
- the client delivering the form completed by the provider into an ACC branch.

Manual claim forms are completed in a priority order of:

- 1) Assistance Required and/or Time Off
- 2) Work
- 3) Dental
- 4) Treatment Injury

Owner Expert



#### **Procedure**

#### 1.0 Receive claim

**Lodgement Administrator** 

a Prepare ACC42 paper and emailed forms for data input.

NOTE What if the claim form was received via fax?

NOTE For background information about Dental claims, refer to Forms Required to Register a Dental Injury policy.

NOTE What if the ACC45/ACC42 has previously been used?

## 2.0 Input claim data

**Lodgement Administrator** 

- a In Eos, attribute the client. Go to Identify Client process below. Once you have completed this you will need to return to this process.
  - Identify Client
- **b** Enter the remaining information on the claim form into the relevant fields. In Part B, also click the 'dental claim' checkbox so that the additional part of the intake form is available.

NOTE What if you need more information about inputting dental claims?

ACC42 Dental Claim Additional Information

NOTE What if you can see information or inconsistencies on the claim form that you can correct now so that they don't trigger an IR?

NOTE What if there is no accident description listed on the claim form?

NOTE What if the claim form was lodged with ACC (i.e. received) prior to the date of claim intake?

NOTE What if the Provider hasn't signed the claim form? (E.g. they've stamped the form instead).

NOTE When is it appropriate to use the Default Provider (J99966) ID?

NOTE What if the accident description confirms that the accident occurred at work?

**NOTE** What if any of the Injury Diagnosis fields are ticked on Part D?

**NOTE** What if a tooth number is noted, but no injury is selected?

NOTE What if there is no tooth selected in the tooth fields?

NOTE What if there is a prosthesis listed but does not specify what type

NOTE What if there are comments in the Additional Injury section on the second side of the ACC42?

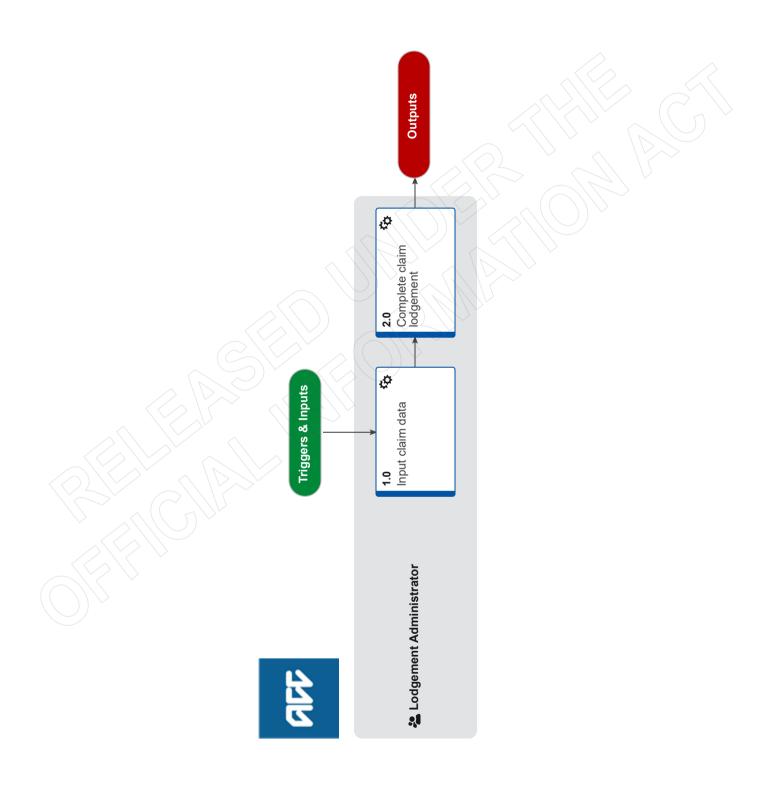
**NOTE** What if I have forgotten to input the dental information during intake?

NOTE What if more than one ethnicity has been selected on the claim form?

NOTE What if the client hasn't been attributed to the claim (i.e. a Client Not Found information requirement has been raised)?			
F	PROCESS	Identify Client Lodgement Administrator	
	Lodgeme	te claim lodgement nt Administrator ne paper claim form in the appropriate scanning folder.	
	NOTE	What if the claim form was received via email?	
		What if the claim form was received via fax?	

# Receive and Input Manual Claim :: Early Cover v16.0





# Receive and Input Manual Claim :: Early Cover v16.0



S	u	m	m	a	rv
---	---	---	---	---	----

### Objective

To capture Early Cover requests received manually in a claim intake form, and submit the claims to Eos on behalf of the provider and save the relevant information to the claim in Eos.

### **Background**

A Provider has submitted an Early Cover request by emailing ACC an ACC7422 Early Cover form that needs to be entered manually:

Manual claims are completed in a priority order of:

- 1. Early Cover and Urgent
- 2. Assistance Required and/or Time Off
- Work
- 4. Treatment Injury/Sensitive Claim
- 5. Dental

Owner Expert



#### **Procedure**

## 1.0 Input claim data

**Lodgement Administrator** 

- a In the Registration Inbox, access the Early Cover request.
- **b** In Eos, attribute the client. Go to the Identify Client process by following the link below.
  - Identify Client
- c Turn off notifications on the client's party record.
  - Stop notifications
- d Enter the information on the claim form into the relevant fields.
  - NOTE What if I can see information or inconsistencies on the claim form that I can correct now so that they don't trigger an IR?
  - Complete claim intake form
  - NOTE What if the claim form was lodged with ACC (i.e. received) prior to the date of claim intake?
  - NOTE What if the diagnosis code is a Z code or there are no diagnosis codes given
  - NOTE What if the answer to "Is this a work-related gradual process, disease or injury?" is Yes?
  - NOTE What if the Provider hasn't signed the claim form? (E.g. they've stamped the form instead).
  - NOTE What if more than one ethnicity has been selected on the claim form?
- e Click NEXT on the claim intake form to save the changes.
- f Reopen the Early Cover claim and
  - Close any information requirements and tasks
  - Reinstate the original diagnosis code if applicable.

NOTE What if the claim has been streamed to a specialist department?

g Open the client's party record and turn notifications on.

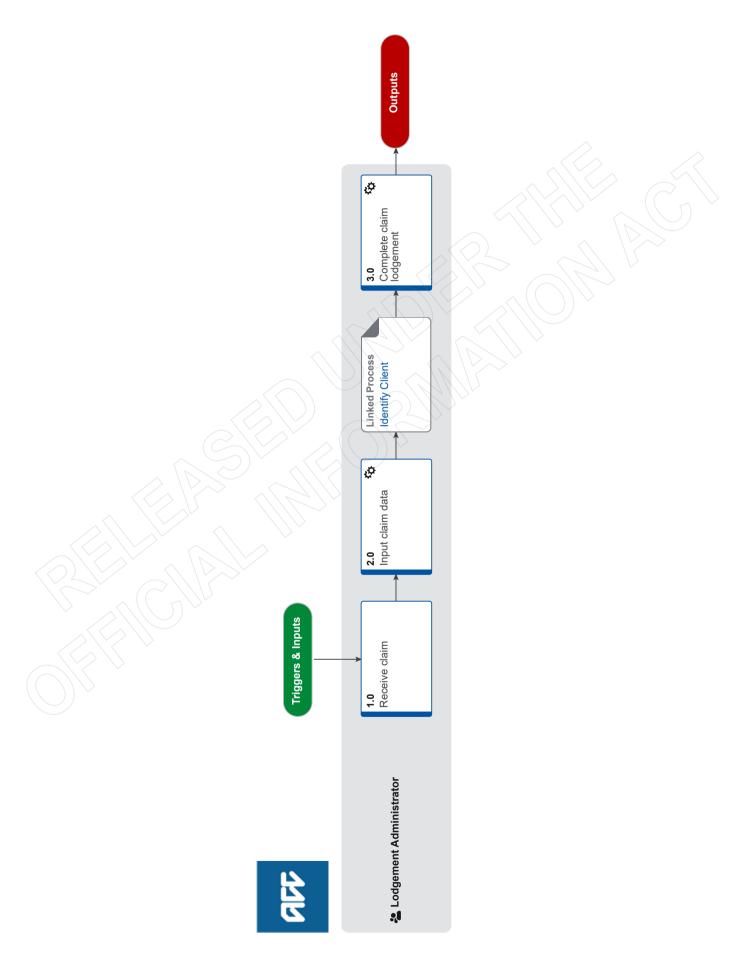
### 2.0 Complete claim lodgement

**Lodgement Administrator** 

- a In Eos, upload the Early Cover email to the claim.
- **b** Amend the contacts and document description to "ACC7422 Early Cover Form" to clearly reflect the description of the information uploaded to the claim.
- c Close out of the Eos screen and any related documents.
- **d** Respond to the email received from the Early Cover Inbox to confirm that the claim has been registered and transfer the task **NOTE** Where do I transfer the claim to?
- Move email into Completed [current year] sub-folder in the Registration Email Inbox.

# Receive and Input Manual Claim :: Email v27.0





# Receive and Input Manual Claim :: Email v27.0



## Summary

### **Objective**

To capture ACC45, ACC46 and ACC46N manual claim forms received via email into Eos on behalf of the provider and then prepare the forms for further document management. This can also include forms that a Provider faxes to ACC which are received as an email.

#### **Background**

A Provider has submitted a claim form to ACC manually by emailing it directly to ACC.

Emailed manual claims are completed in a priority order of:

- 1) Fatals/Accidental Death Unit (ACC21)
- 2) Early Cover (ACC7422) and Urgent
- 3) Pre-1982 claims
- 4) Treatment Injury (ACC2152) & Sensitive Claims
- 5) Assistance Required/Time off (ACC18s)

**Owner** 



#### **Procedure**

### 1.0 Receive claim

**Lodgement Administrator** 

- a Filter the Registration Inbox to prioritise the processing order.
- **b** Read the email content and attachments.
  - NOTE What if the email has no attachments?
  - NOTE What if it's a returned Accredited Employer claim?
  - NOTE What if the email is from MFAT (Ministry of Foreign Affairs & Trade) or an Embassy?
  - NOTE What if I'm unable to resolve the email without gathering further information?
  - NOTE What if we have received a ACC2152 (Treatment Injury) with no ACC45/42 form attached?
- c Go to step 2.0 Input claim data if the email has an attached ACC45, ACC45+ACC18, ACC46 or ACC46N.
  - NOTE What if it's an ACC18 Medical Certificate only?
  - NOTE What if it's an ACC42 Dental claim form?
  - NOTE What if it's an Early Cover request (ACC7422 Early cover application form)
- d Go to step 3.0 Complete claim lodgement if the email has an attached ACC2152.

### 2.0 Input claim data

**Lodgement Administrator** 

- a In Eos, attribute the client (if you can), using Identify Client process.
  - Identify Client
- **b** Enter the remaining information on the claim form into the relevant fields.
  - Complete claim intake form
  - NOTE What if you can see information or inconsistencies on the claim form that you can correct now so that they don't trigger an IR?
  - NOTE What if there is no accident description listed on the claim form?
  - NOTE What if the claim form was lodged with ACC (ie received) prior to the date of claim intake?
  - NOTE What if the answer to "Is this a work-related gradual process, disease or injury?" is Yes?
  - NOTE What if the Provider hasn't signed the claim form? (eg they've stamped the form instead)
  - NOTE What if the Provider has signed the form, however there are no other provider details?
  - NOTE When is it appropriate to use the Default Provider (J99966) ID?
  - NOTE What if more than one ethnicity has been selected on the claim form?
- c Click [NEXT] on the claim intake form to save the changes.
  - NOTE What if the ACC45 is for a Sensitive Claim?



# **Identify Client**

**Lodgement Administrator** 

## 3.0 Complete claim lodgement

Lodgement Administrator

- a Check there is no Missing Information for Cover task once the claim has progressed through automation.
  - NOTE What if there is a Missing Information for Cover task?
- **b** Close out of the Eos screen and out of the PDF attachments.
- c Determine what to do with the email.
  - **NOTE** How do you determine what to do with the email?
  - NOTE What if the claim number of client party details aren't clear in the body of the email or attachment that you're forwarding on to be processed?
- d Move email into Completed [current year] sub-folder in the Registration Email Inbox.