Hospitality Industry Insurance

HOSPITALITY INDUSTRY INSURANCE LTD

INJURY MANAGEMENT PROGRAM

APRIL 2023

we help people get their lives back

UPDATE APRIL 2023

Legal disclaimer

This document is provided by Hospitality Industry Insurance for use by Hospitality Industry Insurance Limited Employees and customers.

This Injury Management Program is designed to provide information to assist injury management and provide general guidance in relation to Employer obligations in accordance with those set by the State Insurance and Regulatory Authority (SIRA) and the workers compensation legislation.

Amendments

Authority to Amend:
Only the Divisional Manager of Hospitality Industry Insurance Ltd with agreement of the Chief Executive Office of Hospitality Industry Insurance Ltd can amend this Injury Management Program (IMP).

Schedule of Amendments/Updates:

Version	Effective Date	Issue Date	Comments
Version 1	30 March 2008	30 March 2008	Adoption of IMP to apply to Hospitality Industry Insurance.
Version 1.1	04 February 2010	4 February 2010	General update.
Version 2	17 June 2011	30 June 2011	Full revision & update following WorkCover audit
Version 2.1	25 October 2011	1 November 2011	Update following WorkCover Feedback
Version 2.2	1 December 2012	1 December 2012	Correct of specific information reflective of legislative changes, and revision of Hospitality Industry Insurance name and review procedures
Version 3.1	1 June 2014	1 June 2014	Further update considering legislative changes Update reflecting new National Case Management Model Update reflecting job title changes
Version 3.2	1 December 2014	27 November 2014	Updates following feedback from the NSW WorkCover Authority
Version 3.3	20 May 2015	20 May 2015	Updates following feedback from the NSW WorkCover Authority
Version 4	30 August 2016		Updates following updated 'Guide to claiming benefits' & Claims Technical Manual.
Version 5	17 July 2020	17 July 2020	Updates to incorporate the Workers Compensation Guidelines and Standards of Practice (effective 1 January 2019).
Version 6	1 March 2021	1 March 2021	Updates to incorporate the changes to the Personal Injury Commission and Independent Review Office effective 1 March 2021.

Version 7	22 September 2021	22 September 2021	General update.
Version 8	28 September 2022	28 September 2022	Updates to incorporate the addition of Standard of Practice 34: Return to work – early intervention.
Version 9	17 April 2023	17 April 2023	General update to Hospitality Industry Insurance branding.

TABLE OF CONTENTS

1. WORKING WITH HOSPITALITY INDUSTRY INSURANCE

1.1. ABOUT HOSPITALITY INDUSTRY INSURANCE

We Help People Get Their Lives Back

Hospitality Industry Insurance Limited (HII) provides workers compensation insurance to businesses in the New South Wales. Operating as an APRA-licensed general insurance company since 2008, HII was created in partnership with Employers Mutual Limited (EML) and our industry partners Australian Hotels Association (NSW) and ClubsNSW to provide their members with specialised workers compensation insurance.

Throughout the organisation, from the Board down, HII has a risk management culture, and we focus on delivering exceptional case management and customer service. With a team of 40 trained claims specialists (with a high proportion with a health background), we support over 1,500 hospitality venues across NSW.

Our Injury Management Program is in keeping with EML's overarching aim of being the leading Provider of Personal Injury Claims Management in Workers Compensation. It is HII's objective to provide our policy holders with industry best practice service. Rewarding them with a safe, timely and durable return to work for workers, industry specific Work Health and Safety (WHS) and competitively priced premiums.

HII has developed this Injury Management Program to ensure our injury management approach and practices are structured, integrated and consistent to achieve best practice outcomes for all stakeholders. Our program utilises the State Insurance Regulatory Advisor (SIRA) requirements and integrates these into our internally developed strategies and processes, which are designed to assist us in achieving our overall business purpose "we help people get their lives back".

1.2. OUR CASE MANAGEMENT APPROACH

HII's service model is designed to provide unsurpassed levels of customer satisfaction. It aims to deliver industry-leading return to work rates and provide support to reduce the cost of claims, expert advice and member benefits which minimise WHS risk.

Primary functions are supported by all HII staff, and include:

- One point of contact - your case manager, one person responsible for all aspects of a worker's claim(s), which improves the effectiveness and efficiency of communication
- Skilled and specialised case managers, providing employers and workers with personalised advice
- A unified claims management model to support consistency, best practice and operational efficiencies
- An integrated account management team with a principal point of contact
- An intermediary service centre to help manage and support broker relationships
- Net promoter score (NPS) – an automated management tool to measure customer satisfaction and find opportunities for continuous improvement
- Multi-level client contacts – our customers have multiple contacts in our organisation, from our case managers to our CEO and even our board of directors
- HII risk management specialists – a dedicated team providing additional support and expertise when managing complex or high-risk claims
- WHS specialists – providing expertise through site visits, reports, seminars and educational articles; and

Industry knowledge – as specialists, we have generated a profound understanding of our industry.

1.3. OUR CUSTOMER PROMISE

Our customer promise details our commitment to our customers and how our people are committed to providing all our customers with exceptional levels of service at all times.

Our promise to you is:

- We will listen to understand your needs
- We will work collaboratively with you to achieve the best outcomes
- We will keep you updated and informed
- We will treat you with dignity and respect
- We will take responsibility and deliver promptly on our promise to you
- We will always be open and honest in our dealings.

We set clear service standards and continuously improve them by valuing the feedback we receive and working constructively with our professional partners.
We provide training and ongoing support to our people, ensuring that they do the best job they can.

1.4. OUR INJURY MANAGEMENT PROGRAM

As a specialised insurer, HII is required to develop and implement an injury management program in line with Workplace Injury Management and Workers Compensation Act 1998 (WIMWCA 1998), the SIRA Workers Compensation Guidelines and the SIRA Standards of Practice.

In accordance with Section 42 of WIMWCA 1998, an injury management program is defined as '*a coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, claims management and employment practices) for the purpose of achieving optimal results in terms of timely, safe and durable return to work for workers*.

This program details our approach to claims and injury management and will serve as a guide to enable our employers to align their own return to work programs with the obligations and best practice processes outlined in this document.

This Injury Management Program focuses on:

- Assisting our employers to provide a safe workplace and promote the health, safety and welfare of their employees

- Ensuring workers receive individual, prompt, proactive and effective treatment and management of their injuries to ensure a sustainable return to or recovery at work
- Ensuring compliance with the legislative and specialised insurer requirements issued by SIRA.

The HII team is trained on our specific obligations from a legislative and SIRA Guidelines perspective and is familiar with the specialised insurer audit tool and its requirements.

2. HOW WE ASSIST OUR POLICYHOLDERS

2.1. OUR CONSULTATIVE, COLLABORATIVE AND TRANSPARENT APPROACH

At HII, we work with our stakeholders using a consultative, collaborative, and transparent approach in order to achieve successful return to work outcomes. We do this by working towards common goals; ensuring all parties are aware of their obligations, expectations, and accountabilities.

In addition to cost effective management of workers compensation claims, our aim is to provide a superior level of service to all our customers by using evidence-based information in injury management and taking a holistic approach to work health and safety.

This is facilitated by the HII Service Level Commitment (SLC). The SLC outlines to our policyholders the level of service they will receive from us and highlights how we can work together to ensure their service requirements are met and positive outcomes are achieved for all stakeholders. Our SLC outlines responsibilities and expectations of both parties and is tailored to suit the needs of individual clients.

Our experience has taught us that in addition to a holistic and tailored claims and injury management processes, to achieve the best return to work outcomes and maximise the support we provide to our customers, we also need to integrate WHS services. These services include education, accident prevention, systemic risk management and incident investigation. This is supported by our WHS specialists and electronic WHS management tool ‘HII Safe’ tailored for the hospitality industry.

Strong partnership between employers and HII is the cornerstone of our case management model and is essential in achieving positive claims outcomes. The Account Manager and Case Manager are responsible for facilitating this ‘employer partnership’.

We achieve and maintain partnership with our employers through:

- Providing 'New Starter Kits' to employers with information on early notification of injury, legislative rights and responsibilities, key injury management processes, our injury management program, an example return to work program and details of support we provide.
- Collaborating and consulting with employers to ensure the strategies and approach to the worker's recovery and return to work are tailored to the industry and specific needs of the employer.
- Actively engaging with employers at all levels to identify and assess issues and develop controls and solutions to address these issues.
- Conducting regular claim reviews - informally, over the telephone during regular file reviews and/or formal face to face claim reviews. This is tailored to meet the needs of each client and assists in ensuring a collaborative strategic plan is achieved for each claim.
- Risk management - through utilisation of our WHS officers as well as our HII Safe online tool. We provide advice in WHS consulting, benchmarking, education and training to assist with prevention of injuries and workplace risk reduction.
- Education to employers regarding legislative/ scheme changes and internal processes. We provide access to free online E-Learning modules in addition to information seminars developed in-house such as weekly payments or effective management of psychological Injuries.

2.2. INJURY DATA ANALYSIS AND WHS POLICY AND REVIEW PROCEDURES

HII undertakes regular analysis of all injury data to identify injury trends and high-risk activities. HII assists its employers with strategies to minimise and address these high risks.

All employers insured with HII have access to the free of charge hospitality specific WHS management system tool 'HII Safe' to assist them with legislative compliance, as well as self-serve assessment, training and education. This tool provides employers with a mechanism to undertake internal review of their policies and procedures.

3. WORKING WITH YOU

3.1. HOSPITALITY INDUSTRY INSURANCE OBLIGATIONS

HII has responsibilities and obligations when managing claims in line with the Workers Compensation Legislation (*Workers Compensation Act 1987 (*WCA 1987*) and* WIMWCA 1998).

Our obligations and actions we take to meet them are listed below.

3.1.1. DEVELOPING & MAINTAINING OUR INJURY MANAGEMENT PROGRAM

- Establishing this injury management program and keeping it up to date in accordance with legislative and regulatory requirements.

3.1.2. INFORMING EMPLOYERS OF THEIR OBLIGATIONS

We ensure our policyholders are aware of their obligations under our injury management program by:

- Providing a copy of this to all new policyholders
- Advising policyholders when there is an update
- Ensuring the injury management program is available via our websites and account management communication.

3.1.3. COMMUNICATING PROACTIVELY AND DEVELOPING AN INJURY MANAGEMENT PLAN FOR SIGNIFICANT INJURIES

- Contacting the employer, worker and (where necessary) the nominated treating doctor (NTD) within 3 working days of being notified that a worker has sustained a significant injury (i.e., where they are unable to perform their pre-injury duties for 7 or more calendar days)
- Developing an injury management plan (IMP) in consultation with the relevant stakeholders tailored specifically for the worker, detailing each stakeholder's obligations within 20 working days of us being notified of a significant injury
- Provide the worker, employer and NTD as well as any required third-party service providers with a copy of the IMP
- When new information is received about the injury or treatment, HII will review the plan and issue a new one if needed as soon as practicable.

3.1.4. INFORMING THE WORKER OF THEIR RIGHTS AND OBLIGATIONS

We inform workers of their rights and obligations and the consequences of failing to meet these obligations. This specifically includes informing the worker of:

- The procedure they must follow to change their NTD
- That a worker with capacity must make reasonable efforts to return to work in suitable employment or pre-injury employment
- That from time to time they may be required to participate in independent medical or factual investigations to support with the assessment of their claim and their capacity for work, and
- Their rights in relation to privacy.

3.1.5. COORDINATING A SAFE AND DURABLE RETURN TO WORK

- We consult with the worker, employer and NTD to ensure appropriate support is provided to facilitate a timely, safe and durable return to work.
- We ensure vocational programs are used appropriately and provide workers with assistance to obtain employment with a new employer if it is identified that a return to pre-injury duties or provision of suitable employment with the pre-injury employer is no longer possible.

3.1.6. WEEKLY PAYMENT ENTITLEMENTS

- We ensure the accuracy of weekly payments in accordance with the pre-injury wage pattern as advised by the employer and legislative requirements
- We provide workers with information about their weekly payments and entitlements and how they may change over time, providing required notice of changes.

3.2. OBLIGATIONS AS AN EMPLOYER

Immediately after a workplace injury has occurred, we recommend that the employer becomes actively engaged and is supportive of the return-to-work process. Various studies have shown that where an employer is interested and involved in the return to work process the return-to-work outcome will be significantly improved, reducing the cost of claims.

Employers who have a policy with HII need to:

- Ensure the health, safety and welfare of all employees at work.
- Participate and comply with the requirements of HII's Injury Management Program
- Establish a Return-to-Work Program describing the steps they will take if a worker is injured and make details available to all employees.
- Maintain a 'Register of Injuries', which is readily available to all workers in which they can record details of work-related injuries.
- Employers with more than 20 employees must appoint a trained Return to Work Coordinator with the necessary qualifications, authority and resources to negotiate, develop and implement return to work policies and procedures and advise HII of the contact details of that person. If less than 20 employees, the employer should inform HII of the employer contact for the duration of the claim.

When an injury occurs, an employer is to:

- Notify HII within 48 hours of any work-related injury or illness to a worker utilising online claim notification, phone, fax or hard copy claim form.
- Work with HII to develop and provide a Return-to-Work Plan within 5 days of injury notification.
- Provide HII with the worker's Pre-Injury Average Weekly Entitlement (PIAWE) details and supporting documents (pay slip from the week of the injury and wage summaries) to the case manager within 5 days of notifying the claim. (Note: The case manager will outline specifically the information that is required on each claim during the early contact completed with the employer).
- If necessary, arrange with the worker an 'agreed' PIAWE, and forward this signed and completed form to HII for approval within 5 days of notification of the injury.
- Ensure the commencement of weekly payments to workers (where there has been a work-related loss of earnings), within 7 days of claim notification.
- Participate in the development of the worker's IMP, written by HII, and comply with the obligations in the plan.
- Provide appropriate and suitable work (as far as reasonably practicable) when a worker is able to return to work, in line with their certified capabilities to assist with recovery at work.
- Collaborate with the worker, HII and any other third-party service provider to provide suitable work options in accordance with certified work capacity.
- If unable to provide suitable work or employment to a worker who has the capacity to work, notify HII immediately so that further assistance can be arranged.
- Adhere to the relevant privacy laws when collecting and handling personal information of workers

- Retain accessible records of all relevant communication with key stakeholders.

For further information please refer to SIRA's "Workers Compensation guide for Employers" available on the SIRA Website at https://www.sira.nsw.gov.au/resources-library-old/Workers-compensation-resources/publications/Workers-compensation-policies/Workers-compensation-guide-for-Employers.

Specifically, the Return-to-Work Coordinator (RTWC) is required to:

- Promote a timely and safe return to work through proactive injury management.
- Develop continuous current return to work (RTW) plans for each worker (in consultation as needed with the case manager and NTD) and provide copies to all relevant stakeholders.
- Participate actively with the case manager in the regular review of the strategic management plan for the claim, with the goal to assist the worker in achieving the best possible recovery and return to work outcome.
- The case manager will contact the RTWC during key planning phases of the worker's recovery to obtain their input and agreement to the onward RTW plan. The RTWC is encouraged to make proactive contact to discuss the strategic plan or discuss changes at any time. This planning takes place via verbal or written communication.
- Provide updates to the case manager as soon as circumstances change that may impact on the recovery and return to work of a worker.

3.3. OBLIGATIONS AS A WORKER

Workers have a number of obligations under the legislation, which includes however is not limited to:

- Engaging in safe work practices to prevent workplace injuries to themselves and co-workers; and
- Notifying their employer of an injury or illness that occurs within the workplace as soon as practicable.

After a workplace injury occurs, workers must comply with obligations defined by the injury management program to enable proactive case management and injury management to commence as soon as possible.

Such actions include to:

- Actively engage with HII and their employer to facilitate recovery at work
- Participate and cooperate in the establishment of an IMP and cooperate with their employer in developing a return-to-work plan
- Nominate a treating doctor to direct medical management and participate in injury management and return to work planning
- Obtain approval from HII prior to changing their NTD
- Authorise the NTD to provide all relevant information to HII or other key parties.

Throughout the life of the claim:

- Keep HII and their employer informed of progress and report changes in capacity for work immediately
- Adhere to the capabilities listed on the certificate of capacity as recommended by their NTD (or appropriately qualified persons) both at work and away from the workplace
- Attend relevant appointments with medical practitioners, treatment providers and workplace rehabilitation providers for any medical examinations or assessments arranged
- Actively participate and cooperate in assessments for the determination of capacity for work

- Report any issues with the IMP or suitable employment/work provided, immediately to their employer, HII and if involved, the workplace rehabilitation provider
- Comply with return-to-work obligations and make reasonable efforts to return to work in suitable employment or pre-injury employment at the pre-injury place of employment
- Seek suitable employment with an alternative employer, if there is agreement from all stakeholders that medical information and/or certified capacity does not support a return to work with the pre-injury employer
- Contact HII before starting any new treatment or requesting payment for medical services, to seek approval that it is reasonably necessary if required (noting some services are pre-approved)
- Comply with legislative obligations detailed in their IMP to ensure no disruption in the payment of weekly payments
- Participate in independent medical or factual investigations to support with the assessment of their claim and their capacity for work as required throughout the life of their claim.

It should also be noted that a failure to reasonably comply with legislative requirements and / or obligations to return to work in suitable employment may result in the suspension of the entitlement to weekly payments.

3.4. RESPONSIBILITIES OF THE NOMINATED TREATING DOCTOR

- Actively participate in the responsibilities outlined in the worker's IMP
- To support the worker to return to, and where possible to recover at work, through appropriate clinical intervention and management
- To contribute to return to work and recover at work planning in collaboration with everyone involved in the worker's return to work. This includes HII, the employer, other treatment providers and the workplace rehabilitation provider
- Provide updated certificates of capacity in line with legislative requirements and at intervals no greater than 28 days (unless approval is provided by the case manager to exceed this duration)
- Provide certificates of capacity that accurately reflect the worker's capacity to work and what they can do.

3.5. MANAGING NON-PARTICIPATION IN RETURN TO WORK, WORKPLACE REHABILITATION OR JOB SEEKING ACTIVITIES

HII monitors a worker's obligations to return to work or seek alternate suitable employment pursuant to section 48A of the WIMWCA 1998.

Where a worker has capacity for work and does not make reasonable efforts to return to work then the legislation enables the suspension of weekly payments of compensation which can ultimately lead to termination of weekly payments of compensation should the non-participation unreasonably continue.

Our case manager will communicate the return-to-work obligations with the worker over the phone as well as outline them in the IMP. If the worker is not participating with these obligations, the case manager will explore the reasons with them and ensure they have the support they need and are aware of the consequences of continued non-participation with their obligations.

Where appropriate a revised IMP will be issued to outline and reiterate the worker's obligations and this will usually be accompanied by formal letters that outline the specific actions and timeframes required, as well as the consequences of continued non-participation.

If non-participation continues, a further warning notice will be sent advising that the entitlement to weekly payments of compensation are at risk of suspension. In this notice, issued under section 48A of the WIMWCA 1998, we will provide the worker with detailed requirements and a timeframe within which to comply. If the worker does not participate in their obligations within the required timeframe, then the entitlement to weekly payments of compensation will be suspended and this will be outlined in a notice which will include the reason for the suspension and what they can do to reinstate their weekly payments of compensation. Periods of suspended payments will not be payable, even if at a later date the worker recommences participating in their obligations. Payments will be reinstated from the date the worker recommences participating in their obligations.

3.6. HOW WE KEEP STAKEHOLDERS INFORMED

The worker, employer and third party service providers are all able to access this injury management program on our website www.hii.au

All parties are informed of their obligations through the following strategies:

- For employers – when commencing a policy with HII through the *Policy Welcome Pack* which includes information on obligations and a summary of HII Injury Management Program
- For workers – after becoming aware that their injury is significant through a rights and responsibilities letter sent by HII
- During completion of 'early contact' following notification of a claim, all parties are informed of how the process works, approval requirements and their obligations
- As part of development of the IMP in the case of a significant injury. The IMP outlines all stakeholders' legislative and specific requirements during the workers compensation claim, recovery and return to work processes.

4. HOW WE HELP YOU MANAGE YOUR CLAIM

4.1. NATIONAL CASE MANAGEMENT MODEL

HII's National Case Management Model (NCMM) is the basic framework which forms the foundation of our approach to case management. The framework is standardised and consists of prescribed activities and review points throughout out the lifecycle of the claim which have been established to assist our case managers to strategically manage a claim. The process captures HII's current and proven best practices.

In each step of the process, case managers are supported with principles, tools and templates to guide our involvement to ensure necessary information is obtained and key decisions are made. Underpinned by the concept of capacity management, the model has a strong focus on maximising capacity for employment, increasing wellness in line with the worker's return to work and wellness goals to promote independence.

Our NCMM assists us in achieving our purpose of "helping people get their lives back".

The NCMM supports HII to:

Deliver a common customer experience for workers, employers and regulators.	Tailor strategies that drive early intervention and return to work outcomes.	Align our people and their experience to enhance the service to our clients.	Undertake a strategic approach to claims management, bound by timeframes with specific activities and reviews assess the worker's needs and drive outcomes.

This NCMM underpins all our claims and injury management processes and procedures and is developed in line with SIRA's Claims Management Principles of:

- Fairness and empathy
- Transparency and participation
- Timeliness and efficiency

4.2. EARLY INTERVENTION, NOTIFICATION AND REPORTING

HII recognises that early intervention is critical to achieving positive return to work outcomes. For this reason, we encourage our employers to report all incidents and injuries to HII within 48 hours of first becoming aware of the incident or injury.

Early reporting by the employer ensures that critical information is provided to HII which can facilitate prompt processing of the claim and enable early decision making. Early commencement of injury management is actively promoted by HII to reduce the physical, psychological, psychosocial and financial impact of an injury for the worker, their family, and the employer.

4.2.1. INITIAL NOTIFICATION

An injury can be notified by the worker, the employer or any person acting on a worker's behalf.

There are many ways in which a notification of injury can be made to HII, such as:

- Online notification: www.hii.au
- Phone: 02 8251 9069 or Toll free 1800 469 931
- Fax: 02 8251 9495

- Email: info@hii.au
- Mail: GPO Box 4143, SYDNEY NSW 2001

To enable the incident notification to be processed quickly, a minimum amount of information about the worker and the injury is required. To assist in the collection of this information, our standardised injury report form (which can be downloaded from our website or completed online) contains all the information that we require. Where the notification is incomplete HII will follow up within 3 working days and explain what additional information is required, for the claim to proceed.

All workers are advised in writing at the first available opportunity of their obligations.

When informed that a potential claim exists, employers are encouraged to use this opportunity to explain the worker's obligations involved in lodging a claim.

4.2.2. PRE-INJURY AVERAGE WEEKLY EARNINGS (PIAWE):

Employers are required to provide the case manager at HII with PIAWE details and supporting documents (pay slip from the week of the injury and wage summaries) within 5 business days of notifying the claim.

The case manager will outline the specific information required for each claim during the early contact with the employer.

This information will enable the case manager to calculate the correct PIAWE in accordance with the legislation for each claim. The PIAWE rate is communicated in writing to the employer and worker within 7 calendar days of claim notification when provisional liability commences or claim liability is accepted. This allows the employer to commence correct payments to the worker.

The written notice advises the worker of the avenues to request a review of the PIAWE if they do not agree with the rate that has been calculated.

When advising the employer and worker of the PIAWE, they are informed if the rate is a final calculation or only an interim rate.

- Case manager is to request PIAWE information during early contacts with the employer if this has not been received at the time of claim lodgement. Once the interim PIAWE is calculated the case manager will follow up any outstanding information from the employer within 5 days / prior to the initial eligibility decision. If the information is still not available, the case manager will issue the initial eligibility decision with an interim figure outlining what information is required to make a calculated PIAWE work capacity decision.
- Case manager will then continue to follow up the request from the employer and worker every 7 days until the information is received.
- If by 28 days, the information has not been received then the case manager contacts the worker and calculates the PIAWE. If the worker wishes to provide the missing information, then a timeframe is agreed on to provide this by.
- Once the information is received from the employer and worker a new calculation is completed within 5 days and a PIAWE work capacity decision is issued to both worker and employer advising of any changes to entitlement, timeframes to be effective and whether there is any adjustment payment. Any adjustment payment is to be made within 14 days.

There is also provision for the employer and worker to reach agreement about the PIAWE rate. An application needs to be made to HII in writing within 5 days of the initial notification and must contain supporting relevant information. An application cannot be approved or accepted by HII if we have already made the initial work capacity decision to determine the worker's PIAWE.

4.2.3. LATE REPORTING OF INJURY - EMPLOYER EXCESS

If the employer does not report the injury to HII within 5 calendar days of becoming aware of the workplace injury, the employer may pay a claims excess payment. Late reporting will be confirmed and discussed when the case manager completes the early contact with the employer.

4.2.4. TRIAGE

Case managers are aligned to employers as their key contact. The case manager generally retains responsibility for each claim until its conclusion, unless specialist ongoing management by a senior case manager, technical or legal specialist is deemed appropriate.

Upon notification the claim is allocated to the appropriate or aligned case manager and screened to identify any significant risks and barriers. The case manager commences active management through 'early contact' and establishing clear communication lines with all stakeholders from the initial notification of injury.

Our triage procedure assists us to identify specific factors which may impact on the successful recovery and return to work of the worker, which enables the case manager to actively develop and implement tailored case management strategies, actions and plans.

Case managers are internally advised immediately by e-mail of the allocation of significant and possibly serious injuries, as well as the last date early contact can be initiated.

5. CASE MANAGEMENT

5.1. EARLY CONTACT

In all cases of significant injury, the case manager completes contact with the worker, employer and (where required) the NTD within 3 business days of the injury notification being received by HII in accordance with the WIMWCA 1998.

If contact is not able to be established via the telephone by the 3rd business day, written correspondence (via email, facsimile or post) is sent requesting the stakeholder to make contact with HII as soon as possible. We will then continue to follow up on a regular basis until contact is established.

We provide a focus on early intervention to enhance stakeholder experience and outcomes. As part of the early contacts we obtain information to identify key risk factors most likely to affect recovery and return to work outcomes and match the appropriate actions to address the identified risks. We ask questions in our early contacts based on a checklist provided by SIRA: "Checklist for Insurers: Risk factors for delayed recovery and return to work".

The purpose of early contact is to:

- Establish positive working relationships with stakeholders so they can to work together to help the worker recover from their injury and return to work
- Gather relevant information to assist with liability determination
- To commence immediate injury management and return to work planning and where appropriate provide approval of reasonable necessary treatment, services or investigations
- Establish a return to work goal to guide the return to work planning
- Confirm support and explain the worker's and the employer's obligations with regard to the claim.

We note that direct contact with the NTD is sometimes difficult to achieve over the telephone within 3 business days. If we are unable to contact the NTD over the telephone in relation to a significant injury, we will send an email or facsimile with appropriate questions allowing the NTD to properly consider the case and respond at a time that they are available. The case manager can also book in a case conference and file note the date booked in for, and what will be discussed with the NTD, to facilitate and support timely decision making, recovery and return to work.

Telephone contact with NTD or a case conference is not required if sufficient details have been received from the certificate of capacity; including diagnosis, treatment plan, planned RTW date.

5.2. NON-SIGNIFICANT INJURIES

When a worker has been able to resume their pre-injury duties within 7 calendar days, the claim is considered non-significant. In these circumstances the case manager will make contact with the worker and employer and confirm the information provided. A liability decision will then be made and communicated to the stakeholders within 7 days of notification.

In some cases, the worker will confirm that there is no further time lost and no further treatment required, which will allow for the claim to be closed once all payments have been made.

5.3. SIGNIFICANT INJURIES

A significant injury is defined as:

- One which may result in the worker being absent from normal duties for at least 7 consecutive calendar days, or
- One where the worker has had more than one episode away from normal duties relating to the injury, totalling more than 5 working days.

5.4. USE OF INTERPRETERS

HII has access to a range of providers for documents, telephone and face to face interpreting services.

When working with stakeholders from a non-English speaking background, case managers offer to arrange professional interpreters for all interactions to ensure clear independent communication and understanding is achieved. When engaging the services of an interpreter, we are sure to:

- Engage a NAATI-certified interpreter (for languages where this certification is available)
- Consider whether the communication should be face-to-face or whether using a telephone interpreter is sufficient
- Ensure there is no conflict of interest
- Ensure consideration of the workers cultural background, and
- Explain the purpose of the communication to the interpreter.

5.5. DETERMINING LIABILITY

HII applies a structured approach to determining claim liability, in accordance with the appropriate Acts and Guidelines.

Our approach to liability determination is to ensure all required information is received promptly and reviewed critically to allow a soundly based decision to be made as soon as possible, but no later than 7 calendar days of receipt of a notification. All liability decisions are communicated in writing to all stakeholders, and verbally wherever possible.

At the time the case manager documents the initial liability decision they detail the initial risk assessment they completed with any identified risks and appropriate strategies to manage these.

5.5.1. PROVISIONAL LIABILITY

Provisional liability enables HII to commence weekly payment payments of compensation for up to 12 weeks, as well as implement injury management strategies or initiate the collection of additional factual or medical information without making a decision on liability. Under provisional liability a worker also has access to reasonably necessary medical expenses up to a maximum of $10,000 to assist with their recovery and return to work.

Starting provisional payments does not mean that HII or the employer have admitted liability for the injury. It simply allows us to provide the worker with financial assistance by commencing payments of weekly compensation and early intervention whilst we collect additional factual and/or medical information to enable us to make a liability decision before the provisional liability period expires.

5.5.2. REASONABLE EXCUSE

A reasonable excuse to not commence payments can be applied if there is insufficient information available regarding the circumstances surrounding the injury or insufficient details provided in the initial notification.

A reasonable excuse can only be applied in the following circumstances:

- Insufficient medical information (note: case manager discretion can be provided, for example workers in remote areas with limited access to medical treatment or if initial treatment was provided at a hospital)
- The worker is unlikely to be a 'worker' under the WCA 1987
- Inability to contact the worker
- The worker refuses access to information (privacy)
- The injury is not work-related (note: evidence is required for this to apply)
- No requirement for weekly payments
- Failure by the worker to report the injury to the employer within 2 months (note: this is not used if the acceptance of liability is likely).

HII will provide notice to the employer and worker that a claim has been reasonably excused within 7 calendar days of receipt of injury notification.

If the relevant information is supplied after a reasonable excuse has been applied, HII will make a liability decision in consideration of the evidence provided. This will be determined within 7 calendar days of receiving all the required information, or 21 days of the claim being duly made.

5.5.3. ACCEPTING LIABILITY

After the initial notification of a claim, and where the evidence indicates that liability should be accepted, this will be done within 7 calendar days of notification.

If a provisional liability decision was made initially, then, if appropriate, liability will be determined prior to the expiry of the provisional liability period.

The case manager will:

- Communicate a decision to accept liability verbally and in writing to the employer and worker
- Calculate the worker's PIAWE and how that amount has been calculated
- Communicate who will pay the worker and when and ensure that weekly payments are commenced within the legislative timeframe unless a reasonable excuse is applicable
- Provide an avenue for the worker if they disagree with the PIAWE amount or do not receive payment
- Approve reasonably necessary costs and medical expenses in accordance with legislation
- Medical expenses paid by the employer and worker are reviewed in accordance with SIRA requirements and gazetted fees
- Other service provider fees and expenses are reviewed and approval determined in accordance with SIRA requirements and gazetted fees.

5.5.4. DISPUTING ALL OR PART OF A CLAIM

When liability is to be disputed for all or part of the claim, this decision is reviewed internally to confirm a soundly based decision is applied. If the dispute decision is supported by an appropriately qualified reviewer, the case manager will contact the worker to advise and discuss the decision. The case manager will then issue the worker with a dispute notice pursuant to section 78 of the WIMCA 1998, which will include the name of the

reviewer. If there are concerns regarding the worker's or the communities safety regarding the issuing of a dispute notice, then this notice may be released via a third party such as the NTD or legal representative.

The dispute notice will outline the reasons for which liability has been disputed and also attach the relevant documents that have been relied upon to make the decision.

Should a worker require further information or wish to challenge Hospitality Industry Insurance's decision they can:

- Request HII internally review the decision (this review will be undertaken by a different person, separate from the two who made the initial decision). Once the review is complete, the outcome will be sent to the worker (or their representative) within 14 days of receipt of the request for review
- Contact the Independent Review Office (IRO) on 13 94 76 if there is any dissatisfaction at any stage throughout the process.
- Seek assistance from their Union, Solicitor or the Independent Legal Assistance and Review Service (ILARS) which provides funding to pay for costs incurred by some Workers when disputing decisions made by the insurer. Contact ILARS on 13 94 76 or email them at ilars@iro.nsw.gov.au
- Lodge an application with the Personal Injury Commission or call them on 1300 742 679.

5.5.5. ADDITIONAL OR CONSEQUENTIAL MEDICAL CONDITIONS

When the case manager receives a certificate of capacity which identifies an additional or consequential medical condition not previously reported or diagnosed by the NTD they will make a liability decision within 21 days of receiving this new information.

To support the liability decision, the case manager will contact the worker within 5 working days of receipt of the new information to let them know that the certificate of capacity has been received. They will ask the worker if they intend to make a claim for treatment of the new condition and let them know that further medical information is required for us to determine the claim, including information required from them, their NTD or other treatment providers. The case manager will usually request this further information via email or facsimile.

The case manager will review and assess the information available and make a liability decision within 21 days. If there is insufficient, inadequate or inconsistent information to support the consequential condition the case manager may refer for an independent opinion with an appropriately qualified Independent Medical Examiner (IME).

If the worker does not intend to make a claim, a clear file note will be included on the file and we will discuss with the NTD to ensure that the worker receives the treatment and support they require separate to the claim.

5.6. CLAIMS ESTIMATING

Within 7 days of the initial notification of injury HII will apply an estimate to the claim calculated in accordance with Claims Estimation Manual and relevant information available. This estimate will be reviewed 2 weeks either side of the scheduled timeframes (12, 26, 52, 78, 104 weeks and biannually) and at event-based review points. An estimate review will be done 14 days prior to the policy renewal date.

Estimating amounts outside the Estimating Manual are considered where there is available information to support this action and a corresponding file note will reference this.

5.7. ENTITLEMENT TO WEEKLY PAYMENTS – BENEFIT PAYMENT PROCESS

Once a decision has been made to commence weekly payments of compensation on the claim, timely and accurate payments will ensure workers can focus on their recovery and return to work.

Unless the employer and worker agree on the PIAWE figure, HII, on receipt of the PIAWE details and relevant supporting information, calculate and determine the worker's PIAWE. This calculation will be completed, where possible with the receipt of relevant information from the employer, within 7 days of the claim being notified.

PIAWE is calculated as the gross earnings divided by the relevant earning period (number of weeks) in accordance with Schedule 3 of the WCA 1987 and section 8 of the Workers Compensation Amendment Regulation 2019.

The case manager will then communicate this PIAWE figure to the worker and employer in writing. This letter will outline the liability decision; the worker's PIAWE, their current entitlement, how current payments are to be calculated, when payments are to be made and who will make the payment to the worker. This letter outlines the procedure for how to request a review of the PIAWE rate if the worker does not agree with the PIAWE rate used.

Our payment process is as follows:

- Calculation of PIAWE is peer reviewed and verified for accuracy
- All payments are entered in our claims system. This activates a system automated workflow tool to ensure that payments are made on a regular and timely basis (in line with certificates of capacity)
- Where there is a "Wage Reimbursement Schedule Agreement" in place, the payment is made in accordance with the schedule received from the employer
- All weekly payments of compensation are peer reviewed and authorised by case managers within set authorisation limits
- Reimbursement payments to employers are made and authorised within 10 business days from receipt of a wage reimbursement schedule, payslips and associated certificate of capacity
- Payments made directly to workers are authorised within 5 days of receipt of the certificate of capacity
- The tasks of generating payments and authorising payments are completed by two separate people to ensure accuracy.

5.8. REDUCTION IN WEEKLY PAYMENTS OF COMPENSATION

When a worker is in receipt of weekly payments of compensation they may progress through the different entitlements of the WCA 1987. As this occurs, depending on their capacity for work, their return-to-work status and their permanent impairment, their entitlements may be subject to step-downs pursuant to the legislation. Workers will be given at least 15 days written notice before any statutory step-down in their weekly payments of compensation are made. If payments are being made by the employer to the worker, the employer will also be advised of the step-down, from when it commences and the new weekly compensation amount.

5.9. SECTION 59A

Workers who have not claimed weekly payments of compensation or are no longer in receipt of weekly payments of compensation, have an ongoing entitlement to medical and related benefits which is limited under Section 59A of the WCA 1987.

The limitation applies to the following:

- A worker can receive up to 2 years of medical and related benefits if they have been assessed as having 10% or less permanent impairment;
- A worker can receive up to 5 years of medical and related benefits if they have been assessed as having more than 10% permanent impairment.

When a worker ceases to have an entitlement to weekly payments of compensation and they are in receipt of medical treatment only, the case manager will work with the worker, NTD and treatment providers to support them to receive the treatment they need and that they transition to new arrangements before their workers compensation medical entitlement cease. For example:

- The case manager will communicate and collaborate with these key stakeholders to support them to be independent of treatment by the time the limitation applies (where possible).
- If the worker still requires ongoing treatment beyond the entitlement period, the case manager will work with the worker and the NTD to transition them to alternative support.

In addition to the above, the case manager will advise the worker in writing 13 weeks before the medical entitlements will cease and then a further reminder at 2 weeks prior to cessation.

Should the worker require further information or experience any dissatisfaction through the process they will be advised they can contact IRO on 13 94 76.

5.10. SECTION 39

Section 39 of the WCA 1987 outlines that there is a 260 week or 5-year limit to weekly payments of compensation, this section does not apply to workers whose permanent impairment resulting from the injury is more than 20% Whole Person Impairment (WPI).

In order to ensure that HII assesses each worker's claim appropriately to determine whether there is an entitlement following the 260 week point we are transparent with the limitations of the legislation in our communication.

- From 6 to 12 months prior to the 260 week point the case manager will contact the worker and let them know of the legislation and what this might mean for their claim. We will discuss permanent impairment and section 66 (1A) of the WCA 1987 that indicates they are only able to have one claim for permanent impairment and encourage them to seek legal advice pursuant to section 66A of the WCA 1987.
- Where the worker is not considered to have reached the threshold to continue to receive weekly payments of compensation, they will be notified by their case manager in writing 13 weeks prior **to the** cessation and then again 4 weeks prior to the cessation, this letter will also outline the Worker's ongoing entitlement to medical and related services pursuant to S59A of the WCA 1987.

The case manager will be in contact with the worker and the NTD in order to ensure they understand entitlements and timeframes so that alternate plans can be put in place for the worker (for example, seeking Centrelink benefits). We will also continue to assist the worker with workplace rehabilitation (where appropriate) to support them to obtain suitable employment. Support will also be provided as detailed in section 3.8 of this Injury Management Program.

Should the worker require further information or experience any dissatisfaction through the process they will be advised they can contact IRO on 13 94 76.

5.11. RETIRING AGE NOTIFICATION

Workers whose weekly payments of compensation will cease 12 months after reaching the retiring age pursuant to section 52 of the WCA 1987 will be notified of this when they lodge their claim.

The case manager will discuss this with the worker and their NTD in order to ensure that they are aware of the limitation and can plan for this. On the lead up to the cessation date the case manager will advise the worker in writing 13 weeks before the weekly payments are to cease and then a further reminder will be provided at 4 weeks prior to cessation.

At this time the case manager will also communicate to the worker and the NTD the date that their entitlement to medical and related services will cease pursuant to section 59A of the WCA 1987. Support will also be provided as detailed in section 3.8 of this Injury Management Program.

Should the worker require further information or experience any dissatisfaction through the process they will be advised they can contact IRO on 13 94 76.

5.12. INJURY MANAGEMENT PLANNING & STRATEGIC PLANS

A strategic plan is a documented, comprehensive plan that details the case management and injury management goal and the strategies and actions the case manager will undertake to achieve this goal. The initial strategic plan is completed within 21 days of a significant claim being received.

Following early contacts we contact with the employer and worker at 3 weeks from date of injury to conduct a risk assessment utilising questions from SIRA's "Checklist for Insurers: Risk factors for delayed recovery and return to work". Risks and strategies to address these risks are documented following these calls. An ongoing risk assessment will be repeated at any point on a claim considered to be required by the case manager. The same process outlined above will be followed by the case manager.

HII will develop an IMP for workers experiencing a 'significant' injury provided they have not returned to pre-injury duties with no ongoing treatment required, and are not expected to do so, within 20 working days from identification of a workplace injury as likely to be a 'significant injury' (the 'significant injury date').

The IMP is written in collaboration with the worker, employer and NTD, as well as any other involved stakeholders. The IMP outlines the key actions each stakeholder is responsible for in relation to treatment, occupational rehabilitation, return to work and the wellness of the worker. The IMP, in conjunction with the

return-to-work plan, is aimed at assisting to facilitate the timely, safe and durable recovery and return to work for the worker.

The case manager develops an IMP once they have consulted with all parties on the return to work and wellness goal to communicate and confirm the actions to be undertaken by each stakeholder to assist in achieving the goal.

The IMP reflects relevant information that is available at the date the plan is issued, and it includes:

- Key participants in the management of treatment and return to work (worker, employer, NTD/ specialist, workplace rehabilitation provider and other treatment or service providers)
- Return to work goals (which will be the most likely goal that can be established given the information available at that point in time)
- Any other goals identified by the worker or other stakeholders, including social or wellness goals
- Legislative obligations and responsibilities of each stakeholder
- Procedure for changing the NTD
- Actions for completion, responsibilities and timeframes
- Review date

The IMP complements the strategic plan by ensuring claims activities are documented and communicated in a structured format. The IMP is distributed to all relevant stakeholders by the case manager.

A new strategic plan will be developed in consultation with all key stakeholders and communicated as required during the stakeholder engagement phases of our NCMM. This systematic consultation and plan review enables us to regularly consult with key stakeholders and quickly adjust our strategic direction to ensure all best efforts are being undertaken to support a return to work and wellness for the worker. The strategic plan process ensures all stakeholders are kept up to date with the worker's progress and onward action plan.

HII will review the IMP at or before the scheduled review date as outlined on the IMP. This review will take the form of an updated internal strategic plan review following appropriate stakeholder engagement. If there is a change of strategic direction on the claim, the form of communication is decided (this could take the form of telephone communication, letters, face to face meetings). A revised IMP may be issued to all stakeholders if deemed appropriate and useful to support the direction of the claim and the return to work of the worker.

Non-significant claims that do not require an IMP are managed the same way as significant injuries by regular review and monitoring by the case manager. Non-significant injury reviews generally occur at least monthly unless otherwise directed by the case manager or senior team member.

In the event of a claim becoming significant, the case manager will review the strategy, contact key stakeholders and establish an appropriate IMP as detailed above.

5.13. REASONABLE AND NECESSARY TREATMENT

Workers can access reasonably necessary expenses relating to medical treatments and services, including hospital and rehabilitation. All medical treatment and investigations provided within 48 hours of the injury are covered without pre-approval. Majority of funding for future medical treatment requires prior approval from the case manager.

Some treatment modalities considered reasonably necessary such as physiotherapy, chiropractic or osteopathy will allow for the first 8 treatments without prior pre-approval. Psychological intervention allows for the first 6 treatments without pre-approval.

HII takes the following into consideration when determining whether treatment is reasonably necessary:

1. Acceptance of the treatment by medical experts – the treatment is accepted among the medical professions, a recognised form of treatment that has moved beyond the 'experimental' stage
2. Appropriateness of the particular treatment – the treatment must have the capacity to relieve the effects of the injury for the specific Worker. Research evidence would suggest that the treatment is commonly used for treating the injury type
3. Availability of alternative treatments – consideration must be given to all other forms of treatment and consideration must be given as to why the current or proposed treatment is the best alternative for the specific Worker
4. Actual or potential effectiveness of the treatment – the degree to which the treatment will alleviate the consequences of the injury
5. Cost of the treatment – there will be a positive cost benefit. Cost benefit analysis also takes into account other costs to claim such as post-surgery rehabilitation, hospitalisation and time away from work.

In addition to the above, HII understands that:

- What may be reasonably necessary treatment for one worker may not be considered reasonably necessary for another worker with the same / similar injury
- Reasonably necessary does not mean “absolutely necessary”
- We are to consider expert medical advice that supports that a similar outcome might be achieved using an alternate treatment method, and this does not mean that the treatment recommended is not reasonably necessary.

Where approval is requested for treatment, services or investigations, the case manager will confirm the request has been received within 10 days of receiving the request by contacting the worker to confirm the treatment request has been received, and they will provide the worker with the date they will contact them with further information in relation to the request. A decision on the request will be made, where all necessary information is at hand, within 5 business days or within 21 days of the request, whichever is the earliest, of receiving the written request. Confirmation of approval is given in writing to the requesting provider and the worker.

A worker (and support person if necessary) who needs to travel for an approved treatment or service is entitled to be reimbursed for fares, travel costs and maintenance, necessarily and reasonably incurred. The worker must gain prior approval from HII to cover the travel costs, except if they are using their private vehicle (we pay 55 cents per kilometre).

Once the worker has received the treatment or service, the service provider will invoice HII. The case manager will review the invoices prior to payment to ensure:

- Rates and items being billed are in line with pre-approvals
- Rates do not exceed the maximum amounts prescribed by any relevant workers compensation fees orders,
- Invoices contain all relevant information, including application of goods and services tax or input tax credits where appropriate.

5.14. USE OF INDEPENDENT OPINIONS

In circumstances where liability and reasonably necessary treatment or medical management needs are not clear, the case manager will initially assess the available evidence and work in partnership with the treating parties to obtain the required information. If after seeking further information it remains unclear, in accordance with SIRA Guidelines, the case manager may refer for an independent opinion.

5.14.1. INDEPENDENT MEDICAL EXAMINATIONS

If after requesting further information from the treating parties the information provided is inadequate, unavailable, or inconsistent, the case manager may arrange a referral for an Independent Medical Examination (IME) with an appropriately qualified independent medical specialist with the expertise to provide a professional opinion on the issue.

When an IME is required, we will arrange such an assessment in accordance with the SIRA Guidelines on Independent Medical Examinations and Reports, specifically:

- The reason for referral will be explained to the NTD, worker and employer and they will be advised of the referral in writing at least 10 working days before the appointment. A shorter period is allowed for exceptional circumstances, if agreed to by all parties

5.14.2. INJURY MANAGEMENT CONSULTANT

Differences of opinion may arise between the NTD, employer, worker and the case manager about issues of return to work such as capacity for work, suitability of work or the workers return to work goal.

The case manager will first attempt to resolve any issues through consultation, collaboration and negotiation with the stakeholders. If the issues remain unresolved, the claim will be referred to an injury management consultant (IMC) in accordance with the SIRA Guidelines to help facilitate resolution. This referral can be initiated by HII or requested by the worker (or their representative), employer, NTD or other treating practitioner. IMC's assist in providing clarification or attempt to mediate a solution about the return to work for the worker. The IMC will either undertake an examination of the worker or a file review of the claim documentation.

Before making the referral, the case manager is to contact the worker and NTD to discuss the referral, the reason for the referral and the role of the IMC. During this discussion, the case manager is to ask the worker if they would like to be involved in the discussion with the IMC, which could be held as part of a telephone call or a medical case conference could be arranged for the worker and their NTD/relevant treatment provider to discuss with the IMC. If the worker would prefer that they have a face-to-face consultation with the IMC, the case manager will arrange this.

If agreement is achieved, a new RTW plan is developed and/or certificate of capacity issued which reflects agreed outcomes and is then implemented. If the issue or dispute remains unresolved further referral to another IMC or an IME may be indicated to seek further medical evidence.

IMC's are not able to provide an opinion on treatment, causation of injury, liability or any aspect of the claim or injury other than as above.

5.14.3. INDEPENDENT CONSULTANTS

The case manager may utilise independent consultants when there are questions regarding the reasonable necessity of ongoing allied health treatment. Independent consultants are able to provide advice and peer support to treating practitioners and case managers. SIRA-approved consultants are in the areas of physiotherapy, chiropractic, osteopathy, psychology, and counselling.

5.15. FACTUAL INVESTIGATIONS

HII will refer for factual investigations when necessary and the required information cannot be obtained by another means. The investigation will be undertaken in a fair and ethical manner and the worker will be advised, with at least 5 working days' notice of the investigation if they will be required to participate in the investigation. If a shorter time is required because of exceptional and unavoidable circumstances, a reduced timeframe is to be agreed by all parties. HII will advise the worker in writing and provide the following information:

- the purpose of the investigation and the contact details of the Investigator
- the anticipated duration of each interview, which is expected not to exceed two hours

- that the worker can nominate the place of the interview and may have a support person (including a union representative) present
- that they may request an interpreter if required, who does not count as a support person
- that they will receive a copy of their statement or transcript within 10 working days of the interview
- that they can nominate witnesses to assist the investigation
- that they are not obligated to participate in the factual investigation, however the investigation may be used to help determine liability for their claim.

Any information received from the factual investigation concerning the worker or any witnesses that needs to be released to other parties, will be handled with confidentiality and in accordance with our Privacy Policy. All sensitive and/or health information will only be released if we receive specific signed authority from the worker or any other party whose information we receive.

5.16. SURVEILLANCE

HII ensures that desktop and optical surveillance will only be used where there is strong evidence that the worker is exaggerating or providing misleading information in relation to a claim, where we believe that the claim is inconsistent with information in our possession, or there is evidence to suggest that fraud may be being committed. We ensure that any surveillance is conducted in an ethical manner, and any information obtained will be stored and used appropriately.

Before instructing surveillance, HII ensures that the information cannot be gathered through less intrusive means, and that the benefit of obtaining the information will support the ongoing effective management of the claim.

At all times, we will ensure that any surveillance meets the following requirements:

- The scope and duration of the surveillance is clearly noted
- It is only conducted in or from places regarded as public
- Does not interfere with the worker's activities while under observation
- Does not include any acts of inducement, entrapment, or trespass, including the use of social media with the intention to induce, entrap or deceive
- Is undertaken in a way that protects the privacy rights of children and takes reasonable action to avoid video surveillance of children, and where possible does not show images of children in reports and recordings
- Where possible, reports and recordings are redacted or censored to minimise the likelihood of other individuals being identifiable
- Communication is not undertaken with other individuals in a way that may reveal (directly or indirectly) that surveillance is in place, and
- Recordings and any other materials collected are securely stored.

Once the information is obtained, if HII wish to use the information as part of the claims process, the case manager will disclose the information we have obtained to the worker, and if deemed appropriate, the treating parties prior to relying upon it for any decision making.

We will not provide misleading information to a worker about whether surveillance is in place and if material obtained is sent to a third party they are informed of their confidentiality and privacy obligations.

If the information obtained provides reason to believe that there is fraudulent activity, HII will refer this to our fraud department.

5.17. MEDICARE PAYMENTS

Where there is a settlement on a worker's claim that amounts to $5,000 or where there is retrospective entitlement to compensation, HII will request a Notice of Past Benefits/Notice of Charge (NOC) from Medicare.

In the circumstances that this is obtained and the worker completes the appropriate documentation the amount in the NOC will be reimbursed to Medicare. Where we do not have a valid NOC and supporting documents from the worker, 10% will be deducted from their settlement amount and paid to Medicare.

Once the further paperwork is received from the worker or Medicare, HII will reimburse the worker the appropriate amounts.

5.18. CENTRELINK CLEARANCE

When there is a settlement on a worker's claim that involves weekly payments of compensation, commutation or common law entitlements we will request a Centrelink clearance prior to making any payments for settlement.

The request will be made to Centrelink within 5 days once the Agreement/Determination is received and the amount of charge to be repaid to Centrelink and is deducted from the worker's entitlement within 28 days of settlement.

5.19. DEATH CLAIMS

Death claims can be some of the most challenging claims to determine and manage, requiring a case manager to be both proactive and sensitive in their case management approach.

Our focus at HII is to make fair, evidence-based and timely decisions. We will interact respectfully and empathetically with family members, the employers and any other person(s) impacted by the death. HII also offer our employers immediate access to onsite mental health / crisis support to assist them through this difficult time. When we become aware of a death to a worker that may be work related, investigations will commence within 5 working days of the notification to ascertain the circumstances and whether it could be 'work related.'

In determining a claim, evidence is required to establish:

- the cause of death; and
- the relationship between death and employment.

Either the worker's family, their legal representative or another appropriate party will be contacted immediately to advise them of our role and the claims management process.

Liability decisions will be made where possible within 21 days of being notified of the death, unless it is not reasonable due to a lack of necessary information. Where there is a delay, all parties will be updated and the file

will be noted accordingly, including the steps being taken to obtain the information. Documents that assist us determine liability can include:

- death certificate
- postmortem / autopsy results and coroner's reports
- accident reports and Police reports
- information from the Employer and any witnesses
- any factual investigation or expert reports (which we will procure)
- treating medical records
- ambulance reports and hospital admission records.

For death claims, the concept of dependency is relevant for two separate entitlements:

1. lump sum death benefit
2. weekly compensation payable to dependent children.

A dependant may include a person who had a reasonable expectation of support or financial assistance from the deceased either at that time or in the future.

There are age limits for dependent children to be eligible to receive weekly compensation payments. Payments for weekly compensation will commence once liability is determined to all dependent children under the age of 16 or if they are full-time students and under the age of 21.

Our approach is to identify all dependents as soon as possible. Where there is more than one dependent, each dependent will be contacted to advise them that they are eligible to make a claim by lodging an application in the PIC or they can seek advice from IRO.

It is usually the case that we will need to commence proceedings in PIC to seek orders for dependency, payment and/or apportionment.

Where there are no dependents, the lump sum will be paid to the deceased worker's legal personal representative.

6. RETURN TO WORK PRACTICES AND PLANNING PATHWAYS

6.1. SIRA CERTIFICATE OF CAPACITY

The SIRA certificate of capacity is the formal communication tool completed by the NTD to convey information such as the diagnosis of the injury sustained, proposed treatment, recommendations, and the worker's capacity to work.

The certificate of capacity has been developed to provide a focus on what the worker can do, rather than what they cannot do. The information contained in this document will provide the employer or workplace rehabilitation provider (WRP) with guidance when it comes to identifying suitable work options for the worker to assist with their recovery at work / return to work.

The certificate of capacity will outline capacity defined as one of the following:

- Capacity for pre-injury duties – the worker is physically and psychologically capable of performing all aspects of their pre-injury role.
- Capacity for some type of employment - the worker is capable of performing work which is within the capacity outlined in the certificate of capacity. It may mean the worker is able to perform all elements of their pre-injury role, but on reduced hours, or able to perform some, but not all aspects of their pre-injury role.
- No current work capacity – the worker is unable to work at this time.

6.2. ESTABLISHING RETURN TO WORK GOALS

HII prefers a collaborative approach, working with workers, employers, and their treatment teams in order to understand and establish the appropriate return to work goal in order to support recovery and return to work planning.

The goal of returning the worker to the same job at the time of injury is preferable. However, given the diagnosis of the injury or the nature of the work, this may not always be possible. The initial goal is established and agreed to by all stakeholders once the NTD has provided a diagnosis of the injury and a prediction of the prognosis. This goal may change upon the ongoing needs and capacity of the worker.

Wherever possible, the initial return to work focus will be with the goal of return to work to pre-injury duties and employment with the same employer, or a different job with the same employer.

As achieving this goal is not always possible, the options of suitable employment may need to be explored with the same or a new employer.

Where it is established that the return-to-work goal is with a new employer, we will work with relevant parties to identify suitable employment goals and support workers to achieve a timely and safe commencement of suitable employment through appropriate, tailored services such as workplace rehabilitation.

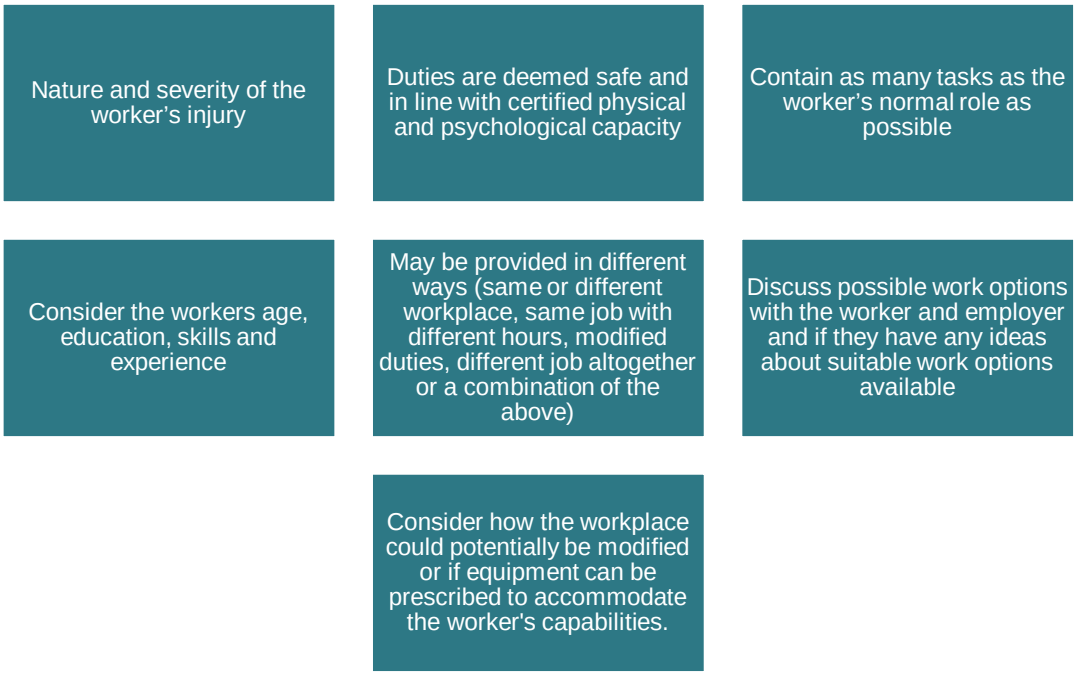
6.3. IDENTIFICATION OF SUITABLE WORK AND /OR SUITABLE EMPLOYMENT

When a worker sustains an injury and they are unable to complete their pre-injury role to their pre-injury capabilities, the employer is required to provide suitable work, so far as it is reasonably practical under Section 49 of the WIMWCA 1998 which is the same as or similar to the worker's pre-injury role.

Suitable work enables the worker to remain active and recover at work. The employer is not required to provide suitable work if the worker voluntarily resigns, or the employer terminates the worker's employment for a reason other than not being fit as a result of the injury.

Employers can have a positive impact on health and well-being by ensuring a positive workplace safety culture and accommodating workers recovering from injuries to remain in the workplace where possible.

The following factors should be considered when the employer is identifying suitable work or suitable employment options within the workplace:



A structured and graduated return to work plan will support recovery, a sense of job security and workforce motivation, as well as presenting a clear demonstration of the employer's support for their workers.

If the employer is experiencing difficulties in identifying suitable work options within the workplace, the employer must contact HII as soon as possible for assistance.

6.4. DEVELOPING THE RETURN TO WORK (RTW) PLAN

The RTW plan is a formal document individualised for the worker which explains the RTW goal, capacity for work and lists the duties in the workplace that the worker has the certified capacity to perform. Employers have a legislative responsibility to facilitate development of an appropriate RTW plan. Our case managers will support the employer in RTW planning through discussing the provision of suitable work to confirm duties provided are in accordance with Section 32A of the WCA 1987 and ensuring the RTW plan is appropriate.

A RTW Plan example template can be found on our website, other key points found in this document include:

- Modifications made to the workplace or equipment prescribed to enable return to work
- Other terms and conditions – workplace support/breaks
- Work hours and days
- Often includes a staged progression where duties or work hours are upgraded at regular intervals as the Worker recovers to tolerate full duties.
- Type and frequency of treatment to be undertaken.

The worker, their supervisor and NTD must be all in agreement with the RTW plan. The RTW plan will need to be updated regularly so that it complies with conditions or upgrades in the capacity outlined in the most recent medical certificate.

6.5. MANAGEMENT AND SUPPORT FOR WORKERS WHO ARE JOB SEEKING

Where it has been determined that the worker does not have the capacity to return to pre-injury duties and the employer cannot offer suitable employment, the worker will be required to seek suitable employment with a new employer. In this situation, HII will provide the worker with targeted and specific support in job seeking and redeployment.

When it is identified that the employer is unable to provide suitable employment the following is undertaken:

- Support to the worker to identify and obtain ongoing suitable employment
- Regular follow-up of job seeking evidence is obtained, in order to continue entitlements to, and payment of, weekly payments
- Where there are changes to the actions or service provisions, the IMP is updated and re-issued to the key parties
- Worker is reminded of their obligations under Section 48 and 48A of the WIMWCA 1998.

The ability to effectively manage the participation of workers in job seeking programs is positively influenced by proactive case management and decision-making to identify future potential sources of suitable employment. This also includes engaging an appropriate WRP or service provider to undertake targeted return to work services and ensure that a worker has the skills and knowledge to effectively job seek and gain durable employment in a timely manner.

Key activities that will be reviewed to support a worker include:

- Referral to an accredited WRP or service provider
- Review of the need for vocational assessment
- Agreement to new suitable employment options (including medical agreement)
- Job seeking skills training
- Where required utilisation of SIRA's vocational programs in accordance with section 53 of the WIMWCA 1998
- As a Specialised Insurer, HII may approve applications for funding costs that are less than $2000. Any amount that exceeds $2000 will need to be approved by SIRA.

6.5.1. RETURN TO WORK ASSISTANCE WITH A WORKPLACE REHABILITATION PROVIDERS AND SERVICE PROVIDERS

There are times when specialist support and services may be required to assist with a worker and employer to return to work. HII has service level agreements with a panel of local and national WRPs and specialist service providers to assist with this task.

WRP's are usually allied health professionals such as occupational therapists, physiotherapists or rehabilitation counsellors with expertise in occupational rehabilitation. They are engaged to assist employers to identify suitable employment and provide guidance on the development and management of RTW plans. Prior to making a referral to a WRP, the case manager will discuss this strategy with the employer and worker to obtain agreement. In some circumstances, a WRP will be engaged without the employer's consent, as it is within the worker's entitlements to request workplace rehabilitation assistance, and if supported by the NTD may be

deemed appropriate. Case managers make referrals to WRP panel members, except in cases where the employer or worker chooses to nominate their own preferred provider.

The WRP and case manager will identify and implement targeted and tailored rehabilitation solutions to assess, gain agreement to and obtain suitable employment goals. These solutions, where appropriate, will include utilisation of the SIRA vocational programs.

6.6. CASE CONFERENCES

HII encourages transparent and collaborative communication between the worker, employer, NTD and any other relevant stakeholder to support effective injury management and timely return work. One way that the case manager encourages this and creates these relationships is by participating in case conferences with the worker, the NTD, the employer and/or workplace rehabilitation provider.

HII acknowledges that the case conference is separate to the worker's scheduled medical review with the NTD. It is a meeting where the case manager will participate either face-to-face or over the phone in order to set goals, ensure roles and responsibilities are understood and to agree on timeframes for recovery/return to work.

Prior to the case conference the case manager will:

- Advise the worker they would like to book a case conference and the reasons for the meeting
- Create an agenda for the case conference and send it to all parties involved; and
- Ensure the case conference is scheduled at a separate time to the worker's consultation with the NTD.

Impromptu case conferences

If there is an impromptu case conference held with an NTD, worker and any relevant stakeholders then it is not expected that an agenda is created and sent to all parties if impacted by time shortage. This is to apply in instances where NTD or worker may dial case manager into the review without prior notice, or all parties are in verbal agreeance of the case manager attending the review if it is scheduled with minimal notice, i.e., within the next 48 hours.

6.7. WORK CAPACITY ASSESSMENTS AND DECISIONS

A work capacity assessment is a comprehensive review of all information relevant to a worker's functional, vocational and medical status to determine their ability to work and/or earn in suitable employment.

A work capacity assessment is coordinated by HII and may be completed at any point in time throughout the life of a claim. When conducting a work capacity assessment to determine current work capacity, the key first step to a successful decision will always be the determination of what constitutes suitable employment for that worker.

Case managers review suitable employment in line with Section 32A of the WCA 1987. Suitable employment will have been identified and agreed to during the tailored return to work process.

A work capacity decision is a decision made in accordance with section 43 (1) of the WCA 1987 on the following:

- the worker's current capacity
- what constitutes suitable employment for the specific worker
- the amount the worker is able to earn in suitable employment
- the worker's PIAWE amount or current weekly earnings,
- whether a worker is, as a result of injury, unable without substantial risk of further injury, to engage in employment of a certain kind because of the nature of that employment,
- Any other decision of an insurer that affects a worker's entitlement to weekly payment of compensation, including a decision to suspend, discontinue or reduce the amount of the weekly payment of compensation payable to a worker.

A work capacity decision is a discrete decision that can be made at any point in time. At a minimum, an assessment of work capacity must commence once the worker has received 78 weeks of weekly payments and completed prior to receiving 130 weeks of weekly payments.

Should the worker have an ongoing entitlement to weekly payments beyond 130 weeks, further work capacity assessments must be made at least once every 2 years after this point, until such time that:

- the worker's entitlement to weekly payments ceases
- they have been assessed with a permanent impairment in excess of 30% whole person impairment (WPI), or
- an assessment is pending and has not been made because an approved medical specialist has declined to make an assessment on the basis that maximum medical improvement has not been reached and the permanent impairment is not fully ascertainable.

A work capacity assessment is not required for highest needs workers (those with WPI greater than 30%) unless the worker requests it.

When making a work capacity decision our case managers will:

- Consider a range of information including:
    - certificates of capacity
    - reports from the medical and treatment providers
    - independent medical reports
    - injury management consultant reports
    - the worker's self-report of their abilities and any other information they supply
    - reports from a workplace rehabilitation provider (e.g., workplace assessment reports, return to work plans, or functional capacity evaluations, job descriptions, vocational assessment reports, work trial documents, job-seeking logs, activities of daily living assessments etc)
    - information from the employer such as the return-to-work plan.
- Ensure that all reasonable opportunities to maximise the worker's capacity for work have been provided
- Evaluate all available and relevant evidence, and follow a robust and transparent decision-making process
- Ensure we provide clear and concise information to the worker giving reasons for the decision
- Provide opportunity for the worker to contribute, especially if the decision may result in reduction or discontinuation of their weekly payments
- Ensure decision makers have the appropriate expertise, ability, and support to make decisions.

Work capacity decisions to reduce or cease weekly payments are communicated to the worker in a section 78 Notice and in accordance with the SIRA Workers Compensation Guidelines:

- The information provided to the worker is appropriate to the worker's circumstances
- Notice is given via telephone conversation and then either in person or in writing
- 7 days postage allowance is made for delivery of documents before commencing notice periods.

6.8. CHANGES IN CAPACITY

On receipt of a certificate of capacity indicating a change in the worker's capacity, our process is to contact the worker, NTD and all other relevant medical professionals to investigate the reason for the change and commence a work capacity assessment as soon as practicable upon receipt of a certificate of capacity. A work capacity decision will then be made, and the worker advised of the outcome within 7 working days of receiving the certificate of capacity. This will be communicated to the worker within 2 working days of making the decision. If an adverse decision is made a Section 78 notice will be issued to the worker.

6.9. DISPUTE PROCESS FOR WORK CAPACITY DECISIONS

If a worker does not agree with our work capacity decision, they can:

- Request we internally review our decision (optional review); or
- Refer the dispute for determination by the PIC.

The notice also includes a statement that they can seek advice or assistance from a union, a lawyer or IRO.

When we receive a request for internal review, an independent and appropriately qualified person will review the claim and respond to the worker within 14 days. Where the decision is maintained, a notice will be issued under section 287A of the WIMWCA 1998 in writing, containing:

- All relevant information
- A concise and readily understandable statement of the reason for the decision and of the issues relevant to the decision, and
- Identification of any provision of the workers compensation legislation on which we rely on in making the decision.

If a dispute about a work capacity decision is lodged with PIC before the work capacity decision notice period expires, a stay will operate to maintain the worker's current weekly payments, while the review is being undertaken.

7. OTHER CLAIMS PROCESSES AND ADMINISTRATION

7.1. DETERMINATION OF PERMANENT IMPAIRMENT

Permanent impairment (PI) involves an assessment of the degree of permanent impairment, also known as WPI, that has arisen from the work-related injury. When a worker has reached maximum medical improvement, they may be assessed by a qualified medical specialist who utilises clinical assessment as well as SIRA and American Medical Association's (AMA) Guides to evaluate the Permanent Impairment. This impairment is calculated as a percentage loss and equates to a monetary figure.

Workers are eligible to claim for lump sum compensation if:

- The PI for a physical injury converts to greater than 10% WPI
- The PI for a primary psychological injury converts to at least 15% WPI.

Where an assessment of PI has been received, it will be reviewed by the appropriate person to ensure the assessment is in accordance with the SIRA Workers Compensation Guidelines.

When a claim is received HII will determine the claim within 10 working days and consider if it is consistent with the available medical information on file and that it complies with the Permanent Impairment Guidelines. When it is considered that the assessment is not in accordance with the Guidelines, HII will:

- Advise the worker or their legal representative within 2 weeks of receipt of claim; and
- Seek further clarification from the assessor.

Where clarification from the assessor is not forthcoming within 10 working days, and the degree of PI claimed is greater than 10% WPI, HII will arrange for the worker to be assessed by an appropriately qualified independent medical examiner or apply to the PIC for an assessment by an Approved Medical Specialist (AMS), who will issue a Medical Assessment Certificate (MAC).

A MAC issued by the AMS is binding, however either party can make an application for a Medical Appeal Panel to examine the worker, if they can show there is an error at law.

The claim for lump sum compensation will be determined within the latter of the following timeframes:

- One month of the permanent impairment being fully ascertainable; or
- Two months after all relevant particulars have been supplied.

Where a claim for lump sum compensation has been accepted, an offer will be made in line with the requirements outlined in the SIRA Workers Compensation Guidelines. Where an offer has been accepted, on receipt of a Complying Agreement and the required documents outlined in the SIRA Workers Compensation Guidelines, the worker will be paid their entitlement.

7.2. COMMON LAW CLAIMS AND WORK INJURY DAMAGES

7.2.1. WHAT IS WORK INJURY DAMAGES?

In circumstances where a worker is injured and the employer is negligent, the worker may have a right to claim work injury damages (WID) also known as ‘common law’.

A WID claim is limited to compensation for damages in relation to past economic loss due to loss of earnings and future economic loss due to the loss or impairment of earning capacity as a result of the work injury only.

Unlike workers’ compensation rights that arise by virtue of statute, the right to sue for damages, derives from a common law right to be compensated for the injury suffered, due to negligence for breach by an employer, of the duty of care owed to the employee.

7.2.2. WHEN CAN THIS BE CLAIMED?

A worker may have a right to claim WID where:

- their injury has resulted from the employer’s negligence, and

- their injury has resulted in a degree of PI of at least 15 per cent (or the worker has passed away as a result of the workplace injury).

Section 151D of the WCA 1987 requires the worker to commence WID proceedings within three years of the date of the injury (or with the leave of the court). A WID claim cannot be made unless a claim for PI compensation is made before or at the same time as the claim for damages, and PI compensation needs to be paid to the worker before a claim for WID can be finalised.

7.2.3. WHAT IS THE PROCESS?

To make a claim for WID, a worker, through their legal representatives, will submit the claim via a Section 282 Notice which enables HII to assess of the claim. HII then has 14 days to respond to this claim.

A pre-filing statement (PFS) is then issued by the worker's legal representative with the draft statement of claim. HII would then instruct solicitors to act on our behalf and respond to the PFS within 28 days after it is received, or within 42 days by either accepting or denying liability. All evidence that the parties seek to rely upon must be submitted at the pre-filing stage.

Where liability is denied, HII will instruct our solicitors to serve a pre-filing defence (PFD) setting out particulars of the defence and the evidence relied on.

Where an *Application for Mediation* is received, a response to an application for mediation will be made within 21 days which will indicate whether HII will participate in the mediation. If the matter progresses to a mediation, a Certificate of Mediation listing both party's final offers will be issued if the matter is unable to settle.

Where a settlement agreement has been reached between the parties, settlement documents will record clearly the terms of the settlement including:

- the amount
- whether inclusive of worker's legal costs
- whether clear of all previous weekly payments
- subject to any Medicare or Centrelink clearances
- date weekly payments will cease
- any requirements around previously incurred section 60 expenses
- whether the terms of the settlement can be disclosed.

HII utilise internal legal specialists to manage and oversee all litigation activity. The case manager retains primary responsibility for management of the claim, and in particular the injury management obligations and stakeholder engagement.

The single most effective way to reduce the size of a WID claim is to maximise a worker's capacity, their capacity to work and earn in suitable employment and/or to secure a sustainable return to work.

If a claim settles by WID:

- They cease to be entitled to ongoing workers compensation benefits, which includes the payment of ongoing medical treatment expenses
- There may be a preclusion period applied by Centrelink, and this is a matter for the worker to discuss with their legal provider and Centrelink.

7.3. COMMUTATION

7.3.1. WHAT IS COMMUTATION?

A commutation is an agreement made between the worker, employer and HII that the worker's entitlement to benefits under the workers compensation Acts is finalised through a lump sum payment.

Workers and employers are under no obligation to enter into a commutation agreement.

SIRA provide guidance on the preconditions for a commutation, the process, and the role of the PIC, and this is clearly set out in Section 87EA of the WCA 1987.

7.3.2. WHAT IS THE PROCESS?

If a case manager believes that a worker would benefit from commutation they discuss this strategy with their team leader and proceed to work with the internal legal specialist in negotiating the commutation with the worker and their legal representative.

Commutation negotiations commence via discussion between the relevant parties to reach an agreement on the amount, and this then requires certification by SIRA and registration of the agreement in the PIC.

Once the commutation is registered, we are required to pay the agreed amount within seven days of the registration, or by the period specified in the agreement.

Payment of a commutation may result in a Centrelink preclusion period, and this is a matter for the worker to discuss with their legal provider and Centrelink.

7.4. RECOVERIES

Section 151Z of the WCA 1987 allows for an employer to recover all or some of the compensation which it pays in relation to workers compensation benefits if they can establish negligence/fault on behalf of another party.

Early screening of new claims is key to identify potential recovery and this also allows us to collect evidence around the circumstances of the accident and parties involved.

Some common scenarios for recovery action include:

- injury as a result of a motor vehicle accident
- worker injured while on third-party premises (e.g., labour hire or multi-party worksites such as those at a construction site)
- slips, trips and falls e.g., while on an authorised break away from workplace
- assaults (in very limited circumstances).

HII will review all new claims within 15 working days of receipt for potential recoveries. When recovery potential is identified, the case manager works with our legal specialist to put in place strategies to advance the claim. We

commence action for recovery directly against the third-party and may seek legal representation to maximise recovery potential.

A recovery can be included in a claim's estimate when the other party has admitted liability, or where the potential recovery is:

- clearly apparent
- sustainable by law
- soundly anticipated, and
- verified by a suitably qualified person.

Section 151Z(1)(b) of the WCA 1987 states that if a worker recovers workers compensation and then later receives damages:

- they must repay out of the damages the compensation received via workers compensation, and
- they are not entitled to any further workers compensation.

This would bring an end to their workers compensation rights and allow the claim to be closed.

7.5. CLOSING A CLAIM

Finalisation of a claim will occur when the injury is no longer impacting a worker's ability to participate in suitable employment and no further treatment is being undertaken. This may include:

- A return to work to pre-injury duties
- A return to appropriate suitable employment with no wage loss
- Retirement or withdrawal of claim
- Commutation, work injury damages or common law settlement
- Settlement of a claim for the same injury by another party (e.g. an occupier, motor vehicle insurer)
- Declinature of ongoing liability (3 months after the last weekly payment 'paid to' date, with no indication of the Worker disputing our decision).

Prior to closing the claim all stakeholders will be advised of the intention to close the claim, including the reasons for doing so, in order to provide opportunity for any outstanding invoices or reimbursements to be paid.

7.6. CLAIM REOPENING

A claim can be re-opened after it was closed for the following reasons:

- Recurrence of original injury
- Claims administration
- Further payments or recoveries
- Claim is litigated.

Where requests are received to re-open or reactivate claims that have been previously closed, we will gather and assess the required information to determine whether re-open is appropriate. This includes determining a worker's entitlement to further benefits in accordance with the legislation, as well as ensuring a clear liability decision is made and communicated appropriately to relevant stakeholders on the claim. When further benefits are deemed payable, the claim is either then paid and reclosed or sent to the appropriate claims segment for ongoing management.

If we are required to re-open a claim for any reason other than administration purposes, we will notify the employer within 7 days of re-opening the claim. A liability decision for any additional compensation benefits will be determined within 21 days of re-opening the claim and the worker and employer will be notified of our decision within 2 days.

7.7. CLAIM HANDOVER

Where a case handover to a new case manager is required, we have a structured approach to ensure a smooth transition from one case manager to the next appropriate case manager for all stakeholders.

The new case manager will complete a review of the history of the claim and agree the onward claim strategy with the previous case manager. The existing case manager will notify all stakeholders that the claim will be transferring, and the new case manager will then contact the relevant stakeholders to establish working relationships.

8. MANAGEMENT OF THE SUPPLIER RELATIONSHIP WITH HOSPITALITY INDUSTRY INSURANCE

In our quest of helping people to get their lives back, we are often required to rely on our third-party service providers to provide specialist services and advice outside the areas of our expertise. Some of these service providers include workplace rehabilitation providers, medical providers, legal providers and investigators. Effective and efficient provider relationships are vital to our success.

We have developed service level agreements in consultation with providers on our panel. The agreement documents service standards include timeliness of service delivery, quality of reporting and communication expectations. All service level agreements include a dispute resolution process which details the escalation process for disputes to the appropriate specialist. If a new client has their own panel of providers, we will work with these providers (across all segments – medical, rehabilitation, legal and investigations) to establish them as part of our provider panels.

HII monitors provider performance through regular reviews and general feedback from stakeholders and case managers. Performance is reviewed against the agreed service standards in the service level commitment. The reviews focus on number of referrals per provider, total cost of services, outcomes achieved, timeliness and quality of services.

Where gaps in performance are identified, we will develop and implement an action plan to address these. Where trends are identified (for example increased costs by a particular provider), we will consult the provider to clarify reasons for these**.**

HII also supports the use of employer nominated service providers, if specifically requested, however superior outcomes need to be demonstrated, otherwise the use of providers on our panel will be discussed with the relevant employer for their use.

Our panel selection process is as follows:

- Establish a need for their service
- Expression of interest
- Trial process
- Provider awareness of the desired outcome of the referrer
- Referrals and remuneration tied to outcomes
- Feedback.

8.1. WORKERS' RIGHTS TO CHOOSE THEIR PROVIDER

HII acknowledges that the worker has the right to choose their own medical, approved rehabilitation and legal service providers. Hii is committed to working with all service providers to facilitate a durable return to work outcome for every worker.

Should there be a dispute or dissatisfaction with the choice of workplace rehabilitation provider, HII facilitates full discussion with all parties to determine the cause and remedial action. This may also be facilitated with the assistance of provider services as outlined above.

8.2. PAYMENT OF THIRD-PARTY SERVICE PROVIDERS

HII will pay all third-party service provider invoices, as soon as possible but within 10 working days of receiving an invoice with all required information, for approved treatment or within a provider's terms, whichever is the later. HII will provide feedback and request clarification of invoices that do not provide adequate detail within 10 working days from receipt of the invoice.

8.3. PAYMENT OF WORKER REIMBURSEMENT

HII will pay all worker reimbursements that do not require pre-approval or services that pre-approval has been given, as soon as possible but within 10 working days of receiving the request with all required information. HII will provide feedback and request clarification of reimbursement requests where insufficient information has been provided, within 10 working days of receipt of the request.

9. MANAGEMENT OF COMPLAINTS AND COMPLIMENTS

9.1. OUR COMMITMENT

HII has a team of dedicated and experienced professionals who are trained to provide advice and guidance for employers, workers and other customers. Any concern or dissatisfaction about a process or service provided should be reported to us, because we are committed to getting things right.

9.2. HOW TO LODGE A CONCERN OR COMPLAINT:

Your dedicated case manager, underwriter, or account manager is the first point of contact for all enquiries, concerns or complaints. If the initial response is not satisfactory, we encourage further formal contact using one of the following options:

Email: info@hii.au
Telephone: (02) 8251 9069
Mail: Feedback Officer c/- Hospitality Industry Insurance GPO Box 4143, SYDNEY NSW 2001
Internet: www.hii.au

9.3. WHAT WILL WE DO WHEN WE RECEIVE A COMPLAINT?

We will acknowledge the complaint (by phone, post or email), within 2 business days of receipt of the complaint. We will also provide the name and contact details of the person managing the complaint.

9.4. HOW WE RESOLVE COMPLAINTS

By phone: We are committed to contact via telephone. One of our feedback managers will take responsibility to resolve the concern.

By email or letter: All complaints received in writing will be followed up with an email or letter; this will confirm that the concern or complaint has been satisfactorily resolved. The email or letter will be sent by the Feedback Manager responsible for assisting in the resolution of the complaint.

9.5. HOW LONG MIGHT IT TAKE TO RESOLVE A COMPLAINT?

We are committed to making contact within 2 business days on receipt of the complaint to acknowledge and establish a timeframe for resolution. Wherever possible we will aim to satisfactorily resolve a complaint within 10 business days where practicable.

If additional information or time is required due to the nature of the complaint, we will immediately advise the reason as to why it is taking longer and ensure an alternate date is provided by which a resolution can reasonably be expected, and we will provide updates as required.

9.6. HOW WILL WE ASSESS A COMPLAINT?

We will ensure that the complaint is managed:

- Professionally and with a sense of urgency
- In a timely and efficient manner
- Within legal and legislative parameters; and
- Based on sound and objective decision making.

9.7. UNRESOLVED COMPLAINTS

If a complaint cannot be resolved with us the matter can be referred to the following industry bodies who can help:

- SIRA: SIRA manages escalated complaints about service if the complaint cannot be resolved with us. The Customer Service Centre contact details are:

Telephone: 13 10 50
Email: contact@sira.nsw.gov.au

- Independent Review Office (IRO) IRO provides an independent complaints solution service for Workers who are unhappy with a decision we make. IRO also provides funding for legal advice. IRO contact details are:
  Telephone: 13 94 76
  Website: www.iro.nsw.gov.au

- Personal Injury Commission (PIC) The PIC is an escalation option for Workers' compensation disputes involving liability, work capacity decisions, medical and work injury management. The PIC contact details are:
  Telephone: 1300 742 679.
  Website: www.pi.nsw.gov.au

- New South Wales Ombudsman Telephone: 02 9286 1000
  Toll Free (outside Sydney metro) 1800 451 524
  Web: www.ombo.nsw.gov.au
  Email: nswombo@ombo.nsw.gov.au
  Fax: 02 9283 2911

10. DISPUTE RESOLUTION

HII dispute resolution process is in line with SIRA Guidelines. If there is any decision made on a claim and notice required, the worker will be advised formally, in writing. The worker is given the opportunity to provide additional information or evidence; or to request for HII to reconsider the decision.

An internal review application form is provided with the written notice, and we encourage the worker to complete this form and return to us with any additional information to be considered. We will complete an internal review within 14 days of receipt.

The worker does also have the right to seek review by any of the following independent options:

- Seek advice / assistance from your trade union organisation or from a lawyer, however we note that Workers are responsible for their own legal costs;
- Seek independent advice from the Independent Review Office (IRO). The IRO has also established the Independent Legal Assistance and Review Service (ILARS). ILARS can facilitate access to free independent legal advice to in circumstances where there is a disagreement regarding entitlements. For more information call IRO on 13 94 76 or visit their website at www.iro.nsw.gov.au.
- If a worker does not wish to seek an internal review with HII or are not satisfied with the decision after a review, they can lodge an application to resolve the dispute with the Personal Injury Commission (PIC). The PIC can assist with the resolution of disputes between workers, employers and/or insurers, including matters regarding work capacity decisions, permanent impairment, medical disputes, liability disputes, injury

management disputes and premium disputes. Matters that may be referred to PIC are limited to matters specified in a dispute notice and they may not allow introduction of any information not previously notified in the dispute. A dispute can be referred by lodging an Application to Resolve a Dispute form to the Registrar of PIC located at Level 20, 1 Oxford Street, Darlinghurst NSW 2010. The email address of is help@pi.nsw.gov.au .More information is available on the website www.pi.nsw.gov.au or by calling 1300 742 679.

Information on dispute resolution can also be found on the SIRA website at https://www.sira.nsw.gov.au/disputes-and-complaints/workers-compensation-disputes. Employers, insurers or providers (e.g. health provider) can seek advice / assistance from the regulator by contacting SIRA's Customer Service Centre on 13 10 50.

10.1. LEGAL PROCEEDINGS

In the event of litigation, if the situation warrants, we will obtain legal advice from our nominated solicitors or respond independently. HII will discuss recommendations made with the employer and obtain their agreement with regard to action to be taken. HII retain the right to make the final decision regarding litigation and claim settlements.

Where the matters are subject to PIC proceedings, HII will ensure that the person/s with the knowledge of the claim with the appropriate authority to make decisions or communicate instructions will do this by either being in attendance at the proceedings in person or available by the phone.

11. FRAUD

HII has a zero tolerance to fraud and is committed to minimising the likelihood of fraud occurring.

Staff attend regular information and training sessions on fraud awareness. We have a central fraud team with trained investigators who manage the investigation of internal fraud allegations and facilitate the investigation of scheme related fraud. All allegations of fraud will be investigated and, where substantiated, the cases will be pursued thoroughly and reported to the appropriate authorities.

12. PRIVACY AND CONFIDENTIALITY

In the course of claims management, HII will handle confidential information about a worker in accordance with section 243 of the WIMWCA 1998. Personal and health information relevant to the management of the claim will only be shared with relevant parties after the worker has provided written consent to authorise the release of such confidential and sensitive information.

Furthermore, storage and use of personal and private information is critical and part of the underlying structure and culture at HII to ensure that the interests of all customers are respected and protected.

12.1. WORKER CONSENT:

The confidentiality of worker's personal and health information will always be respected and managed in accordance with their consent. This will occur before releasing or requesting personal or health information from a third party.

Workers will be advised of their rights and responsibilities, including their right to modify or withdraw their consent at any time. We will also advise them of the type of information to be released or used, and who is authorised to release, obtain or use the information.

12.2. THE PRIVACY ACT:

HII is bound by the Privacy Act 1988 and Australian Privacy Principles which govern the collection and handling of personal and sensitive information to ensure that organisations clearly outline what type of information they hold, the reasons this information is held, the way in which it is used and in what circumstances it is disclosed.

In addition to the provision of the Privacy Act, we are also bound by the relevant workers compensation legislation, regulation and guidelines in the collection, use and disclosure of information relating to workers' compensation claims.

HII respects the worker's right to privacy and values the trust placed in us to handle personal and sensitive information. Maintaining the privacy of all personal and sensitive information entrusted to us is paramount, and we do this by:

We only collect information that we require to provide a service to a worker. For the purposes of workers compensation premium and claims management services, generally we keep a record of:

- Basic identity information such as name, address, employer details and information concerning employment relationship arrangement
- Sensitive information directly related to a worker's claim
- Information provided by other service providers collected for the purpose of assessing and managing a Workers Compensation claim
- Banking and taxation details
- Information in connection with policy or claims management.

Usually, we will collect information directly from the worker. If we need to collect personal or sensitive information from third parties we seek the workers consent to do so, unless we are otherwise permitted by law to make the collection.

- How we use or disclose personal information provided by the worker:
  For the purpose of assessing and managing Workers' compensation claims, including determining liability; or
- In providing reasonably necessary clinical services (such as medical treatment, rehabilitation, medical investigations, tests or procedures); or
- If we are required or authorised by law to do so.

12.3. STAKEHOLDER RIGHTS

HII aims to ensure that the personal information we hold is accurate, complete, relevant, up-to-date and not misleading.

If the worker would like to update any personal information that we currently hold in our systems; access their personal information or have concerns about the way that we have managed the information, we encourage the worker to contact us. In the second instance, by contacting the Hospitality Industry Insurance Group Privacy officer via email info@hii.au

For further information, the Hospitality Industry Insurance Privacy Statement's and the Hospitality Industry Insurance Privacy Policy are available on request via our website. We have a dedicated Privacy Officer to champion privacy and help ensure compliance with legislation.

13. QUALITY ASSURANCE

Quality assurance is the responsibility of every staff member and is achieved through incorporating the following concepts into key policies and procedures:

Delegation	Provide people with the opportunity to take responsibility in line with their experience and skills.
Review	A formal review process links the manager to their ongoing responsibility for outcomes.
Feedback	A system of continuous improvement requires feeding back lessons learnt to improve practices.
Measures	What gets measured gets managed.

The Injury Management Program is reviewed annually to ensure any legislative or procedural changes are properly reflected.

13.1. AUTHORISATION FRAMEWORK

The Hospitality Industry Insurance Authorisation Framework details the authorisation limit and review process for key case management activities including liability, payments, referral to external providers, surgery, disputes, and workplace rehabilitation cost approvals.

This process ensures appropriate control of the decision-making process. Having experienced staff review critical actions and decisions assists to ensure all decisions made are soundly based and in accordance with regulatory and internal requirements.

The authorisation process also provides the opportunity for the reviewer to provide feedback and coaching to the case manager regarding their decision making to assist in their ongoing development.

13.2. REGULAR MONITORING REPORTS

HII has a task manager application which provides every case manager with their required case management activities and timeframes. Team leaders have visibility of their team's tasks and any activities that are overdue are escalated to the appropriate team leader. This assists in the management of their team and individual performances as well as ensuring when case managers are absent, relevant timeframes are met by allocation of their tasks to other team members.

Other reports include:

- Housekeeping reports – housekeeping reports ensure real-time monitoring and achievement of key result areas.
- Statistical reports - these reports provide information on estimate levels and amounts spent on treatment modalities and rehabilitation. This allows for proactive review to occur on files for management of financial impacts of cases.

13.3. INTERNAL AUDIT

HII completes two main types of audits each year.

Audit completed by Quality Assurance team

We meet at the end of each calendar year with our Quality Assurance team to put together a plan for the following calendar year. The audits are completed using the SIRA audit tool and Insurer Claims Management Audit Manual. Once the results of the audits are received, the Specialist team reviews then implements a plan on any improvement measures utilising the SIRA Audit Improvement Plan Template.

Monthly Audits

The case managers and the specialist team complete audits on individual claims each month. In these audits they review claims where weekly payments have been made and are at least 6 weeks in duration. The results of the audits are collated and sent to the team leaders and individual feedback provide to case managers in order to ensure continued learning and appropriate application of the legislation and guidelines.

13.4. PEER REVIEW & SUPPORT USING OUR NCMM

At scheduled points throughout the life of a claim where a return to pre-injury or different duties has not yet been achieved, an internal strategic review of the claim is completed by the case manager and when required peer reviewed by a:

- Senior case manager / team leader / specialist / divisional manager. These reviews are undertaken against a documented framework and aim to ensure proactive injury management strategies are implemented. This process assists the case manager to identify return to work obstacles and management strategies, and reasonably necessary treatment at an early stage to support timely and durable return to work outcomes.

Scheduled review points occur throughout the life of the claim and are followed by ‘stakeholder engagement’ periods where the case manager implements the strategic action plan, and consults as required, with key stakeholders to ensure the plan remains appropriate.

14. REFERENCES

- The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of The Royal Australasian College of Physicians (RACP) Consensus Statement *‘The Health Benefits of Work’*
- SIRA Workers Compensation Guidelines October 2019
- SIRA Standards of Practice
- The Workers Compensation Act 1987
- The Workplace Injury Management and Workers Compensation Act 1998
- Workers Compensation Amendment Regulation 2019
- Privacy Act 1988
- Australasian Faculty of Occupational & Environmental Medicine (2011). *Position Statement: Realising the Health Benefits of Work*

Any queries in relation to this document please contact:

Phone: (02) 8251 9069
Email: info@hii.au

CONTACTS

CORPORATE OFFICE
Level 3, 345 George Street,
Sydney NSW 2000
GPO Box 4143, Sydney NSW 2001

T: 02 8251 9069
E: info@hii.au
W: www.hii.au

ABN 34 124 091 470