



Nominal Insurer Injury Management Program

June 2025



Contents

Overview	5
Claims Management Philosophy	5
Injury Management Program	6
Claims Management Principles	6
Rights, Responsibilities and Obligations	7
QBE Obligations	7
Employer Obligations	7
Injured Worker Obligations	8
Nominated Treating Doctor Obligations.....	9
Return to Work and Rehabilitation Practices	10
Certificate of Capacity	10
Establishing Return to Work Goals	11
Identifying Suitable Work	11
Developing the Return to Work Plan	11
Provision of Workplace Rehabilitation Assistance.....	12
Other Support.....	12
Claims Management Practices	13
Notification	13
Serious Incidents	13
Workers Consent.....	13
Triage.....	13
Levels of Support.....	14
Initial Stakeholder Contact	14
Interpreter Services	14
Determining Liability	15
Estimating	16
Additional or Consequential Medical Conditions	16
Recurrence or Aggravation.....	17
Injury Management Planning	17
Injury Management Plans	17
Case Conferencing	18
Entitlements	19
Pre-Injury Average Weekly Earnings.....	19
Calculating PIAWE	19
Minimum PIAWE.....	20

PIAWE Agreements	20
Interim PIAWE	21
Entitlement Periods.....	21
Reimbursements of Weekly Payments	21
Reduction of Payments in Compensation	22
Retirement Age Notification.....	22
Work Capacity Assessment and Decisions.....	22
Permanent Impairment.....	23
Work Injury Damages	24
Commutation.....	24
Treatment and Medical Intervention	25
Determining Reasonably Necessary Treatment	25
Declining a Request for Treatment	25
Medical Payments.....	26
Section 59A Notification	26
Independent Opinions.....	27
Provider Management.....	29
Finalisation	30
Closing a Claim.....	30
Reopening a Claim	30
Other	31
Claim Handover	31
Information and Record Management.....	31
Privacy and Confidentiality	31
Fraud.....	32
Factual and Surveillance Investigations	32
Recoveries.....	33
Medicare and Centrelink Clearance	34
Quality Assurance Systems.....	35
Management of Fatality Claims	36
Feedback and Complaints.....	37
Complaints Management.....	37
Dispute Resolution	38
Employment Management Practices	39
Providing Education and Information to Employers about their Obligations	39
Claims Data Analysis	39
Injury Prevention Strategies	39
Injury Management Program Communication.....	39

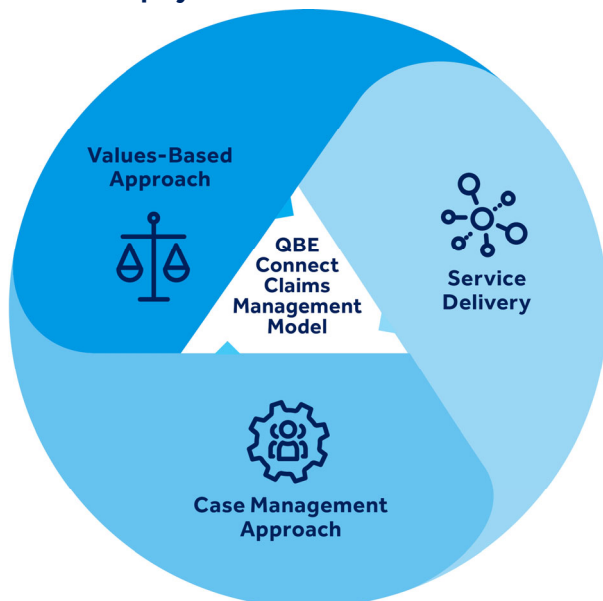
Overview

QBE's extensive experience in NSW workers compensation started in 1926 with the introduction of compulsory employer insurance. Since then, we have been helping the Injured Workers of NSW achieve their return to work and health goals. Our experience spans a broad range of industries and employers, from construction to healthcare in both public and private sectors and in businesses large and small.

Claims Management Philosophy

QBE's purpose is to enable a more resilient future for our customers and partners. We do this by returning people to health and work with empathy and expertise. QBE's Claims Management Model (QBE Connect™) and service philosophy recognises and values the contribution of all stakeholders, to actively deliver the successful and early return to work of Injured Workers. QBE believes in creating lasting relationships with all stakeholders and achieving sustainable outcomes, by having a values-based organisational culture that focuses on an individualised client-centric approach.

A Philosophy for RTW



Our Values Drive our Behaviour

A best practice claims model reflects a person-centred approach where Injured Workers are treated with respect and dignity, are advised of their obligations and rights, and are treated as an equal partner in achieving claims outcomes.

The QBE Connect™ service philosophy focuses on treating customers in an honest and ethical manner with our approach driven by empathy and respect. This aligns to our organisational values of accountability, inclusivity, and integrity

Living our Values



Injury Management Program

Under Section 43 of the *Workplace Injury Management and Workers Compensation Act 1998* QBE is required to 'establish and maintain an injury management program and must revise its injury management program from time to time'.

An Injury Management Program is defined by Section 42 of the 1998 Act as a 'a plan for co-ordinating and managing those aspects of injury management that concern the treatment, rehabilitation and retraining of an injured worker, for the purpose of achieving a timely, safe and durable return to work for the worker. An injury management plan can provide for the treatment, rehabilitation and retraining to be given or provided to the injured worker.'

The Injury Management Program provides information about managing an Injured Worker's recovery at work. This document explains how QBE will support best practice claims management and can be utilised as a guide for employers when they are developing or reviewing their Return to Work Program.

The program has been developed in line with the following:

- Workers Compensation Act 1987
- Workplace Injury Management and Workers Compensation Act 1998
- State Insurance Regulatory Authority (SIRA) Standards of Practice
- State Insurance Regulatory Authority (SIRA) Injury Management Program: A Guide and Checklist for Insurers
- State Insurance Regulatory Authority (SIRA) Guidelines for Claiming Workers Compensation

Claims Management Principles

The following claims management principles apply across all aspects of QBE's claims management model for the Injury Management Program.

Principle 1: Fairness and Empathy

The management of claims will be undertaken in an empathetic manner intended to maximise fairness for Injured Workers by:

- ensuring Injured Workers understand their rights and responsibilities, and making clear what Injured Workers and employers can expect from QBE and other scheme participants
- ensuring Injured Workers are afforded procedural fairness, and decisions are made on the best available evidence, focused on advancing the Injured Worker's recovery and return to work.

Principle 2: Transparency and Participation

Injured Workers, employers and other scheme participants will be empowered and encouraged to participate in the management of claims by:

- ensuring transparent and timely communication of the reasons and information relied upon for decisions and facilitating right-of-reply, and prompt, independent review of decisions
- ensuring opportunities are provided to Injured Workers, employers, and other scheme participants to contribute information that can support and inform claims management.

Principle 3: Timeliness and Efficiency

Claims management decisions will be made promptly and proactively, and claims will be managed in a manner intended to reduce delays and costs and maximise efficiency by:

- promptly and efficiently processing claims, responding to inquiries, determining entitlements, and making payments
- progressing claims without unnecessary investigation, dispute, or litigation.

Rights, Responsibilities and Obligations

QBE Obligations

QBE is committed to an integrated service management philosophy that recognises and values the contribution of all stakeholders to the successful and early return to work of Injured Workers.

QBE will comply with all relevant Workers Compensation Legislation and Regulations whilst providing a tailored approach to claims management based on the needs of our customers. As part of our Injury Management Program, we will:

- develop and maintain this Injury Management Program
- establish a collaborative relationship with our Employers, Injured Workers, and Nominated Treating Doctors (if appropriate) within three working days of being notified of a significant injury
- establish contact with additional stakeholders (as required) to assist with the development of an Injury Management Plan (IMP)
- actively manage the claim by assessing for risk of delayed recovery and work loss, and work with all stakeholders to identify and agree on tailored actions to optimise recovery and return to work
- commence provisional payments of weekly benefits and medical expenses or provide reasons why weekly payments will not be made, within seven calendar days of being initially notified of an injury
- inform the Injured Worker of their entitlements and rights under the Workers Compensation Scheme
- develop an IMP for all Injured Workers with a significant injury, in consultation with the Injured Worker, employer, Nominated Treating Doctor and any other relevant providers
- review and update the IMP as new information is received
- support the use of a SIRA accredited workplace rehabilitation provider if appropriate or where requested by an Injured Worker or Nominated Treating Doctor
- support the use of Vocational Programs for Injured Workers to facilitate early recovery at work or new employment should medical evidence indicate pre-injury duties or suitable duties to be inappropriate
- determine and facilitate payment of weekly compensation in accordance with the legislation.

Employer Obligations

Employers play a vital role in the Return to Work (RTW) process. The response to a notification of injury and the early actions undertaken by the employer has a substantial influence on whether a successful return to work outcome is achieved.

When a workplace injury occurs, QBE actively encourages employers to maintain regular and supportive contact with Injured Workers and take an active role in assisting the Injured Worker to recover at or return to work.

QBE employers should:

- have a current Workers Compensation Insurance policy in place covering all employees
- provide a safe work environment for all employees and maintain records of all work-related injuries
- provide information to Workers that confirms the notification of injury process and how to make a Workers Compensation Claim
- notify SafeWork NSW immediately if a serious incident occurs
- notify QBE within 48 hours of becoming aw
- are that an employee has sustained an injury
- maintain and document workplace incidents in a 'Register of Injuries'
- ensure a RTW Program is in place within 12 months of becoming a Category 1 or Category 2 employer
- develop and review the RTW Program at a minimum of every two years to ensure it is line with current legislation and regulatory requirements
- participate in the development of an Injury Management Plan (IMP) for an Injured Worker
- provide suitable duties to an Injured Worker in accordance with the Certificate of Capacity
- develop and cooperate in the creation of a Recover at Work Plan for an Injured Worker
- Provide assistance with Return to Work even when liability has been disputed as per sections 41A and 46 of the *Workplace Injury Management and Workers Compensation Act 1998 (NSW)*
- maintain regular and supportive contact with an Injured Worker.

RTW Program requirements for Category 1 and 2 Employers

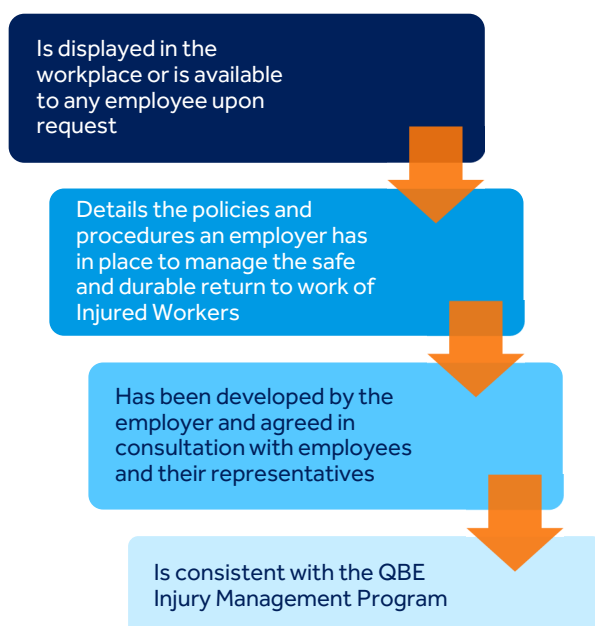
A **Category 1 Employer** is an employer with a basic tariff premium of over \$50,000 a year, or is self-insured, or is insured by a specialised insurer and employs more than 20 workers.

To develop an effective RTW Program Category 1 employers must appoint a return-to-work coordinator, consult with workers and unions regarding the RTW Program and finalise and implement the RTW Program. This must be established within 12 months of becoming a Category 1 employer.

A **Category 2 Employer** is any employer who is not a Category 1 Employer. All businesses must have a return to work program established within 12 months of becoming an employer.

To develop a RTW Program, Category 2 Employers must appoint a person to be responsible for recovery at work and implement the RTW Program. A category 2 employer may adopt the SIRA's standard return to work program template, or create a program in line with SIRA's category 1 employer guideline.

The *Workplace Injury Management and Workers Compensation Act 1998 (NSW)* section 52 requires an employer to have a Return to Work Program in place that:



Injured Worker Obligations

Injured Workers who are engaged and empowered in their recovery often return to work faster. QBE empowers Injured Workers by educating them on legislative process, outlining stakeholder roles and expectations, and actively engage the Injured Worker in setting their recovery and return to work goals.

Following a workplace injury, the Injured Worker should:

- notify the employer of a workplace injury as soon as possible
- actively participate and cooperate in the development of the Injury Management Plan (IMP) and Return to Work Plan (RTWP)
- nominate a treating doctor who will participate in their recovery at/return to work
- authorise the Nominated Treating Doctor to provide relevant information to QBE and their employer to develop an IMP and RTWP
- make reasonable efforts to return to work in suitable employment or pre-injury employment at the original place of employment
- advise QBE and their employer immediately if there are any concerns with the IMP or RTWP
- comply with the actions and obligations set out in the IMP and RTWP
- keep QBE and the employer updated in relation to treatment progress and capacity for work
- actively participate in treatment and appointments with medical providers and workplace rehabilitation providers
- seek alternative employment if unable to return to their pre-injury duties
- consult with QBE prior to any change of their Nominated Treating Doctor.

Change of Nominated Treating Doctor

Changing the Nominated Treating Doctor can interrupt good medical care, however there may be situations where a change is required. This may include:

- the Injured Workers doctor has moved or ceased practicing in their local area and they are no longer able to see them
- there is evidence the doctor is not assisting the Injured Worker with a safe recovery at/return to work (in this circumstance, QBE may ask the Injured Worker to nominate a new treating doctor).

Section 48A of the *Workplace Injury Management and Workers Compensation Act 1998* states, in order to receive weekly payments, an Injured Worker who has capacity to work must make reasonable efforts to return to work.

When this does not occur, the insurer will clarify with all stakeholders and discuss the reasons for non-compliance and attempt to resolve any issues.

Where there are barriers, the details will be included in the Injury Management Plan.

Where the issues are not able to be rectified, the Injured Worker will be informed of the impact on their entitlement to weekly benefits.

Nominated Treating Doctor Obligations

The Nominated Treating Doctor is intrinsic to the claim relationship and plays a vital role in the Injured Workers recovery, return to health and work.

The Nominated Treating Doctor is responsible for:

- educating the Injured Worker regarding their injury and expected recovery
- coordinating reasonably necessary treatment for the Injured Worker
- supporting the Injured Worker to return to, and where possible recover at, work through appropriate clinical intervention and management
- providing certification of the Injured Worker's capacity for work after clinical examination and review of current available medical information (in most circumstances, every 28 days)
- participating in the development of an Injury Management Plan (IMP) and Return to Work Plan (RTWP)
- liaising with QBE, the employer, other treatment professionals and workplace rehabilitation providers to assist with the coordination of the Injured Workers recovery and return to work
- participating in case conferences when required.



Return to Work and Rehabilitation Practices

QBE adopts a holistic, customer focused approach to managing the return to work and rehabilitation of Injured Workers.

Many studies support the health benefits of good work. As a signatory of the Health Benefits of Good Work initiative from the Australian Faculty of Occupational and Environmental Medicine (AFOEM) of the Royal Australian College of Physicians (RACP), QBE believes:

- the provision of good work is a key determinant of the health and wellbeing of employees, their families and broader society
- long term work absence, work disability and unemployment have a negative impact on health and wellbeing
- providing access to good work is an effective means of reducing poverty and social exclusion
- the longer someone is away from work, the less likely they are to return to work
- staying active after injury reduces pain symptoms and helps Injured Workers return to their usual activities at home and work sooner.

QBE encourages stakeholders to take ownership of the recovery and return to work process and commit to agreed goals and outcomes. When this happens, we are more likely to be successful in achieving a positive outcome that meets the needs of all stakeholders.

Certificate of Capacity

The Certificate of Capacity is the primary communication method between the Nominated Treating Doctor and other stakeholders. The Certificate of Capacity should include accurate information to ensure Injured Workers, their employer and treatment providers have a clear understanding of the Injured Workers' needs. Certificates of Capacity should reflect a timeline of the Injured Workers' recovery from their initial certificate to their final pre-injury certificate, detailing progression in capacity, treatment engaged and other medically relevant factors such as barriers to recovery.

The Certificate of Capacity is used:

- when developing an Injury Management Plan (IMP)
- when developing a Return to Work Plan (RTWP)
- when requesting or recommending treatment
- to make clear decisions regarding an Injured Workers' capacity for work.

The Injured Worker is required to obtain a Certificate of Capacity and provide this to the employer and QBE. QBE will utilise information on the certificate to review subsequent treatment provider referrals and assess the appropriateness of each request.

The Certificate of Capacity focuses on what the Injured Worker can do. The certificate for most circumstances should not exceed 28 days unless a clinical rationale is provided by the treating clinician detailing why a review post 28 days is appropriate.

The Certificate of Capacity should include the following information:

- a clear medical diagnosis (using acceptable medical terminology)
- reported date of injury for when the compensable incident occurred
- the Injured Workers signed consent regarding medical information release and engagement with other paid employment
- clear and detailed mechanism of injury relevant to the diagnosis
- comment as to whether there is the presence of any relevant pre-existing condition
- management plan for the period, including diagnostic investigations, specialist referrals or treatment service referrals recommended
- detail capacity for work, confirming hours and days in addition to functional tolerances (this section should be considered irrespective of whether suitable duties are available and should be aligned to the Injured Workers actual capacity)
- Medical Practitioner's signature.

Establishing Return to Work Goals

A return to work or recover at work goal is constructed in collaboration with all relevant stakeholders and is regularly reviewed throughout the life of a claim.

Typically, the Nominated Treating Doctor will guide the review process for determining an appropriate return to work goal and will consider all available information provided by each stakeholder.

Where there are potential barriers in determining the most direct pathway to work, a workplace rehabilitation provider will be utilised to assist in the process. The workplace rehabilitation provider will engage with the employer to assess the functional demands associated with the relevant role, typically via a workplace assessment. In addition, the workplace rehabilitation provider will liaise with the treating team and Injured Worker as to their current functional tolerances and capabilities to engage in their pre-injury role.

The process of determining the goal is completed collaboratively with all relevant stakeholders, with the Nominated Treating Doctor making a final recommendation as to whether the current return/recover at work goal needs to be adjusted. Once a new return to work goal is agreed upon, the Injured Worker will be supported to achieve this new goal.

Identifying Suitable Work

Supporting an Injured Worker to recover at work is vital to achieving a successful outcome. The *Workplace Injury Management and Workers Compensation Act 1988* requires employers to provide an opportunity to an Injured Worker to recover at work/return to work by providing work for which the Injured Worker is currently suited. The legislation refers to this as 'suitable employment.' Suitable employment may be referred to as suitable duties, alternate duties, modified duties or light duties.

- When considering suitable employment that may be appropriate to offer an Injured Worker to support their recovery at work it is important for consideration to be given to the following:
- the Injured Workers current certified capacity and opinion of their treatment team
- assigning duties that are appropriate to the Injured Worker's age, education, skills, and work experience

- whether modifications can be made to the Injured Workers role (this may include the same job, or part of the job with different hours)
- the physical, psychological, and social demands of the duties available.
- whether a different job is required in the short term
- providing the Injured Worker with training opportunities
- providing equipment or modifications to the work environment.

If an employer has trouble identifying suitable work for an Injured Worker, QBE may refer to a workplace rehabilitation provider for assistance.

Developing the Return to Work Plan

The return to work/recovery at work plan (RTWP) will be developed, based on all information gathered when establishing the return to work goal, and suitable duties available. The RTWP is used by a variety of people as it includes information such as:

- the roles and responsibilities of people involved in the recover at work process such as supervisors, managers, return to work coordinators and co-workers
- the Injured Workers' capacity for work and treatment/services required to facilitate their recovery and return to work
- the return to work goal, and duties to be performed (including hours of work)
- any additional support to help facilitate a successful recovery at work (including equipment and workplace modification)
- the process for concerns and disputes
- the process for disclosing information.

There should be regular monitoring of the RTWP to assess the effectiveness and to ensure arrangements are consistent with the Injured Workers' capacity and facilitates a safe and durable recovery at work. RTWP's should be reviewed by the employer, Injured Worker and Nominated Treating Doctor with all parties signing the plan, demonstrating an understanding and agreement to the plan developed.

Provision of Workplace Rehabilitation Assistance

Workplace rehabilitation providers can be requested by QBE, the Nominated Treating Doctor, Injured Worker or employer where barriers may be present in supporting the Injured Worker achieve their return to work goal. The provision of workplace rehabilitation assistance is to support a safe and durable return to work by assessing barriers and supporting collaborative construction and implementation of strategies to overcome identified barriers. Only SIRA-approved organisations can deliver workplace rehabilitation services in NSW's workers compensation system.

An Injured Worker has the right to nominate a workplace rehabilitation provider of their choosing. If the Injured Worker does not wish to nominate a workplace rehabilitation provider, QBE will refer to the preferred provider of the employer or broker. These preferred providers have a great understanding of the employer's workplace demands and roles. If there are no other stakeholders who wish to nominate a workplace rehabilitation provider, QBE will action a referral from the icare panel of workplace rehabilitation providers.

Other Support

The State Insurance Regulatory Authority (SIRA) has a range of programs and incentives available to assist Injured Workers with their recovery and return to work. These programs are designed to assist Injured Workers to both remain at work or return to work with their pre-injury employer, or where this is not possible to return to work with a new employer.

Programs and incentives available include:

- Recover at Work Assist for Small Business
- Equipment and workplace modifications
- Work Trials
- Connect2Work Program
- Retraining
- JobCover Placement Program or JobCover 6 Program
- Transition to Work Program.

Further information regarding these SIRA programs (including Injured Worker and employer eligibility requirements) can be found by searching "I'm a worker recovering at work" at www.sira.nsw.gov.au.



Claims Management Practices

Notification

If an employee is injured at work, they must inform their employer as soon as possible. An Injured Worker can notify their employer verbally or in writing. The employer then has up to 48 hours to notify QBE. The Injured Worker or representative can also notify QBE directly of an injury.

If the claim is not notified to QBE within five days of the employer being notified of the injury, excess is applicable. The excess is calculated in line with the Injured Workers' first week of wages as determined by their Pre-Injury Average Weekly Earnings (PIAWE).

A claim can be notified to QBE in a variety of ways:

- notification can be written (including email) or verbal (including by phone)
- completion of claim notification through QBE portal
- completion of the Initial Notification of Injury Form
- emailed to qbeclaims@workerscomp.nsw.gov.au
- posted to PO Box 9972, Sydney NSW 2000
- For all notifications the following information is required:
- Injured Workers' name and contact details
- employer name and contact details
- Treating doctor name and contact details
- date of injury or period over which the injury emerged, time of injury, description of how the injury occurred and description of the injury
- notifiers' name, relationship to the Injured Worker or employer and contact details.

Serious Incidents

Section 38 of the *Work Health and Safety Act 2011 (NSW)* provides that a person who conducts a business or undertaking must ensure that the regulator is notified immediately after becoming aware that a notifiable incident arising out the conduct of the business or undertaking has occurred.

Section 35 of the *Work Health and Safety Act 2011 (NSW)* lists what a notifiable incidence is, which includes things such as:

- the death of a person
- a serious injury or illness of a person
- a dangerous incident.

Notifiable incidents are to be reported to SafeWork on 13 10 50.

Workers Consent

While managing an Injured Worker's claim, QBE will have access to confidential personal and health information about the Injured Worker. QBE manages Injured Workers personal and health information in accordance with the NSW and Federal Privacy legislation and SIRA Standards of Practice.

At all times, QBE will respect the confidentiality of an Injured Workers' personal and health information and will manage information in accordance with their consent. When requesting consent, QBE will provide the following information to Injured Workers:

- their rights and obligations, including the right to withdraw or modify consent
- the impacts of not providing or withdrawing consent
- what information will be collected
- why the information is being collected
- how the information will be stored
- how they can access information we have collected
- the type of information that may be released
- who is authorised to release or use the information.

When a request is made to QBE from a third-party seeking release of information relating an Injured Workers injury or claim, QBE will ensure consideration is given to whether the Injured Workers' existing consent is sufficient to enable release of the information.

Triage

Research shows that early intervention and effective triage is critical to a successful claim outcome. Every claim requires a tailored approach, and we recognise the different skills and experience of our Case Managers. This enables us to allocate claims according to the needs of the Injured Worker and ensure the claim is allocated to the right Case Manager at the right time.

Levels of Support

The triage process allows QBE to allocate the claims to the right Case Manager to ensure the appropriate support and guidance is provided to achieve optimal claims outcomes.

Non-Significant Injury Claims

Non-Significant claims segment is designed for injury notifications where the period of incapacity is not likely to be more than 7 days.

Claims managed in the non-significant segment include:

- simple claims for Injured Workers
- claims where the Injured Worker is incapacitated for a period of not more than 7 days.

Significant Injury Claims

The Support (Medium/High Risk) segment is designed to provide customised case management for Injured Workers who have sustained a significant injury with complex recovery issues, to support recovery and return to work.

Claims managed in the Support segment include:

- significant claims where the incapacity is likely to be for a period of greater than 7 days
- claims where the Official Disability Guidelines (ODG) recovery timeframe is greater than two weeks
- claims with significant risk factors that could impact on expected recovery timeframes
- claims where there are liability concerns
- claims where the employer is unable to support recovery at work through provision of suitable duties
- primary psychological injury claims

Specialty Claims

The Specialised (High Risk) segment is designed to provide empathetic and tailored case management in situations requiring a high level of sensitivity.

Claims managed in the Specialised segment include:

- workplace fatalities
- work injury damages
- medical complex injury types (e.g., traumatic brain injury, spinal damage, amputations)
- claims for Industrial Deafness only, that require specific management and processes to be adhered to.

Initial Stakeholder Contact

Initial stakeholder contact is an opportunity for QBE to understand the needs of each claim and gather information to commence injury management planning and to support our decision making.

Significant Injuries

Once an injury has been notified to QBE, we will

- complete initial stakeholder contacts with the employer, Injured Worker and Nominated Treating Doctor within three business days of the claim's initial notification
- promote the health benefits of good work and facilitate a timely return to work
- communicate through various methods such as emails, fax, letter, appointment, or meetings such as a Medical Case Conference when phone communication is not successful
- gather information from all relevant parties to determine liability, identify barriers, manage treatment, and return to work as well as accurately calculating entitlements
- set clear expectations regarding return to work and the roles and responsibilities of all stakeholders engaged throughout the claim process
- educate stakeholders regarding QBE's role, the claim process, their obligations and entitlements.

Non-Significant Injuries

When an injured Worker has been able to return to pre-injury duties within seven calendar days, the claim is determined to be a non-significant injury. QBE Case Managers will contact the Injured Worker and employer to confirm this, and a liability decision will be completed within seven calendar days.

Interpreter Services

When collaborating with stakeholders from a non-English speaking background, Case Managers are encouraged to engage the services of qualified interpreters to ensure communication is clear and appropriately presented. The appropriate use of interpreters for Injured Workers whose first language is not English or who are hearing impaired ensures they are not at a disadvantage and are able to take an active role in the management of their recovery and return to work.

QBE will engage the services of an interpreter in the following circumstances:

- the stakeholder does not appear to understand questions
- the stakeholder is not easily understood
- the stakeholder requests an interpreter or indicates a preference for communicating in their own language.

When engaging the services of an interpreter, QBE will:

- engage a NAATI-certified interpreter (for languages where this certification is available)
- consider whether communication should be face-to-face or whether using a telephone interpreter is sufficient
- ensure there is no conflict of interest
- ensure consideration has been given to the Injured Workers cultural background
- explain the purpose of the communication to the interpreter.

Determining Liability

When making claims decisions, QBE is always mindful of the claim goals and outcomes we are working towards. Decision making occurs throughout the claims journey but is critical during liability determination. Liability determinations are made in a transparent manner with regular engagement of stakeholders throughout the decision-making process.

QBE gathers information provided via the injury notification and initial stakeholder contacts to ensure soundly based liability determinations are made. QBE will communicate initial liability decisions within seven calendar days verbally, where possible, and in writing to the Injured Worker and employer.

After all the information is gathered, we will make one of four liability decisions.

Provisional Liability

Provisional liability is the provisional acceptance for medical and/or weekly benefits. The commencement of provisional payments allows QBE to provide financial assistance and enables early access to critical treatment and services in the period following the injury, while QBE completes necessary investigations to determine liability on the claim.

It is QBE's preference to accept provisional liability where possible so we can focus on the recovery and return to work of Injured Workers. Provisional liability allows:

- up to 12 weeks of payments for loss of income
- up to \$10,000 for reasonably necessary medical treatment.

Liability acceptance needs to be considered if maximum time or medical costs are likely to be exceeded.

Liability Accepted

Weekly benefits may be made to an Injured Worker to compensate for loss of earnings due to a work-related injury. Liability may be accepted within seven calendar days of the initial notification if considered appropriate to do so.

If provisional payments have not commenced and QBE has received a formal claim for compensation, liability must be determined within 21 calendar days of the claim being made. However, if QBE has commenced provisional liability payments, liability will be determined prior to provisional liability expiring.

Reasonable Excuse

A claim may be placed under Reasonable Excuse for the following circumstances:

- there is insufficient medical information available
- the injured person is unlikely to be a Worker
- QBE is unable to contact the Injured Worker
- the Injured Worker refuses access to information
- the injury may not be work related
- there is no requirement for weekly payments
- the injury is notified after two months.

If a claim has been placed under Reasonable Excuse, stakeholders will be notified of this decision within seven calendar days of the claim being lodged. The Injured Worker will be provided with all details of the reasonable excuse in addition to documents and information on how to resolve the issue.

If the Injured Worker chooses to make a claim for compensation after the reasonable excuse has been made, liability must be determined within 21 calendar days of the claim being made.

A reasonable excuse may only be applied to provisional weekly payments. A reasonable excuse cannot be applied to provisional medical payments.

Liability Disputed

At times, liability will be disputed for all or part of a claim. When this occurs, a dispute notice under Section 78 of the *Workers Compensation Act 1987* will be issued in writing to the Injured Worker.

QBE will assess the situation and ensure:

- decisions made are based on the best available evidence
- Workers' compensation legislation and SIRA guidelines have been considered and applied
- information and evidence are gathered in a manner free of preference or prejudice
- the implication of a decision is considered across all stakeholders (including risk assessment, cost benefit and alternatives)
- when faced with a choice, the best option is selected based on the most logical, rational, and reasonable outcome
- options proposed and evaluated are relevant to address the issue
- decisions and soundly based rationale are documented
- decisions are made and communicated within legislative and regulatory timeframes
- appropriate escalation points for decision reviews are communicated.

The Injured Worker has the right to request a review of any decision.

Estimating

Information gathered during initial and ongoing contact with stakeholders is utilised to assist in accurately estimating claims in accordance with estimating guidelines and manuals. Information will be proactively sought to establish the most likely claim outcome to ensure the estimate best reflects and aligns to the strategic case management plan and in accordance with the Claims Estimation Manual (October 2022).

Estimating will be based on:

- the nature and severity of the injury and the likelihood of recovery
- medical evidence available
- the Injured Workers' location and access to required, quality treatment (particularly in remote locations that could prompt the need to fund associated transport)

- provisions for managing treatment, return to work, expected incapacity and investigations
- provision for managing permanent impairment, work injury damages and recoveries as appropriate.

Estimates will be updated in the following circumstances:

- on initial notification of the claim
- when new or additional information is received that changes the case management strategy
- change of liability status
- at ongoing statutory review points.

Additional or Consequential Medical Conditions

Upon receipt of a Certificate of Capacity where an additional or consequential condition has been identified (that has not previously been diagnosed or reported) QBE will take prompt, appropriate actions to triage and contact the Injured Worker and/or the Nominated Treating Doctor.

QBE will gather and collate information regarding:

- clinical rationale/justification for the additional or consequential diagnosis(es) issued on the Certificate of Capacity
- whether the Injured Worker is intending to claim any compensable entitlements for the additional or consequential condition(s)
- the identification of associated risk factors that may significantly change the course of the Injured Workers recovery and or the return to work outcome.

If an Injured Worker is intending to claim an additional or consequential injury, QBE will assess the relevant information on the claim and will advise on subsequent liability within 21 days, via phone and written correspondence to confirm whether the employer is liable for the expenses and costs being claimed.

If the additional or consequential injury has been assessed and considered as a non-work-related injury, QBE will promptly notify of this decision and will issue a dispute notice to the parties involved. The dispute notice will confirm the non-work-related additional or consequential injury and all related entitlements will not be covered under the claim and will need to be managed separately by the Injured Workers' treating providers.

QBE is mindful of the impact of the subsequent liability process and will proactively consider the Injured Worker's needs by reviewing reasonably necessary treatment (if requested) to ensure the Injured Worker is able to continue receiving required treatment and support.

Recurrence or Aggravation

An Injured Worker may notify QBE that they have suffered a recurrence or aggravation of a previous workplace injury, where weekly payments and medical expenses may potentially be claimed.

On notification of a recurrence or aggravation, QBE will assess the claim to confirm whether the Injured Worker has suffered a recurrence or aggravation of their injury, taking note of the following:

- a **Recurrence** refers to a spontaneous return of the symptoms from the previous injury without an intervening cause
- an **Aggravation** refers to a specific incident causing a re-emergence of previously experienced symptoms to the same body part as the initial workplace injury.

QBE will investigate the claim to assess the facts and medical evidence to determine whether the notified recurrence or aggravation is predominantly caused by a previous accepted workplace injury and is not considered to be a new injury and claim. To ensure sound decision making is undertaken, Case Managers will collaborate with their Service Manager, Technical Specialist and Injury Management Advisor to confirm case management actions to be undertaken to assist with decision making. Actions will include:

- undertaking initial contacts with involved parties
- determining if the mechanism/causation of injury is due to an aggravation/recurrence of an old injury or new injury and referring for an Independent Medical Opinion (where required)
- reviewing medical and factual evidence and the outcome of investigations undertaken to determine whether an aggravation/recurrence has arisen out of the Injured Workers' employment and is the main contributing factor for the Injured Workers incapacity
- determining liability and contacting the Injured Worker and employer to advise of the reasons for the decision, and where liability has been accepted confirming the Injured Workers ongoing entitlements to weekly payments and medical expenses.

Injury Management Planning

Our Case Management approach incorporates a strategic case management plan. The QBE Case Manager will consider all information on a claim and think about strategies, goals, opportunities, potential barriers and actions required to finalise claims and facilitate the best outcomes for Injured Workers.

The QBE Case Manager will complete an initial strategic plan within five business days of claim assignment. This strategic plan will be reviewed and altered as appropriate, within 10 business days of receiving new information which impacts the claim strategy, goals and timeframes.

Ongoing review of the strategic plan will occur over the life of the claim at regular intervals to ensure progress towards achieving key milestones. At a minimum, review of the strategic plan will occur in conjunction with ongoing stakeholder contact every four weeks, with intervals not exceeding eight weeks.

Injury Management Plans

When a significant injury has occurred, QBE will develop an Injury Management Plan (IMP). The IMP is a written plan for coordinating and managing the aspects of case management that relate to the treatment and rehabilitation of the Injured Worker to achieve a timely, safe, and durable return to work.

IMPs are developed by the QBE Case Manager in collaboration with the employer, Injured Worker, allied health providers and the Nominated Treating Doctor. A copy of the plan is distributed to each of these stakeholders and its purpose is to:

- state an agreed and achievable return to work goal
- formalise communications and agreed actions
- advise all parties of their obligations and role within the plan
- provide an overview of the overall claim strategy and milestones along the way.

The content of each IMP will reflect the information that is available at the date of issue. The IMP will include:

- any issues which may affect recovery
- what actions may be required to assist with recovery and return to work
- details of the stakeholders responsible for actions
- review dates and treatment limits

Accompanying the IMP will be a form titled 'Information about your Injury Management Plan.' This form outlines:

- the obligations of QBE, the employer, Injured Worker, and Nominated Treating Doctor in relation to the IMP
- the circumstances under which QBE may require the Injured Worker to change their Nominated Treating Doctor
- the procedure for managing non-compliance with the IMP.

QBE will establish and distribute an initial IMP within 20 working days of notification of a significant injury. An updated IMP will be developed, if required in the following circumstances:

- a change in the return to work goal
- if a different treatment or rehabilitation service and/or actions are required to achieve a return to work goal.

The new IMP will be distributed within 10 working days from receipt of new information.

Monitoring Compliance with the Injury Management Plan

As part of the regular reviews, QBE Case Managers will monitor all stakeholder's compliance of responsibilities under the IMP and RTWP.

Non-compliance by a stakeholder can directly impact the claim, impacting on optimal recovery and return to work and will be appropriately addressed by the QBE Case Manager, including actioning any penalties that apply.

Case Conferencing

The effective collaboration of all stakeholders is fundamental to achieving claims outcomes. Where appropriate, QBE encourages engagement with all relevant stakeholders in a Case Conference to allow conversations to occur about how we can deliver the best possible health, recovery, and work outcomes for Injured Workers.

A Case Conference is a Case Manager led meeting with the Injured Worker, Nominated Treating Doctor (or the Certificate of Capacity issuer) and other relevant stakeholders. A Case Conference can take place in person (face to face) or via an arranged video/teleconference. The method supporting collaborative dialogue will be the primary consideration when deciding on how to conduct the Case Conference.

A Case Conference may be arranged to discuss:

- an Injured Workers' capacity for work
- expected recovery timeframes and agreed return to work goal
- factors that may be impacting on the Injured Workers recovery and return to work
- availability of suitable duties
- the development of a graded RTWP
- the Injured Workers progress and treatment plan.

When arranging a Case Conference, QBE will ensure the conference is arranged at a time and day that is agreeable to all parties and will ensure the conference is scheduled at a time separate from the Injured Workers review with their Nominated Treating Doctor (unless otherwise agreed). QBE will formulate an Agenda for the Case Conference that outlines the purpose of the conference and will distribute to all parties. Following the Case Conference QBE will record the outcome, goals, strategies and confirmed actions for each party and provide this information to all conference attendees.

Entitlements

QBE upholds an Injured Worker should receive their full entitlements within a timely manner after a work injury as described under the *NSW Workers Compensation Act 1987*.

Pre-Injury Average Weekly Earnings

Weekly benefits are an entitlement to cover lost earnings after suffering a workplace injury. These payments are designed to support an Injured Worker in their recovery at work. An Injured Worker who suffers an injury at work is entitled to compensation if there is a total or partial incapacity for work.

The process of determining the amount of weekly compensation payable to an Injured Worker is based on assessment of their Pre-Injury Average Weekly Earnings (PIAWE). The determination of an Injured Workers' PIAWE is the first Work Capacity Decision QBE will make on a claim. The correct calculation of PIAWE is critical to ensure Injured Workers receive accurate weekly payments.

QBE will collaborate with the employer and Injured Worker during initial stakeholder contacts to gather necessary information to accurately calculate the Injured Workers PIAWE. QBE will request pay information from the employer covering the period of 52 weeks prior to the date of injury, or for the period of employment if less than 52 weeks, with this information to be provided by the employer within five days of notification of the injury.

Once the PIAWE has been determined, QBE will communicate this decision to the employer and Injured Worker within the first seven calendar days of notification of the injury.

Calculating PIAWE

For Workers injured on or after 21/10/2019, PIAWE is generally calculated as:

- The weekly average of a Workers gross earnings over the relevant period prior to their date of injury (DOI)

Gross earnings

Relevant earning period (weeks)

=

PIAWE

Gross Earnings

Gross earnings are defined as the income received by the Worker for work performed in any employment.

Whether a payment type is included or excluded from a PIAWE calculation is determined by legislation, case law and the Employers Award or other Fair Work Instrument. The following inclusions and exclusions apply to determining the Injured Workers gross earnings:

Inclusions

- wages, including any paid leave and loadings
- shift, overtime, and other allowances paid
- commission and piece rates
- the value of non-cash benefits (only where the Injured Worker is no longer entitled to the use of that benefit following the injury).

Exclusions

- compulsory superannuation contributions made by the employer
- Workers' compensation payments or other compensation payments for loss of earnings
- the monetary value of any non-monetary benefit (while the Injured Worker continues to have access to the benefit following the injury)
- any payment made without obligation by the employer (for example discretionary bonuses)
- reimbursements to the Injured Worker for travel, laundry or other expenses incurred as part of the Injured Workers role.

Relevant Earning Period

PIAWE is the average of weekly earnings over the 52-week period immediately prior to the injury, with the following exceptions:

- if an Injured Worker has been employed for less than four weeks, PIAWE is calculated based on the weekly earnings the Worker could reasonably have been expected to earn in that employment (if not for the injury) for the 52 weeks after the injury

- if an Injured Worker has been employed for four weeks or more but less than 52 weeks, PIAWE is calculated over the period of continuous employment in the role
- taking into account any ongoing financially material change in the worker's earnings circumstances in the 52-week period immediately before injury - for example, a promotion, a demotion or a change from parttime to full-time – in these circumstances the period prior to the change is excluded from the relevant earning period,
- to align with a worker's regular pay period (optional) - the relevant earning period may be shifted to start on the first day of the pay period. This approach should only be used if the result will not decrease the worker's PIAWE
- for casual or seasonal Injured Workers, weeks not worked are excluded from the calculation of PIAWE.
- For workers who had workers compensation payments in the relevant period please contact QBE to discuss the calculation of PIAWE

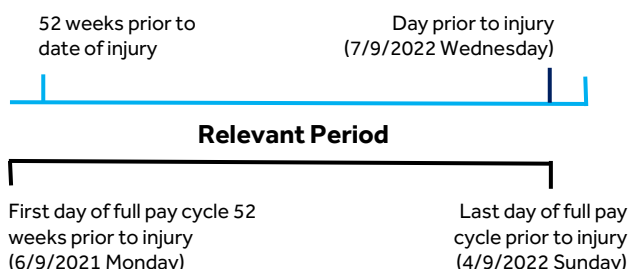
For Workers injured prior to the 21/10/2019, please contact QBE to discuss the calculation of PIAWE.

Aligning Pay Cycles

Where a pay cycle is aligned the PIAWE will be calculated twice, once to align the pay cycles and once without alignment. The non-aligned pay cycle may be used so long as it is not less than the aligned pay cycle calculation.

Where the pay period is aligned to the pay cycle, the PIAWE calculation may use a pay period which starts more than 52 weeks prior to the date of injury, so long as this does not adversely affect the Injured Worker.

Aligning to Pay Cycles



To assist in determining the correct PIAWE, QBE will request pay details for the pay period which covers the date of injury back to the last pay period which started more than 52 weeks prior to the date of injury. This will usually comprise 54 weeks of data.

There will be instances where the PIAWE calculation is non-standard. These may include:

- where the Injured Worker is a trainee or apprentice
- where the Injured Worker has more than one job (concurrent employment).

For further information on what to do when the PIAWE calculation is non-standard, please select the following link:

Minimum PIAWE

The minimum PIAWE is set at \$155 by clause 6 of the *Workers Compensation Regulation 2016*. If an Injured Workers PIAWE is calculated to be lower than the minimum PIAWE, their PIAWE will be deemed to be the minimum amount.

PIAWE Agreements

The PIAWE framework provides the employer and Injured Worker the option to agree on the PIAWE amount to be used for determining the Injured Workers weekly compensation payments. Where an employer and Injured Worker do not enter into an agreement, QBE will calculate PIAWE in accordance with the legislation.

There are requirements that must be met for a PIAWE agreement to be valid. An employer and Injured Worker who have struck an agreement must apply to QBE for approval of the agreement within five days of the initial notification of injury. QBE will review the agreed PIAWE to ensure the amount is fair and reasonable. To assist in determining whether the PIAWE agreement satisfies the fair and reasonable test, it is recommended that the employer provide at least four weeks of wage data to QBE.

The enclosed application form can be used to register the PIAWE agreement with QBE. Please note that an employer and Injured Worker can complete separate forms and forward to QBE.

[PIAWE Agreement Application Form](#)

Interim PIAWE

If QBE has been unable to obtain sufficient information to accurately determine the Injured Workers PIAWE, an interim PIAWE work capacity decision will be made. Once QBE are in receipt of the complete information required, the PIAWE will be recalculated within five working days.

Further information and resources relating to PIAWE can be found as follows:

- [PIAWE Facts Sheet](#)
- [Relevant Period Facts Sheet](#)
- [Aligning Pay Cycle Facts Sheet](#)
- [PIAWE Agreements](#)

Entitlement Periods

The *NSW Workers Compensation Act 1987* sets out different entitlement periods depending on the number of weeks of weekly payments made. Each entitlement period has a formula* used to calculate the number of weekly payments the Injured Worker is entitled to receive.

Entitlement period 1	No Current work capacity	Current Work Capacity	
Weeks 1 to 13 Section 36	The lesser of (PIAWE x 95%) or MAX	The lesser of (PIAWE x 95% - E) or MAX - E	
Entitlement Period 2	No Current Work Capacity	Current Work Capacity and is working 15 or more hrs in a week	Current Work Capacity and is working < 15 hrs in a week
Weeks 14 to 130 Section 37	The lesser of (PIAWE x 80%) or MAX	The lesser of (PIAWE x 95%) - E or MAX - E	The lesser of (PIAWE x 80%) - E or MAX - E
Special Entitlement Period	No Current Work Capacity	Current work capacity and;	
		<ul style="list-style-type: none"> • Has applied in writing before the end of the 2nd entitlement period; and • Has returned to work more than 15 hrs pw and earning more than \$206 (<i>indexed</i>); and • Likely to continue indefinitely to be unable to increase current weekly earnings 	
Weeks 131 Section 38	The lesser of (PIAWE x 80%) or MAX	The lesser of (PIAWE x 80%) - E or MAX - E	

*Table based on calculations on or after 21/10/2019.

There are special provisions for workers with highest needs (section 38A).

E = Workers Current Earnings

Max = Maximum Weekly Compensation Amount (Section 34)

The maximum weekly compensation amount payable (the statutory maximum) is adjusted on 1 April and 1 October each year. Please see the Workers Compensation Benefits Guide on the SIRA website www.sira.nsw.gov.au for the current figure.

Reimbursements of Weekly Payments

QBE will send the employer a liability letter advising:

- the date payments of weekly compensation to the Injured Worker will commence
- the amount of the weekly payment to be made to the Injured Worker

Prior to making a weekly payment, QBE will gather the following evidence to support entitlements. Evidence can include, but is not limited to:

- Certificate of Capacity (requirement)
- Payslips
- Reimbursement schedule.

In some circumstances, QBE will pay benefits directly to the Injured Worker. Examples of when QBE may pay Injured Workers directly include:

- where there has been a break down in relationship between the Injured Worker and employer
- in the circumstance where the Injured Worker is no longer employed with the pre-injury employer.

For QBE to pay the Injured Worker directly, we will request completion of a tax file declaration form to ensure the appropriate tax is taken from their weekly payment and an EFT Authority form to allow for prompt payment.

Reduction of Payments in Compensation

QBE will communicate all changes in weekly payments to the Injured Worker in writing and verbally, where possible.

Statutory Step Downs

QBE will keep Injured Workers informed about their entitlements, including when a step down is going to occur in line with the legislation. QBE will notify the Injured Worker in writing no less than 15 days before a statutory step down in their weekly payment occurs.

Where the Injured Worker is receiving payments directly from their employer, QBE will advise the employer before the statutory step down and will advise the employer of the correct weekly payment to be made after the step down.

Section 39 Notification

Section 39 of the *Workers Compensation Act 1987* outlines that Injured Workers will not have an entitlement to receive more than 260 weeks of payments unless there is an assessment that confirms their permanent impairment is greater than 20%. Where weekly payments are due to cease due to the 260-week limit to weekly payments under Section 39, QBE will provide the Injured Worker with at least 13 weeks' notice, in writing before the cessation of weekly payments occurs.

The written notice will include confirmation of:

- the date on which payments will cease
- the date the last weekly payment will be processed
- supporting documentation, confirming the assessment of permanent impairment where applicable
- the date on which medical entitlements will cease
- information regarding the Injured Workers entitlement to vocational and work assistance programs
- information on how to contact Centrelink
- who to contact for further information (including the Independent Review Office).

Retirement Age Notification

Where benefits are to be affected by the 12-month limit to weekly payments after retirement age or an Injured Worker sustains an injury after retiring age and is only entitled to weekly payments for up to 12-months after the date of first incapacity, QBE will provide Injured Workers with at least 13 weeks' written notice and will provide confirmation of the following:

- the date on which payments will cease
- the date the last weekly payment will be processed
- the date on which medical entitlements will cease
- who to contact for further information (including the Independent Review Office).

Work Capacity Assessment and Decisions

Case Managers are required to conduct Work Capacity Assessment prior to making a Work Capacity Decision. A Work Capacity Assessment is a review of the Injured Worker's functional, vocational, and medical status and is not to be conducted for a Seriously Injured Worker unless requested by the worker. A Work Capacity Decision can be made at any time in the life of a claim.

The type of decisions a Case Manager can make are limited, but include:

- a decision about an Injured Worker's current work capacity (the hours and days they can work, and with what restrictions)
- a decision about what constitutes suitable employment that the Injured Worker can safely work in
- a decision about how much the Injured Worker can earn in suitable employment
- a decision to determine the amount of the Injured Worker's Pre-Injury Average Weekly Earnings (PIAWE) used to determine an Injured Worker's weekly benefit entitlement
- a decision about whether the Injured Worker can engage in certain employment without risk of further injury
- any other decision that may impact entitlements to weekly payments of compensation.

After 130 weeks have been paid, eligibility to continue to receive payments will be assessed by the insurer. For Injured Workers assessed to have current work capacity and a degree of permanent impairment of 20 per cent or less, their weekly payments will stop if:

- They have not applied for continuing payments
- They can work but are not working at least 15 hours a week and not earning more than \$155 a week (as indexed).
- They can work more hours to increase their earnings.

For permanent impairments of 21% or more, if an Injured Worker has not applied for continuing weekly payments they will cease

Injured Workers assessed to have no current work capacity (indefinitely) may continue to receive weekly payments past 130 weeks, this may be limited to 260 weeks in accordance with Section 39. A period of no less than 6 weeks will be provided should weekly payments cease. When conducting a Work Capacity Assessment, the Case Manager will review all available information on file. They may commission specific examinations and reports that the Injured Worker is obligated to attend, such as Independent Medical Examinations or Injury Management Consultations. Reports may be requested from workplace rehabilitation providers that examine the Injured Workers current work capacity and restrictions, work experience and skills, and explore roles that might constitute suitable employment. The Injured Worker will be asked if they have any information to provide for the assessment and following this the Case Manager will provide the Injured Worker with a copy of the documents they have referred to when undertaking a Work Capacity Assessment.

When making a Work Capacity Decision, QBE will communicate the decision to the Injured Worker verbally, wherever possible, and in writing to the Injured Worker and employer (where applicable). In circumstances where a Work Capacity Decision reduces or ceases an Injured Worker's weekly payment, they will be provided with the relevant notice period as per Section 80 of the *Workplace Injury Management and Workers Compensation Act 1998*. The worker will be provided with copies of all the insurer's documents relied upon in making a Work Capacity Decision

Reviewing a Work Capacity Decision

An Injured Worker has the right to ask for a review of a Work Capacity Decision if they disagree with it. In the first instance, the Injured Worker may ask for an internal review of the Work Capacity Decision. An internal review is conducted by a QBE individual who was not involved in the initial decision and not associated with the initial decision made. The internal review will be completed within 14 days of the request for review being received. The Injured Worker may submit all information they believe should be considered during the review, and their submission will be addressed specifically in the decision notice written by the Technical Specialist.

If an Injured Worker disagrees with the internal review outcome, the Injured Worker can lodge a dispute directly with the Personal Injury Commission (PIC) or seek further advice from the Independent Review Office (IRO).

Permanent Impairment

An Injured Worker who sustains an injury that results in a degree of permanent impairment may be entitled to receive a lump sum payment as compensation. This is in addition to their entitlements to weekly payments and medical and related expenses.

Claims for lump sum compensation for injuries that occurred on or after 1 January 2002 are based on an assessment of the Injured Workers degree of permanent impairment (or whole person impairment).

If a claim for lump sum compensation was made on or after 19 June 2012, the Injured Worker must meet the following criteria to be entitled to receive permanent impairment compensation:

- permanent impairment greater than 10% for a physical injury
- permanent impairment of 15% or greater for a primary psychological injury.

The assessment of an Injured Workers' permanent impairment also impacts entitlements to:

- access Work Injury Damages and Commutation
- access domestic assistance beyond three months
- ongoing reasonably necessary medical treatment under Section 59A
- weekly payments after 260 weeks under Section 39.

Assessments for permanent impairment are undertaken by medical specialists who are trained assessors of permanent impairment, with assessments undertaken in accordance with the NSW workers compensation guidelines for the evaluation of permanent impairment. An assessment will take place when an Injured Worker has reached Maximum Medical Improvement (MMI) in that their condition has stabilised and is unlikely to change substantially in the next year, with or without treatment.

An entitlement to a lump sum payment will be assessed on receipt of a lump sum claim being lodged by the Injured Workers' legal representative. QBE has a dedicated team to support the review, investigation, and assessment of permanent impairment, to ensure entitlements are appropriately determined and communicated to the Injured Worker within timeframes prescribed by relevant legislation and in line with regulatory frameworks.

Work Injury Damages

The NSW Workers Compensation legislation allows for modified common law damages where an Injured Worker can demonstrate the employer's negligence caused the injury. Prior to claiming Work Injury Damages (WID) the Injured Workers degree of permanent impairment is required to be determined.

A WID claim cannot be made, unless the following criteria is met:

- the work injury must be the result of employer negligence
- the Injured Worker must have at least 15 per cent impairment and the assessment has been accepted by QBE or determined by the Personal Injury Commission
- the Injured Worker has received all lump sum entitlements for permanent impairment.

QBE has a team of specialist Case Managers who manage all WID claims received. These specialist Case Managers have strong technical knowledge to support the determination of negligence and assess entitlements while implementing injury management strategies and assessing employability, to appropriately manage punitive damages.

Commutation

A commutation is a voluntary settlement of an Injured Workers' remaining entitlements to weekly benefits and medical expenses by way of a lump sum payment. For Injured Workers who have sustained a catastrophic injury (as defined in Part 9 of the Workers Compensation Guidelines), they are only able to commute their weekly benefit entitlements. Injured Workers with a catastrophic injury will have an ongoing entitlement for medical, hospital and rehabilitation expenses.

Workers who are not considered catastrophic can commute both their entitlement to weekly benefits and medicals.

To be eligible for a commutation, the following pre-conditions must be met:

- the Injured Worker must have at least a 15 per cent impairment
- the Injured Worker has received all lump sum entitlements for permanent impairment
- a period of at least two years has elapsed since the first claim for weekly compensation for that injury was made
- all opportunities for injury management and return to work have been fully exhausted
- the Injured Worker has been in receipt of continual weekly compensation benefits for the preceding six months
- the Injured Worker has an existing and continuing entitlement to weekly compensation
- the Injured Worker has not had weekly compensation benefits terminated due to failure to comply with return to work obligations under Section 48A of the *Workplace Injury Management and Workers Compensation Act 1998*.

Commutations must be approved by the State Insurance Regulatory Authority (SIRA) as per Section 87EA of the *Workers Compensation Act 1987* and registered with the Personal Injury Commission. Once the commutation has been registered, QBE are required to process the lump sum payment to the Injured Worker within seven days of the registration.

Treatment and Medical Intervention

Determining Reasonably Necessary Treatment

Medical treatment, hospital and rehabilitation services provided to Injured Workers must be reasonably necessary in relation to their workplace injury and require approval of the QBE Case Manager prior to commencement. Treatment that is not approved prior may not be payable, except for the first 48 hours after the injury occurs or where exempt in line with accessing treatment without pre-approval under Section 60 of the *Workers Compensation Act 1987* and the SIRA Guidelines for Claiming Workers Compensation.

The Injured Worker can claim medical treatment or services including hospital and rehabilitation. An Injured Worker (and escort if required and approved by QBE) who needs to travel for an approved treatment or service is also able to claim for reasonable fares and travel costs.

QBE will ensure reasonably necessary treatment is approved by reviewing and gathering relevant evidence, contacting stakeholders, facilitating case conferences and/or written communication with medical and allied health practitioners. These interactions will include confirming the nature of prior similar injuries, arranging necessary investigations, requesting, and discussing treatment plans and confirming appropriate review points and approval limits. QBE will determine treatment requests by applying the criteria of reasonably necessary treatment as set out by the SIRA Guidelines for Claiming Workers Compensation and ensuring treatment is evidence based, facilitates recovery, and promotes recovery at work and independent self-management, when appropriate.

When a medical treatment or service request is received, QBE Case Managers will acknowledge receipt and inform the Injured Worker of the status of the request within 10 working days as per the SIRA Standards of Practice. QBE must within 21 calendar days either accept or dispute liability for the treatment or medical expenses. QBE will ensure that any treatment approved is in accordance with Sections 59 & 60 of the *Workers Compensation Act 1987* and the SIRA Guidelines and will ensure providers have the appropriate qualifications or SIRA approval to operate and provide treatment or services within the NSW Workers Compensation Scheme Allied Health Services, including Physiotherapy, Chiropractic, Osteopathy, Exercise Physiology, Psychology and Counselling can only be provided by an Allied Health Provider that is

approved by SIRA to provide services in the NSW Workers Compensation Scheme (interstate providers are exempt from this rule). Where a request for treatment with a “Non-SIRA approved” practitioner is received, QBE Case Managers will advise the Injured Worker of this requirement and will advise of options available to the Injured Worker to locate a SIRA-approved practitioner.

Interstate allied health practitioners providing treatment services to a NSW worker outside of NSW do not need to be approved by SIRA. In these instances, the QBE Case Manager will contact the interstate practitioner and request adherence with NSW workers compensation scheme requirements as outlined in the *“Workers compensation guide for allied health practitioners,”* including submission of an Allied Health Treatment Request for approval for treatment and adherence with SIRA Billing Practices. Where the practitioner chooses not to adhere to these requirements, the QBE Case Manager will negotiate agreed terms with the practitioner and/or work with the Injured Worker to find an appropriate practitioner.

Where complex treatment requests have been received, QBE Case Managers can refer internally to their specialist team and utilise resources such as the Official Disability Guidelines (ODG) and icare’s Medical Support Panel to assist with decision making.

Declining a Request for Treatment

Requests for medical treatment must be decided by QBE within 21 days from the date requested in writing. In some instances, when the information required to make the decision is not available within the timeframes, the Case Manager may elect to decline the treatment, and advise the Injured Worker they will revisit the decision when the missing information is made available. All dispute decisions for treatment requests are peer reviewed by the Case Managers specialist support team and/or Service Manager prior to the decision being formally served on the Injured Worker (or their nominated representative).

If QBE does not believe that a particular medical or related treatment is reasonably necessary, we will issue a formal document called a Section 78 notice, informing that the treatment request has been disputed. The notice will include an explanation of what was reviewed, the decision and how it was reached. The notice will also explain the Injured Worker’s rights and

how the decision can be formally reviewed. If an Injured Worker elects to request a review of the decision, the review will be conducted by icare's Dispute Resolution and Litigation team, with the reviewer not being involved in making the original decision. The review and outcome will be issued as a formal document called a Section 287A review and will be completed within 14 calendar days.

If an Injured Worker still believes the decision is incorrect, they are entitled to refer the matter to the Personal Injury Commission (PIC) as an Application to Resolve a Dispute. The Injured Worker is entitled to receive assistance from a lawyer to guide them through the process. Legal fees incurred in this process are paid by the Independent Legal Assistance and Review Service (ILARS), a division of the Independent Review Office (IRO). At the PIC, parties are taken firstly through teleconference, then to mediation and arbitration. Some medical matters that cannot easily be resolved can be referred by the PIC to an Approved Medical Specialist (AMS). An AMS' findings are generally binding, and all parties will be obliged to implement the findings.

Medical Payments

QBE will process medical, hospital, rehabilitation payments and reimbursements for expenses that do not require pre-approval or for which pre-approval has been obtained as soon as practicable on receipt of relevant documentation that meets SIRA's standard invoicing requirements.

Payments will be processed in accordance with the SIRA Standard of Practice with payments provided no later than 10 working days from receipt of a valid invoice for approved treatment, or within a provider's terms (whichever is later).

QBE will also ensure:

- rates and items billed align with approvals
- rates do not exceed the maximum amount prescribed by any relevant Workers Compensation fee orders
- invoices contain all relevant information, including application of GST where appropriate
- where invoices or receipts are illegible or submitted more than 12 months after treatment and there may be a delay in payment of an invoice or receipt, QBE will advise the relevant party of the reason for delay and the anticipated resolution time, within 10 working days of receipt of the invoice.

Section 59A Notification

Section 59A of the *Workers Compensation Act 1987* provides a defined timeframe and extent where medical and related treatment can be paid on a claim.

A claim may be medically exiting due to one of the following circumstances:

- the Injured Worker's weekly benefit entitlements ceased following application of Section 39
- the Injured Worker's weekly benefit entitlements ceased following application of a Work Capacity Decision
- the Injured Worker's weekly benefit entitlements ceased following one-year post retirement age
- the Injured Worker returned to work with no further time lost or wages reimbursed (where weekly benefit entitlements have not been exhausted) and still requires active treatment
- the Injured Workers claim has been a medical only claim, with no weekly benefits claimed since the date of injury.

The period of medical entitlements will vary and will be determined by an Injured Worker's degree of permanent impairment.

Assessed level of permanent impairment	Compensation period from when weekly payments cease, or from date of claim if no weekly payments made
0-10%	Two years reasonably necessary medical entitlement
11-20%	Five years reasonably necessary medical entitlement
>20%	Reasonably necessary treatment for life

The limitation of medical benefits does not apply to the provision of crutches, artificial members, eyes or teeth and other artificial aids or spectacles (including hearing aids and hearing aid batteries).

QBE proactively identifies and reviews claims that are reaching the end of their medical entitlements under Section 59A. Case Managers provide notice of medical cessation, 13 weeks prior to the cessation through phone contact and written correspondence, sent to the Injured Worker, Employer (if applicable), Nominated Treating Doctor, and any current treatment providers

to advise that entitlement to medical or hospital treatment and rehabilitation expenses for the injury are coming to an end.

To support Injured Workers through the medical cessation process, Case Managers will commence goal planning and discussing external support services and programs that can continue to support the Injured Workers' health. Injured Workers are encouraged to speak with their Nominated Treating Doctor to plan their transition and access to treatment outside of the Scheme.

Independent Opinions

From time to time, claim stakeholders may disagree over the causation for a workplace injury, capacity for work, or the necessity for a particular form of medical or related treatment. In the first instance, QBE will gather all relevant information available to inform the decision and will engage with the claim stakeholders to work through the request for treatment.

Medical Support Panel

QBE may utilise icare's Medical Support Panel (MSP) for further opinion and views regarding medical causation and appropriate medical treatment pathways. The MSP can address medical questions and concerns by leveraging their panel of medical specialists who review relevant case information and comprehensively assess the medical management of an Injured Workers claim. Referral to the MSP can potentially assist in expediting the decision-making process for treatment and medical interventions.

QBE is required to refer to the MSP for new, novel, and experimental procedures and therapy requests. Referral for these procedures is required as there is limited long-term evidence available regarding their efficacy and safety. Examples of new and emerging procedure and therapy requests include stem cell therapy, medicinal cannabis, and therapy animals for mental health disorders. The utilisation of new, novel, and experimental procedures and therapy requests require ongoing monitoring and oversight by icare and the MSP to assist with determining their application in the NSW Workers Compensation Scheme.

Injury Management Consultant

When stakeholders to a claim disagree about an Injured Workers' capacity to work, or when return to work by an Injured Worker appears to be taking longer than expected, there are a number of options available to address these concerns.

In the first instance, QBE will review the available evidence and speak directly with the main stakeholders about how the return to work is progressing. This usually means speaking with the Nominated Treating Doctor, Injured Worker, employer, allied health providers and workplace rehabilitation provider (if applicable). Sometimes these discussions will identify the need for further investigations or reports that may provide clarity about an Injured Workers' capacity to work, their treatment and return to work needs or services they may need to engage in to assist with the Injured Workers' recovery and return to work. At other times, parties will have all the required information, but cannot agree on the Injured Workers' capacity or the return to work plan which will result in obtaining independent advice.

When the Case Manager, Injured Worker and Nominated Treating Doctor cannot agree on capacity or the pace of return to work, the Case Manager may refer externally to an Injury Management Consultant (IMC). IMC's are appointed by SIRA and are registered Medical Practitioners experienced in occupation injury and workplace based rehabilitation.

Referral to an IMC may be required in the following circumstances:

- an Injured Worker has been identified to be at risk of a delayed recovery
- a specific return to work or injury management issue has been identified
- referral has been requested by the Injured Worker (or their representative), employer, Nominated Treating Doctor or other treating practitioner.

An IMC is expected to assess the situation, examine the Injured Worker (if necessary), and discuss possible solutions with all parties (particularly the Nominated Treating Doctor).

IMC's may also discuss the following with the Injured Workers Nominated Treating Doctor:

- diagnosis
- barriers to recovery at/return to work and solutions to overcome these
- suitability of potential work options
- how the NSW Workers Compensation Scheme operates and the role and obligations of the Nominated Treating Doctor and Injured Worker
- the importance of timely, safe, and durable recovery at/return to work

- obtaining agreement on fitness for work, prognosis for recovery and timeframes for the recovery at work plan
- treatment (if IMC agrees this is required).

There are three types of referrals that can be made to an IMC:

- Stage 1 – File review
- Stage 2 – File review and discussion with the Nominated Treating Doctor
- Stage 3 – File review, assessment of the Injured Worker and discussion with the Nominated Treating Doctor.

An IMC assesses the nature of the problem and attempts to mediate a solution. The role of the IMC is distinctly different from that of the Independent Medical Examiner. The IMC's role is not to:

- determine causation or liability
- undertake a functional capacity evaluation or any formal assessment of work capacity for the insurer for the purpose of assessing work capacity.

Independent Medical Examinations

Independent Medical Examinations (IME) are impartial assessments based on the best available evidence. It is undertaken by appropriately qualified and experienced Medical Practitioners for the purposes of providing information to assist with the Injured Workers injury and claims management.

QBE follows the SIRA Guidelines for Independent Medical Examination and Reports and Section 119(4) and Section 376 of the *Workplace Injury Management and Workers Compensation Act 1998*.

Referral for an IME is appropriate where there are concerns or clarification is required that relate to:

- the diagnosis reported by the Injured Worker or diagnosed by their Nominated Treating Doctor
- determining the contribution of work incidents, duties and/or work practices to the injury
- whether the need for treatment results from the injury and is reasonably necessary
- recommendations and/or need for treatment
- capacity for pre-injury duties and hours
- prognosis and timeframe for recovery and return to work

- capacity for their work/duties and suitable employment options.
- what past and/or ongoing incapacity results from the injury
- physical capabilities and any activities that must be avoided.

Before referring for an IME, the QBE Case Manager will attempt to resolve the issue with treating practitioners. If further information from the treating doctor and providers is inadequate, unavailable, or inconsistent and we are unable to resolve the problem directly with the treating providers, we would be satisfied that sufficient grounds have been met to proceed with arranging an IME.

QBE will provide an Injured Worker with reasonable notice when arranging an IME. The Injured Worker will be notified in writing at least 10 working days before the examination takes place. QBE will provide the Injured Worker with three options for choice of medical examiner and will advise the Injured Worker that failure to attend the examination or obstruction of the examination may lead to a suspension of weekly compensation, and/or the right to recover compensation under S119 of the 1987 Act.

Independent Consultants

Sometimes treatment disputes relate to the reasonable necessity of ongoing treatment, particularly when treatment has continued for a period longer than normally expected for an injury. SIRA accredits Physiotherapists, Chiropractors, Osteopaths and Psychologists to act as Independent Consultants to provide an independent peer review of allied health practitioner treatment in the NSW Workers Compensation Scheme.

The level of investigation undertaken by these Independent Consultants varies from:

- Stage 1 – File review
- Stage 2 – File review and discussion with the treating allied health provider
- Stage 3 – File review, full examination of the Injured Worker and discussion with the treating allied health provider.

Independent Consultants will also speak directly with allied health providers when needed and can help bridge the communication gap by speaking peer to peer when necessary.

Independent Consultants may:

- review and advise on the appropriateness of further treatment
- work with the treating practitioner to decide future treatment content, the duration that will achieve the best outcome for the Injured Worker and increase the Injured Workers' capacity for work
- advise the treating practitioner, QBE and the Injured Worker on the ongoing need for treatment
- educate allied health practitioners about the NSW Workers Compensation Scheme and the treatment approach most likely to achieve positive outcomes for the Injured Worker
- complete a biopsychosocial assessment of the Injured Worker with consideration given to their diagnosis and prognosis to identify and discuss barriers to recovery at work and/or psychosocial risk factors for delayed recovery and work loss.

The Independent Consultant's role is not to:

- determine causation or liability of a claim
- undertake a functional capacity evaluation or any formal assessment of work capacity for the insurer for the purposes of assessing work capacity.

Provider Management

QBE maintains effective relationships with third-party service providers, including legal, rehabilitation, investigators, and medico-legal providers. We work closely with both panel and non-panel third-party service providers to ensure they are engaged in a timely manner, referrals are effective, costs are actively managed and services are monitored for quality and outcomes.

The management of third-party service providers is undertaken in accordance with our Supplier Management Framework. The framework is embedded into our sourcing activities, contract implementation and performance management throughout the supplier engagement. The framework defines the methodology for selecting and engaging with suppliers in a way that creates value for QBE and our customers. The framework includes:

- governance structures (Service Level Agreements, risk and compliance)
- reviews of quality and outcomes using both financial and qualitative measures
- quality assurance checks.

Regular meetings are undertaken with providers to discuss performance and exchange information on the expectations of QBE and the Scheme.



Finalisation

Closing a Claim

A claim will be considered for finalisation in the following circumstances:

- **Return to Work:** The claim can be closed when the worker has successfully returned to pre-injury duties or other suitable employment with no further treatment required.
- **Completion of Entitlements:** Claims are finalised when all compensations, such as weekly benefits and medical treatments, have been fully provided, and no further payments are due or expected.
- **Reaching Statutory Limits:** Claims are finalised when statutory limits, such as reaching pension age or exhaustion of medical entitlements under Section 59A of the 1987 Act have been met.
- **Resolution of Legal Matters:** Claims can be closed when legal settlements, such as commutations or recovery of damages, are completed, and no further entitlements are required.
- **End of Medical Necessity:** When a worker's condition has stabilised, and no additional medical interventions are expected or approved, the claim may be ready for closure if there is no entitlement to ongoing weekly benefits.
- **Worker's Passing:** If a worker passes away, the claim is finalised once all death benefits and related entitlements have been disbursed.

Prior to finalisation the Case Manager will contact all stakeholders to ensure the claim is suitable for finalisation.

The Case Manager will also confirm the conversation in writing and issue a finalisation letter to the Injured Worker and employer. The finalisation letter will notify of the date the claim was closed, confirm the date on which medical benefits will cease (where applicable) and will advise to contact QBE if the Injured Workers' injury or circumstances change, and additional treatment or time off work is required due to the work-related injury.

Reopening a Claim

QBE Case Managers will review each request for a claim to be reopened by determining the nature of the request, review entitlements based on legislative and regulatory requirements and ensure liability is communicated to all stakeholders.

A finalised claim may be reopened under the following circumstances:

- liability is accepted for a recurrence of the injury
- the Injured Worker requires additional treatment or surgery for the injury, and it falls within the Section 39 or Section 59A provisions
- litigation proceedings or legal matters received
- administrative purposes for correcting data or further payments/recoveries.

The Case Manager will assess information received and determine if the claim is to be reopened by:

- contacting stakeholders to determine the nature of the reopening
- obtaining facts and medical evidence and referring for further investigations as required
- assessing if a new liability decision is to be determined for entitlements for weekly benefits and treatment expenses (in accordance with legislative and regulatory timeframes)
- developing an Injury Management Plan
- calculating PIAWE (if necessary).

Reopened claims will require ongoing case management and will be allocated to the most appropriate Case Manager or team, with both the Injured Worker and employer notified via phone and written correspondence.

Other

Claim Handover

Claim transition is a critical moment in the customer's experience. To reduce frustration and concern for our Injured Workers and employers, QBE adopts a collaborative claim transfer process where the Injured Worker is at the centre of the process. The focus is on ensuring a seamless transition from one Case Manager to another without any requirement for the Injured Worker to re-tell their story.

Summary claims handover process is as follows:

- Claim identified for hand over
- Outgoing Case Manager will ensure all activities and data are up to date and will complete a handover review template on file to summarise these
- As part of this review contact will be made with the Injured Worker and Employer to notify of the change
- The incoming Case Manager within 10 days of receipt will action a Change of Case Manager letter to the Worker and Employer
- Review the handover file note for detailed background to claim and arrange calls with stakeholders.

Information and Record Management

Records and information are managed in line with NSW Legislation, the Managed Fund Claims Privacy Management Plan and QBE Policies.

Injured Workers may request access to their personal and health information in line with the SIRA Standard of Practice. Information will be provided in a convenient and timely manner. Access to their personal and health information will be provided in accordance with relevant privacy and workers compensation laws.

QBE is required to:

- advise Injured Workers of their right to access their personal and health information
- ensure third-party service providers are aware that any report provided in relation to an Injured Worker may be released to the Injured Worker
- Respond to any request by an Injured Worker (or their representative) for information contained in the claim file, within 10 working days from receipt of the request.

There may be circumstances where exceptions may apply to the provision and release of the Injured Workers personal and health information. In the event of concerns over releasing information directly to the Injured Worker (e.g., there is a potential risk of harm to the Injured Worker or someone else), consideration will be given to releasing the information via their Nominated Treating Doctor or legal representative.

Privacy and Confidentiality

At QBE we take privacy seriously. It is most important, therefore, that we have the required and appropriate systems and processes in place to help ensure the security and accuracy of any personal information we need to collect and use.

QBE claims staff and contractors must adhere to the MFC Privacy Management Plan (The Plan) which outlines our obligations in relation to the NSW Privacy Laws including:

- *Privacy and Personal Information Protection Act 1998*
- *Health Records and Information Privacy Act 2002.*

The Plan details how QBE will collect, store, use and disclose personal and health information collected about Injured Workers. Specific QBE employees will be entitled to access claim files including:

- other claims staff, for example: to respond to telephone calls when the designated Case Manager is absent or for bi-annual review purposes
- internal audit department and national claims staff – for periodic review purposes
- icare and SIRA for periodic review purposes
- when file documents are subpoenaed, the file will be reviewed by our claims team before the file is submitted to court. QBE's claim team will assess the file and indicate which documents, if any, are subject to legal professional privilege
- access to the Workers Compensation area of our offices is restricted to employees who are provided with a security pass. Access to all levels of QBE is monitored.

QBE's Privacy Policy is available at:

[Privacy Policy | QBE AU](#)

If a privacy breach occurs, full details are to be provided to the Information Officer and notified to icare's National Manager, Workers Compensation.

Fraud

QBE recognises non-genuine claims, including fraudulent claims, pose a significant financial and reputational risk to the Scheme. QBE has a dedicated Investigation and Claim Support Team who support our Case Managers with investigative expertise to assist with the identification, investigation, and reporting of claims. Their main function includes:

- drafting instructions for factual investigations to make sure pertinent facts are obtained
- where surveillance is approved, they develop appropriate strategies to mitigate the risk of compromise and obtain 'best evidence' in a cost-effective manner
- develop strategies to deal with suspected fraudulent activity.

If you would like additional information on how we manage fraud, or have concerns relating to potential fraudulent matters, please contact your Case Manager.

Factual and Surveillance Investigations

Factual Investigations are sometimes required to assist in determining liability for a claim. Factual investigations will only be used when necessary and will always be undertaken in a fair and ethical manner.

If QBE require an Injured Worker to participate in a factual investigation, we will advise the Injured Worker in writing at least five working days* before the proposed interview and will provide confirmation of the following information:

- the purpose of the factual investigation and the contact details of the investigator
- the anticipated duration of each interview, which is expected to not exceed two hours
- the Injured Worker can nominate the place of the interview and may have a support person (including a union representative) present
- the Injured Worker may request an interpreter (if required) who does not count as a support person
- the Injured Worker will receive a copy of their statement or transcript within 10 working days of the interview
- the Injured Worker can identify witnesses to be considered as part of the investigation

- advice to the Injured Worker that they are not obligated to participate in the factual investigation, however the factual investigation may be used to help determine the liability for their claim.

* If a shorter timeframe is required due to exceptional and unavoidable circumstances, a reduced timeframe is to be agreed to by all parties.

Surveillance can play an important role in the Workers Compensation Scheme but can significantly erode the Injured Workers trust. Decisions to engage surveillance services will be based on firm evidence, surveillance will be conducted in an ethical manner, and information obtained through surveillance will be used and stored appropriately. QBE will only conduct surveillance when:

- there is evidence that the Injured Worker is exaggerating an aspect of the claim or has provided misleading information related to a claim and we reasonably believe the claim is inconsistent with information in our possession, or we reasonably believe fraud is being committed
- we cannot gather the information required through less intrusive means and the benefit of obtaining the information outweighs the intrusion into the Injured Workers privacy, and
- the surveillance is likely to gather the information required.

Prior to undertaking covert surveillance, QBE will make an application to icare for approval. QBE will ensure that any surveillance request meets the following requirements:

- the scope and duration of the surveillance is clearly articulated
- surveillance is only conducted in or from places regarded as public
- the surveillance does not interfere with the Injured Workers' activities while under observation
- the surveillance does not include any acts of inducement, entrapment, or trespass including the use of social media with the intention to induce, trap or deceive
- the surveillance is undertaken in a way that demonstrates sensitivity to the privacy rights of children, 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
- recordings and any other materials collected are stored securely.

Recoveries

QBE is responsible for identifying, investigating, and initiating recovery actions. These include:

- Third Party Recoveries
- Overpayments

Third Party Recoveries

Under Section 151Z of the *Workers Compensation Act 1987*, some or all compensation may be recovered and sought from a third-party if they have been responsible for the injury a Worker sustains.

The following incidents may be subject to a potential right of recovery from a negligent third-party:

- Motor Vehicle Accident Claims – if the Worker was driving during the course of employment
- Public Liability – if the Worker is injured in the course of employment or during a valid recess (this includes trips, slips, and falls on premises, roads, car parks and in supermarkets)
- Occupiers Liability – if a Worker is injured on a site that is not occupied or controlled by the employer, but by a third-party.

QBE undertakes screening to determine whether any third-party recoveries are to be pursued within 15 working days of receipt of a new claim. The screening process confirms investigations to be undertaken to determine whether a recovery is relevant and the outcome of the investigations.

Where a recovery potential is identified, the Case Manager (where required) will instruct solicitors from icare's legal panel to recover the money on our behalf, with the recovery process being run independent of the management of the Workers Compensation claim and injury management process.

Overpayments

QBE is committed to paying entitlements and supporting Injured Workers access to benefits and services, that are fair and reasonable. QBE is focused on proactively managing the payment of benefits and services through efficient claims management practices and ensuring payments do not exceed the maximum amount prescribed by any relevant Workers Compensation fee orders to ensure we minimise the chance of overpayments occurring.

Overpayments may occur due to payment amounts being incorrect, payments being processed to the incorrect payee, or payment having already been reimbursed for the same service/date/amount (duplicate payment). QBE monitors and investigates overpayments on a regular basis through the provision of a duplicate payments report. Where an overpayment has been identified, QBE will communicate with the parties in a fair and transparent manner, with confirmation being provided verbally and in writing as to the detail(s) of the payment made in error and the process for the payment to be reimbursed.

Where the overpayment relates to a payment processed to an Injured Worker, QBE will consider the individual facts and circumstances of the matter and will seek recovery of the overpayment when it has been identified that it will not cause financial hardship to the Injured Worker. Informed consent will be obtained from the Injured Worker prior to commencing any repayment arrangement.

Medicare and Centrelink Clearance

Medicare

Where an Injured Worker has a judgement or settlement in their favour and are currently (or were previously) in receipt of benefits provided through a government program and the benefits relate to treatment and care costs where QBE is liable, QBE will advise Services Australia (Medicare) within 28 days. QBE will confirm:

- details of the judgement
- details of the settlement
- the reimbursement arrangement.

Medicare History Statement/Notice of Charge

QBE will proactively engage with Services Australia (Medicare) to ensure the correct attribution of medical costs.

QBE will determine whether to request a notice of past benefits from Services Australia in the following circumstances:

- an application for dispute resolution has been lodged with the Commission (excluding disputes that relate only to a Work Capacity Decision)

- liability has been accepted for a condition that is contracted or caused by gradual process or that may be an aggravation of a disease
- there is a retrospective entitlement to compensation (when liability or medical expenses have been disputed but subsequently accepted six months or more after the liability dispute date), or
- a settlement of a claim for compensation is initiated and will exceed \$5000.

Where identified as appropriate a notice of past benefits will be initiated within five working days of the relevant event.

Centrelink

QBE will promptly provide appropriate documentation to Centrelink within five working days in line with Standard of Practice 27 when:

- settlement occurs from a commutation or damages matter, or other matters have settled in the Commission, and
- in the case of an Injured Worker whose entitlements have been affected by delays or reconsideration of entitlements, outstanding amounts owed to the Injured Worker will be calculated by QBE.



Quality Assurance Systems

QBE’s approach to Quality Assurance (QA) is designed to ensure continuous improvement in claims management and capability, and compliance with the requirements of the Workers Compensation Regulatory framework, including:

- Workers Compensation Legislations and Regulations
- SIRA Standards of Practice and Workers Compensation Guidelines

QBE’s QA approach and associated activities focus on quality at every level:

- Case Management – independent QA reviews undertaken by members of the Contract and Governance team, with 1:1 feedback provided on the outcome of reviews.

- Team Effectiveness – leader’s review of performance and provision of coaching for acknowledgement and development
- Portfolio Performance – portfolio reviews respond to emerging Scheme trends and effectiveness of controls.

Outcomes from all reviews is collated to maintain a holistic view of quality at QBE.

Quality Assurance Framework

QBEs QA Approach is documented and reviewed annually to ensure our focus remains current to industry trends and needs and remains aligned to the individual needs of Case Managers and the uplift of their performance, leading to improved outcomes for injured workers and their employers.



Management of Fatality Claims

Claims arising out of a work-related death of a Worker requires proactive and sensitive management to ensure families and other parties involved are provided with appropriate and timely support. QBE will manage fatality claims with empathy and respect, with liability decisions and payments of entitlements prioritised.

Fatality notifications and claims are managed by specialised Case Managers who have an extensive case management background. These Case Managers are supported by their Service Manager who will meet regularly with the Case Manager to review the notification and assist the Case Manager in determining appropriate actions and investigations required. The length of time to investigate a fatality will be dependent on the type of incident and availability of information.

The QBE specialised Case Manager will undertake the following activities:

- contact the employer, Worker's family, the family's legal representative and other appropriate parties within five days of being notified of the death
- explain QBE's role and answer any questions the parties may have
- seek to understand how they can best support each party
- provide clear information and guidance around the claims investigation process and information required to determine liability
- commence the investigation process within five

days of being notified of the death, including referring for a factual investigation and legal provider assistance to assist with the determination of liability

- provide monthly progress updates throughout the investigation
- provide a liability decision verbally and in writing.

If liability for a fatality claim is accepted, the Worker's dependants or estate are entitled to:

- a lump sum death benefit
- weekly compensation payments for dependent children up to the age of 16 (or 21 if they are in full time education)
- funeral expenses (to a maximum of \$15,000).

In the circumstances where more than one dependent or potential dependent is identified, QBE will:

- seek the details of all persons who may have an entitlement, including potential dependents who may be eligible for the lump sum benefit and potential children who may be eligible for weekly payments
- write to all persons who may have an entitlement to advise them they may be able to claim in relation to the lump sum benefit, the need to lodge an application to the Commission for apportionment of the lump sum, the nature of proceedings in the Commission and the availability of funding for independent legal advice through the Independent Legal Assistance and Review Service (ILARS).

Feedback and Complaints

Complaints Management

QBE promotes a customer-focused service model. We are responsive to our customers and their feedback. We aim to provide fair and respectful outcomes and are committed to keeping our customers informed along the way. When complaints happen, we listen, act, and learn from them.

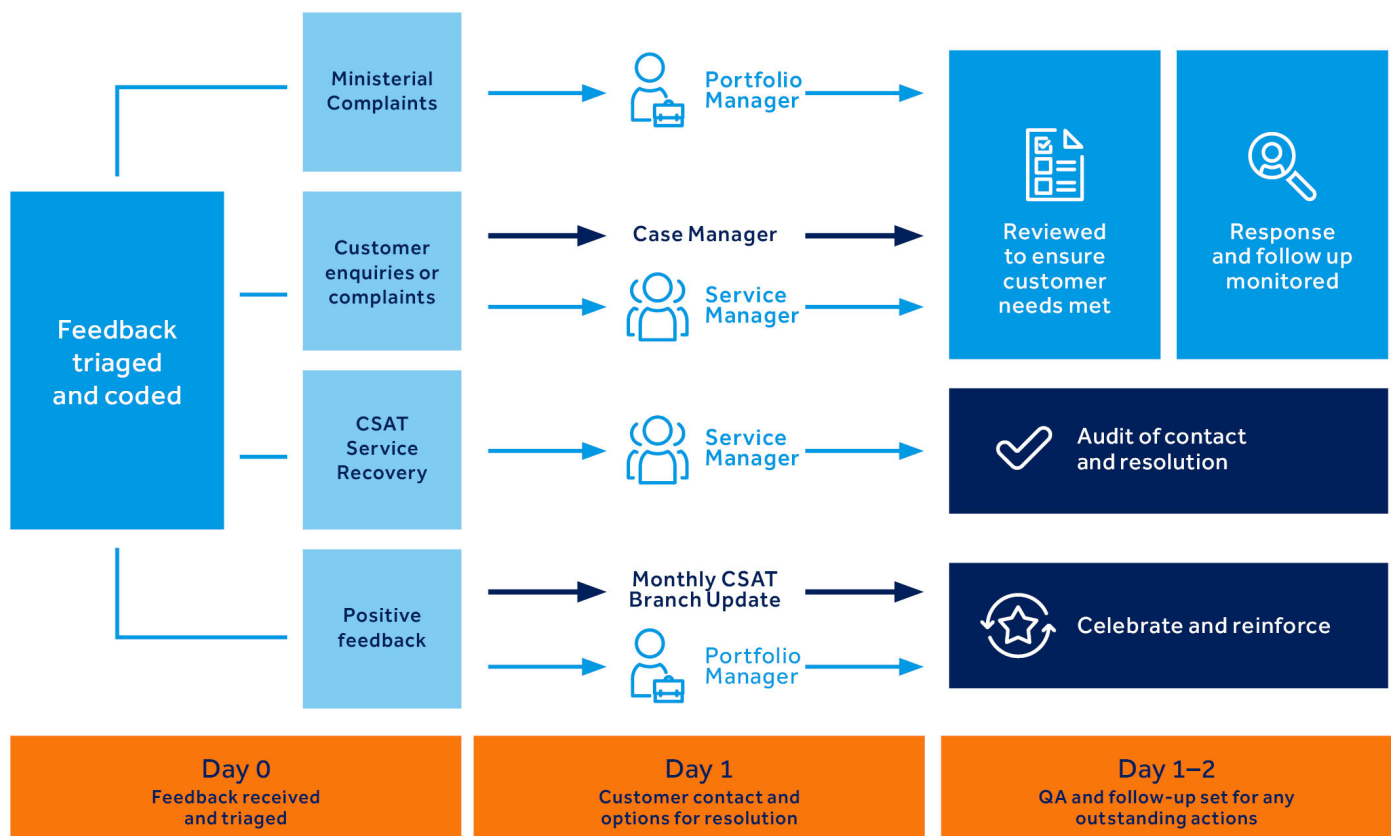
A dedicated case manager serves as the primary point of contact for all enquiries and complaints. If the initial response does not meet expectations and an Injured Worker or employer wishes to provide feedback on the services provided by QBE, they may reach out to us directly through one of the following options:

- Email: nswcustomercare@qbe.com
- Telephone: 02 9375 4444
- Mail: GPO Box 9972, Sydney NSW 2000

Feedback Review Process

QBE expects to resolve complaints and disputes in a timely manner. QBE will manage complaints and disputes by collaborating with our customers to discuss the complaint and agree on a mutually agreeable solution.

For more complex matters where we may be unable to provide a complete resolution within two business days, QBE will provide a response which outlines the actions we have undertaken, our ongoing plan to resolve the complaint and a timeframe for resolution. QBE will aim to resolve all complaints and disputes within 21 business days.



Unresolved Complaints or Issues

If QBE is unable to resolve the complaint to the satisfaction of the customer the matter can be escalated and lodged by contacting the following stakeholders:

- icare – escalated complaints relating to Workers Compensation claims, can be made with the icare Complaints Resolution Service team:

Telephone: 13 99 22

Email: wicclaimsenquiries@icare.nsw.gov.au

- State Insurance Regulatory Authority (SIRA) – employers and providers with unresolved complaints can contact SIRA:

Telephone: 13 10 50

Email: contact@sira.nsw.gov.au

- Independent Review Office (IRO) – Workers with an unresolved enquiry or complaint can contact IRO:

Telephone: 13 94 76

Email: complaints@iro.nsw.gov.au

- Personal Injury Commission (PIC) – Workers Compensation matters relating to disputes regarding liability, medical and injury management matters can be escalated to PIC:

Telephone: 1800 742 679

Email: help@pi.nsw.gov.au

Dispute Resolution

Where QBE has disputed liability for the Injured Workers claim or a specific component of the claim, the legislation allows an Injured Worker to request a review of the decision prior to the dispute being referred to the Personal Injury Commission for determination.

Where an application for review has been received for decisions relating to the calculation of an Injured Workers Pre-injury Average Weekly Earnings or a Work Capacity Decision, QBE will undertake a review of the decision and advise of the outcome of the review within 14 calendar days of the request being received. The review will be undertaken by an independent reviewer who was not a part of the initial decision-making process.

Where an application for review has been received for a decision relating to liability for the claim or liability for a medical or treatment related expense, icare's Dispute Resolution and Litigation team is responsible for undertaking the review on QBE's behalf. The assigned icare reviewer will undertake a review of the decision and advise of the outcome of the review within 14 calendar days of the request being received.

Litigation

If an Injured Worker disagrees with the internal review outcome, the Injured Worker can lodge a dispute directly with the Personal Injury Commission (PIC).

For liability matters escalated to the PIC, QBE will collaborate with the employer to gain agreement of the actions to be undertaken, and where appropriate will obtain legal advice from the preferred solicitor.

QBE will participate in Commission teleconferences, conciliations, arbitrations, and mediations in accordance with the SIRA Standards of Practice.

Employment Management Practices

Providing Education and Information to Employers about their Obligations

QBE has a range of resources and supports available to employers to assist them to navigate the Workers Compensation Scheme. Our role is to guide and translate Scheme requirements into meaningful employment and health outcomes for employers and Injured Workers.

Support and resources available to employers include:

- a dedicated Case Management Team that includes a Case Manager, Service Manager, Technical Specialist, and Injury Management Advisor
- an Account Manager who will educate and link employers to resources within icare's Mobile Engagement Team and SIRA funded programs
- an online learning and development platform QAcademy, which allows QBE to educate and share our risk insights and expertise.

Claims Data Analysis

QBE regularly analyses our portfolio of customers to identify injury trends and hotspots. This allows QBE to work with our customers on identifying specific strategies and support programs available to assist with driving improvements in performance.

Injury Prevention Strategies

QBE's Customer and Partnership Team are focused on building strong relationships with our employers by providing support with injury prevention initiatives, identifying innovative solutions to mitigate risk and deliver learning to support the health and wellbeing of their employees.

For more information or to reach out to our Customer and Partnership Team, please email customereducation.mfc@qbe.com.

Injury Management Program Communication

The information contained within this Injury Management Program is designed to assist employers in developing their Return to Work Program. The Injury Management Program is accessible to employers via the QBE Workers Compensation Insurance website ([Workers Compensation Insurance | Workers Comp | QBE AU](#)).

Additionally, QBE's Key Account Team regularly communicate with employers and share the Injury Management Program with employers to ensure all employers are provided with appropriate access to the program.





QBE Insurance (Australia) Limited
388 George Street, Sydney NSW 2000
qbe.com

QM9750-0625