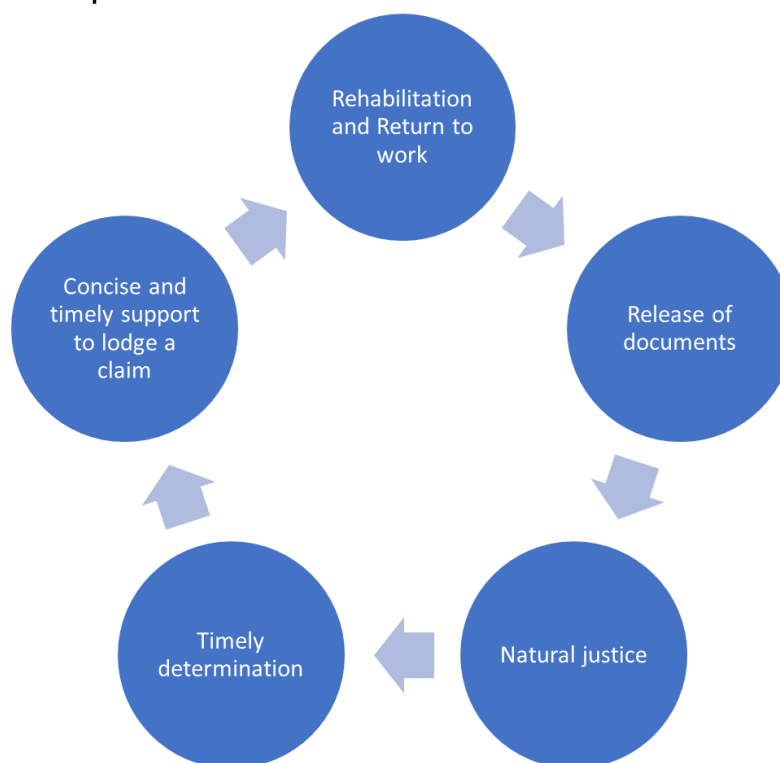


ASIEQ Forum – 16 February 2022

Key Claims Management Audit Findings

Summary of positive performance



Note: the following are the most common positive performance audit findings identified at audit. This information has been utilised in the *Summary of positive performance*.

Key positive performance standards

Performance Standard IC – C: 3-1	3-1 The self-insurer provided the claimant with a copy of requested documents within 20 business days after the request.
Performance Standard RRTW – C: 1-1 to RRTW – C: 8-3	Management of rehabilitation and return to work on individual claims (RRTW - C)
Performance Standard CM – C: 6-1	6-1 The self-insurer offered the claimant natural justice prior to deciding to reject their application for compensation or cease the entitlement to benefits
Performance Standard CM – C: 3-3	3-3 The self-insurer decided on a claim when, on the balance of probabilities, they had reasonable evidence to determine liability.
Performance Standard CM – C: 2-2	2-2 The self-insurer provided timely and accurate advice to a potential claimant about how to lodge an application for worker's compensation in the approved form.

Summary of opportunities for continuous improvement

Rehabilitation and return to work plans (RRTW-C:2-1)

Data consistent with claim file and data submission (IC-C:2-1)

Communicating details of IME to claimant (CM-C:10-3)

Use of IME's not trained in Qld Guide (CM-PI:1-2)

RRTWC case notes (RRTWC-C:7-1)

Claim determination approach (CM-C:6-1; 3-2; 1-1; 3-3)

Note: the following are the most common non-compliance and non-conformance audit findings requiring an Improvement Action Plan. This information has been utilized in the *Summary of opportunities for continuous improvement*.

Key non-compliances requiring an Improvement Action Plan

Performance Standard RRTW – C: 2-1	<p>From 30 October 2019: 2-1 The self-insurer has taken the steps it considers practicable to coordinate the development and maintenance of a rehabilitation and return to work plan in consultation with the injured worker, the worker's employer and treating registered persons.</p> <p>A rehabilitation and return to work plan usually includes:</p> <ul style="list-style-type: none"> • clear and appropriate objectives with considerations of how these objective will be achieved; • details of rehabilitation activities required to meet the objectives; • time frames for expected stages of recovery and return to work opportunities; • when and by who reviews will be undertaken to assess the injured worker's progress; • how and when relevant parties will be informed of progress; and • if a suitable duties program or a return to the previous role is planned, how this will be achieved at the workplace and how the worker and employer will be advised
Performance Standard CM – C: 7-1	7-1 Where the self-insurer has failed to decide on a claim within 20 business days, the self-insurer notified the claimant of the reasons for not deciding within five business days of the decision deadline.
Performance Standard CM – PI: 1-2	1-2 The self-insurer referred the claimant to an assessor that was appropriately trained in, and with access to, the applicable guidelines for evaluation of permanent impairment for the date of the injury.
Performance Standard CM – C: 10-3	<p>10-3 The self-insurer advised the claimant of the following in writing:</p> <ul style="list-style-type: none"> • the name of the examiner who is not employed by the insurer. • the day, time and place for the examination. • the doctor's field of speciality (if the doctor is a specialist).

	<ul style="list-style-type: none"> • the purpose of the examination. • that the examination was not related to treating of the claimed injury.
Performance Standard IC – C: 2-1	2-1 The information on the self-insurer's claim file is consistent with data submitted to WCRS.

Key non-conformances requiring an Improvement Action Plan

Performance Standard CM – C: 6-1	6-1 The self-insurer offered the claimant natural justice prior to deciding to reject their application for compensation or cease the entitlement to benefits
Performance Standard CM – C: 3-2	3-2 The self-insurer was proactive in obtaining the evidence required to decide on a claim as soon as possible.
Performance Standard IC – C: 1-1	1-1 The self-insurer claims manager maintained regular communication with the claimant until finalisation of the claim.
Performance Standard CM – C: 3-3	3-3 The self-insurer decided on a claim when, on the balance of probabilities, they had reasonable evidence to determine liability.
Performance Standard RRTW – C: 7-1	7-1 The rehabilitation and return to work coordinator maintained accurate, concise and objective case notes on the worker's rehabilitation.



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