



**Hospitality Employers Mutual
Injury Management Program
September 2017**

Update: September 2016

Legal disclaimer

This document is provided by Hospitality for use by Hospitality Limited employees and customers.

The guidelines are designed to provide information to assist injury management and provide general guidance in relation to employer obligations in accordance with those set by SIRA.

Important Note: These Guidelines are copyright to Hospitality Limited. The content has been prepared to be read within the context of the complete Program. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from Hospitality.

Requests and inquiries about reproduction and rights should be directed to Hospitality info@employersmutual.com.au

Amendments

Authority to Amend:

Only the Divisional Manager of Hospitality Ltd with agreement of the Chief Executive Office of Hospitality Ltd can amend this Injury Management Program (IMP).

Schedule of Amendments/Updates:

Version	Effective Date	Issue Date	Comments
Version 1	30 March 2008	30 March 2008	Adoption of IMP to apply to Hospitality.
Version 1.1	04 February 2010	4 February 2010	General update.
Version 2	17 June 2011	30 June 2011	Full revision & update following WorkCover audit
Version 2.1	25 October 2011	1 November 2011	Update following WorkCover Feedback
Version 2.2	1 December 2012	1 December 2012	Correct of specific information reflective of legislative changes, and revision of Hospitality name and review procedures
Version 3.1	1 June 2014	1 June 2014	Further update considering legislative changes Update reflecting new National Case Management Model Update reflecting job title changes
Version 3.2	1 December 2014	27 November 2014	Updates following feedback from the NSW WorkCover Authority
Version 3.3	20 May 2015	20 May 2015	Updates following feedback from the NSW WorkCover Authority
Version 4	21 September 2016		Updates following updated 'Guide to claiming benefits' & Claims Technical Manual.
Version 4.1	4 September 2017	4 September 2017	Updates following feedback from the NSW WorkCover Authority

we help people get their lives back

Contents

1. Working with Hospitality Employers Mutual	4
1.1 About Hospitality Employers Mutual	4
1.2 Our Case Management Approach	4
1.3 Our Customer Promise.....	5
1.4 Our Injury Management Program	6
1.5 How We Assist our Policyholders	6
1.6 WHS Policy, Review Procedures & Injury Data Analysis,.....	7
2. Obligations	8
2.1 Our Obligations.....	8
2.2 Obligations as an Employer.....	9
2.3 Obligations as a Worker	11
2.4 Responsibilities of the Nominated Treating Doctor	13
2.5 How We Keep Stakeholders Informed.....	13
3. Case Management	14
3.1 National Case Management Model	14
3.2 Early Intervention, Notification and Reporting.....	15
3.3 Early Contact.....	16
3.4 Determining Liability	17
3.5 Claims Estimating.....	19
3.6 Entitlement to Weekly Payments	19
3.7 Injury Management Plans and Strategic Plans	20
3.8 Reasonably Necessary Treatment	21
3.9 Use of Independent Opinions	22
4. Return to Work Practices & Planning Pathway	24
4.1 Certificate of Capacity	24
4.2 Establishing Return to Work Goals.....	24
4.3 Identification of Suitable Employment.....	25
4.4 Developing the Return to Work Plan	26
4.5 Management of Support for Workers who are Job Seeking	26
5. Assessment throughout the Life of a Claim	28
5.1 Work Capacity Assessments and Decisions.....	28
5.2 Determination of Whole Person Impairment.....	30
5.3 Common Law Claims and Work Injury Damages	30
5.4 Commutation	31
5.5 Recoveries.....	32
6. Finalisation of the Claim	33
6.1 Claim Re-opening.....	33
7. Management of the Supplier Relationship with Hospitality	34
7.1 Worker's Right to Choose Their Provider	34
7.2 Changing Nominated Treating Doctor	35
7.3 Payment of Third Party Providers.....	35
8. Management of Complaints and Compliments	36
9. Dispute Resolution	38
10. Quality Assurance	39
11. Fraud	41
12. Privacy and Confidentiality	41
13. Appendices	43
14. References	44

we help people get their lives back

1. Working with Hospitality Employers Mutual

1.1 About Hospitality Employers Mutual

We help people get their lives back

Hospitality Employers Mutual Limited (Hospitality), as a Specialised Insurer licensed by SIRA, provides workers compensation insurance to businesses in the New South Wales hospitality industry through two key brands: Hotel Employers Mutual (HEM) and Club Employers Mutual (CEM). Operating as an APRA-licensed general insurance company since 2008, Hospitality was created in partnership with EML and Australian Hotels Association NSW and expanded to include ClubsNSW in 2012, to provide their members with specialised workers compensation insurance.

Throughout the organisation, from the board down, Hospitality is focused on a solid risk management culture and customer service. With a team of over 40 trained specialists (90% of staff employed come from an allied health background), we support over 1,500 hospitality venues across NSW.

It is Hospitality's objective to provide our policyholders with industry best practice service. Rewarding them with a safe, timely and durable return to work (RTW) for workers, industry specific WHS and a strong service culture.

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

1.2 Our Case Management Approach

Hospitality's service model is designed to provide unsurpassed levels of customer satisfaction. It aims to deliver industry-leading RTW rates and provide support to reduce the cost of claims, expert advice and member benefits which minimise WHS risk. Primary functions are supported by all Hospitality staff, and include:

- One Point of Contact - your Case Manager, one person responsible for all aspects of a worker's claim(s) improves the effectiveness and efficiency of communication.
- Skilled and specialised Case Managers, providing employers and workers with personal injury advice.
- A claims management model to support consistency, best practice and operational efficiencies.

we help people get their lives back

- An integrated account management team with a principal point of contact.
- An intermediary service to help manage and support broker relationships
- Net promoter score (NPS) – an automated management tool to measure customer satisfaction and find opportunities for continuous improvement.
- Multi-level client contacts – our customers have multiple contacts in our organisation, from our Case Managers to our CEO and even our board of directors.
- Hospitality risk management specialists – a dedicated team providing additional support and expertise when managing complex or high-risk claims.
- WHS specialists – providing expertise through site visits, reports, seminars and educational articles.
- An industry specific online WHS management tool offered free of charge to all our policyholders.
- Industry knowledge – As specialists, we have generated a profound understanding of our industry. Many staff have extensive employment in the industry.

1.3 Our Customer Promise

Our Customer Promise details our commitment to our customers and how our people will continue to provide all our customers with exceptional levels of service at all times.

Our promise to you is:

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

We set clear service standards and continuously improve them by valuing the feedback we receive, and working constructively with our professional partners.

We provide training and ongoing support to our people, ensuring that they do the best job they can.

we help people get their lives back

1.4 Our Injury Management Program

As a Specialised Insurer, Hospitality is required to develop and implement an Injury Management Program in accordance with Section 43 of the *Workplace Injury Management and Workers Compensation Act 1998* (WIMWC Act).

An Injury Management Program is defined by Section 42 as *'a coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, claims management and employment practices) for the purpose of achieving optimal results in terms of timely, safe and durable return to work for workers'*. This program details our approach to claims and injury management and will serve as a guide to enable the employers insured with us to align their own Return to Work Program with the obligations and processes outlined in this document.

Our Injury Management Program focuses on:

- Assisting our policyholders to provide a safe workplace and promote the health, safety and welfare of their employees.
- Ensuring workers receive individual, prompt, proactive and effective treatment and management of their injuries to ensure a sustainable RTW.
- Ensuring compliance with the legislative and specialised insurer requirements issued by SIRA.

Hospitality ensures that our staff are made aware of the Injury Management Program and its content during induction and through ongoing training. The Hospitality team is trained on our specific obligations from a legislative and SIRA Guidelines perspective and is familiar with the specialised insurer audit tool and its requirements.

If you have any queries in relation to this document please contact us on:

Telephone: (02) 8251 9069

Email: info@hotelemployersmutual.com.au or info@clubemployersmutual.com.au

1.5 How We Assist Our Policyholders

We work with our stakeholders using a consultative and transparent approach in order to achieve successful RTW outcomes. We do this by identifying realistic common goals; ensuring all parties are aware of their obligations, and identifying stakeholder's accountability. In addition to cost effective management of workers compensation claims, our aim is to provide a superior level of service to all our clients by using evidence based information in injury management and occupational health and safety.

Strong partnership between policyholders and Hospitality is the foundation of our Case Management Model and is essential to achieve positive claims outcomes. Our Account Manager and

we help people get their lives back

the Case Manager are responsible for facilitating this 'employer partnership'. We achieve and maintain partnership with our employers through:

- Providing 'New Starter Kits' to employers insured with us which provides information regarding early notification of injury, the legislative rights and responsibilities of stakeholders, key injury management processes, a copy of our Injury Management Program, an example Return to Work Program and details of support provided by Hospitality.
- Collaborating with employers to ensure the strategies and approach to the worker's recovery and RTW are tailored to the needs of the employer.
- Actively engaging with employers at all levels to identify and assess any issues and develop solutions to address these issues.
- Regular claim reviews - We review claims with our employers both informally, over the telephone during regular file reviews, or formal face to face claim reviews. Face to face claim reviews are held as agreed with the employer to review the portfolio of claims. This assists in ensuring a collaborative strategic plan is achieved for each claim, and allows for education around offering suitable employment and how an employer can support RTW.
- Ongoing discussion regarding the decision-making process on claims assist in educating the employer on the claims management process and how we can work together, with the worker, to optimise outcomes. This may include discussions regarding suitable employment, redeployment options and/ or vocational programs.

1.6 WHS Policy, Review Procedures & Injury Data Analysis

Our experience has taught us that not only are integrated claims and injury management processes required to achieve the best RTW outcomes but supporting this are WHS services. These services include education, accident prevention, systemic risk management and incident investigation.

Our WHS specialists support our Policy holders by:

- Providing access to our Risk Management Systems; HEMSafe and ClubsWHS which assist our insured employers to meet their WHS legislative obligations. This tool also provides employers with a mechanism to undertake internal review of their policies and procedures.
- Educating employers about legislative/ scheme changes and internal processes by providing access to free online E-Learning modules via our HEM & CEM online learning sites. In addition to information seminars and webinars developed in-house such as Weekly Benefits and Effective management of Psychological Injuries.
- Providing advice in WHS consulting, benchmarking, education and training to assist employers in the prevention of injuries, and workplace risk reduction tailored to the hospitality industry.
- Regular analysis of all injury data to identify injury trends and high risk activities, and assisting our employers with strategies to minimise and address these high risks.

For further information on our WHS services please contact our WHS Manager via telephone [0851 9069](tel:08519069) or email: info@hotelemployersmutual.com.au or info@clubemployersmutual.com.au

we help people get their lives back

2. Obligations

2.1 Our Obligations

Hospitality has responsibilities and obligations when managing claims under the Workers Compensation Legislation (*Workers Compensation Act 1987 (WC Act) and WIMWC Act*). Our obligations and actions we take to meet them are listed below.

Developing & maintaining our Injury Management Program

- Establishing this Injury Management Program and keeping it up to date in accordance with legislative and regulatory requirements.

Informing employers of their obligations

- Making sure our policyholders are aware of their obligations under our injury management program by providing a copy to all new policyholders.
- Ensuring the Injury Management Program is available via our websites and account management communication.

Communicating proactively and developing an Injury Management Plan for significant injuries

- We contact the employer, worker and (where necessary) the Nominated Treating Doctor (NTD) within 3 working days of being notified that a worker has sustained a significant injury (where they are unable to perform their pre-injury duties for 7 or more calendar days).
- Developing an Injury Management Plan (IMP) in consultation with the relevant stakeholders personalised to the worker detailing each everyone's obligations within 1 calendar month of us being notified of a significant injury.
- Providing the worker, employer and NTD as well as any required third party service providers with a copy of the IMP.
- Reviewing and updating the IMP when there is a significant change in capacity for work or the RTW goal changes.

Informing the worker of their rights and obligations

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

- That a worker with capacity must make reasonable efforts to RTW in suitable employment or pre-injury employment.
- The procedure they must follow to change their NTD.

Weekly entitlements to benefits

- Ensuring timely and accurate payment of weekly benefits in accordance with the legislation and wage information provided by the employer.

we help people get their lives back

- Provide workers with information about their weekly benefits and entitlements and how they may change over time, providing suitable notice of changes.

2.2 Obligations as an Employer

Immediately after a workplace injury has occurred we recommend that the employer becomes actively engaged and is supportive of the RTW process. Various studies have proven that where an employer is interested and involved in the RTW process the RTW outcome will be significantly better, lowering the cost of claims.

Employers who have a policy with Hospitality are to:

- Ensure the health, safety and welfare of all employees at work.
- Participate and comply with the requirements of Hospitality’s Injury Management Program.
- Establish a RTW Program describing the steps you will take if a worker is injured, and make details available to all employees within 12 months of starting a business.
- Maintain a ‘Register of Injuries’ in which workers record details of work-related injuries.
- Employers with more than 20 employees must appoint a trained Return to Work Coordinator (RTWC) with the necessary qualifications, authority and resources to negotiate, develop and implement RTW policies and procedures and advise Hospitality of the contact details of that person. If less than 20 employees the employer should inform us of the employer contact for the duration of the claim.

When an injury occurs

- Notify Hospitality within 48 hours of any work related injury or illness to a worker utilising online claim notification, telephone, fax or hard copy claim form (Appendix A).
- Work with Hospitality to develop and provide a RTW Plan within 5 days of injury notification.
- Provide Hospitality with the worker’s Pre Injury Average Weekly Entitlement (PIAWE) details, and supporting documents (pay slip from the week of the injury and wage summaries) to the Case Manager within 5 days of notifying the claim. This can be provided by email or by completing our PIAWE Form (Appendix B). The Case Manager will outline specifically the information that is required on each claim during the early contact with the employer.
- Participate in the development of the worker’s IMP, written by the Case Manager, and comply with your obligations in the plan.
- Provide suitable work (as far as reasonably practicable) when a worker is able to RTW, either on a full time or part time basis.
- Provide suitable work that is (as far as reasonably practicable) the same as or equivalent to the work being performed at the time of the injury.
- Collaborate with the worker, Hospitality and any other third party service provider to provide suitable work options in accordance with certified work capacity.

we help people get their lives back

- If unable to provide suitable employment, to a worker who has the capacity for work notify your Case Manager immediately so that we can provide further assistance.
- Adhere to the relevant privacy laws when collecting and handling personal information of workers.
- Retain accessible records of all relevant communication with key stakeholders.

For further information please refer to SIRA's "*Workers Compensation guide for Employers*" available on the SIRA Website: www.workcover.nsw.gov.au/media/publications/workers-compensation-claims/workers-compensation-guide-for-employers

Specifically, the Return to Work Coordinator's (RTWC) obligations are to:

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

Non-participation by the employer

If non-participation by the employer occurs the following will be undertaken by the Case Manager:

- Hospitality will advise the employer of their legislative obligations and penalties for non-compliance
- Refer to a workplace rehabilitation provider
- Refer to the Hospitality Team Leader for follow up
- If no change, refer to the Hospitality Account Manager to assist with communication with the employer/ broker
- If no change, we will consider a change of the RTW goal to RTW different employer. This must be discussed and agreed to by the Hospitality CEO
- Case Manager will review the estimate accordingly

we help people get their lives back

2.3 Obligations as a Worker

Workers have a number of obligations under the legislation. These include:

- Engage in safe work practices to prevent workplace injuries to themselves and co-workers.
- Notify their employer of an injury or illness within the workplace as soon as practicable.

After a workplace injury occurs

Workers must also comply with obligations defined by the Injury Management Program to enable proactive case management and injury management to commence as soon as possible. Such actions include:

- Actively engage with Hospitality and their employer to facilitate recovery at work.
- Participate and cooperate in the establishment of their IMP and cooperate with their employer in developing a RTW Plan.
- Nominate a Treating Doctor to direct medical management and participate in Injury Management and RTW Planning.
- Authorise the NTD to provide all relevant information to Hospitality or other key parties.

Throughout the life of the claim

- Keep Hospitality and their employer informed of progress and report changes in capacity for work immediately.
- Adhere to the capacity restrictions advised by their NTD both at work and away from the workplace.
- Comply with RTW obligations and make reasonable efforts to RTW in suitable employment or pre-injury employment at the worker's place of employment.
- Report any issues with the IMP or suitable employment provided immediately to their employer, their Case Manager and if required the workplace rehabilitation provider.
- Attend relevant appointments with medical practitioners, treatment providers and workplace rehabilitation providers for any medical examinations or assessments arranged.
- Actively participate and cooperate in assessments for the determination of capacity for work.
- Seek suitable employment with an alternative employer if medical evidence and/ or certified capacity do not support a return to pre-injury duties.
- Comply with legislative obligations detailed in their IMP to ensure prompt payment of benefits.

we help people get their lives back

Non-participation by the Worker

The worker may have no entitlement to weekly payments of compensation if the worker fails unreasonably to comply with the requirements of Chapter 3 of the WIMWC Act after being requested to do so by the Insurer.

The requirements are as follows:

- A worker who has current work capacity must, in co-operation with the employer or insurer, make reasonable efforts to RTW in suitable employment or pre-injury employment at the worker's place of employment or at another place of employment.
- Workers must attend assessments required for work capacity assessments.

If there is non-participation from the worker, the following process will be undertaken by Hospitality in accordance with the legislation (Section 48A of the WIMWC Act):

- Hospitality will discuss the situation with the worker, employer and relevant third party service providers in order to gain understanding of the circumstances that may be leading to the non-participation.
- Hospitality will confirm with the worker what the issue of non-compliance is and discuss what is required to ensure compliance.
- If the worker continues to not make reasonable efforts to RTW in suitable employment or pre-injury employment, a Section 48(2) notice will be sent to the worker confirming the issues of non-compliance, the actions required, and the implications of not complying. This letter provides the worker with between 14 and 60 days from the date of issue to ensure that they complete actions required to meet their obligations.
- If appropriate, the Case Manager will re-issue the current IMP to remind the worker of their obligations.
- If a worker does not comply with the requirements set out in the notice within the specified timeframe, a Section 48(3) notice will be issued to outline a suspension of weekly benefits for a period of 28 days.
- If a worker complies with the required actions during these 28 days, weekly benefits will be reinstated from the date the worker complies.
- If a worker does not comply during the 28 days, the worker's weekly benefits may be terminated and a further notice is issued.

2.4 Responsibilities of the Nominated Treating Doctor (NTD)

- Actively participate in the responsibilities outlined in the worker's IMP.
- To support the worker to return to, and where possible to recover at work, through appropriate clinical intervention and management.
- To contribute to RTW and recover at work planning in collaboration with everyone involved in the worker's RTW. This includes Hospitality, the employer, other treatment providers and the workplace rehabilitation provider.
- Provide updated Certificates of Capacity in line with legislative requirements and at intervals no greater than 28 days.

2.5 How We Keep Stakeholders Informed

The worker, employer and third party service providers are all able to access this Injury Management Program on our websites: www.hotelemployersmutual.com.au and www.clubemployersmutual.com.au.

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

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

we help people get their lives back

3. Case Management: The Integration of Claims and Injury Management

3.1 National Case Management Model

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

In each step of the process Case Managers are supported with principles, tools and templates to guide our involvement to ensure necessary information is obtained and key decisions are made. Underpinned by the concept of capacity management, the model has a strong focus on maximising capacity for employment, as well as maintaining independence and health outcomes for longer term workers. Our NCMM assists us in achieving our purpose of "helping people get their lives back".

The NCMM supports Hospitality to:

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

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

- Focus on work
- Effective communication
- Evidence based decisions
- Tailored, cost-effective approach
- Timely intervention

3.2 Early Intervention, Notification and Reporting

Hospitality acknowledges that early intervention is critical to achieving positive RTW outcomes. For this reason, it is critical and we encourage our employers to report all incidents and injuries to Hospitality within 48 hours of first becoming aware of the incident or injury. Early reporting by the employer ensures that critical information is provided to us to facilitate prompt processing of the claim and enable early decision making. Early commencement of injury management is actively

we help people get their lives back

promoted by Hospitality to reduce the physical, psychological, psychosocial and financial impact of injury for the worker, their family, and the employer.

3.2.1 Initial Notification

An injury can be notified by the worker, employer or some other person acting on their behalf.

There are several ways in which a notification of injury can be made to Hospitality:

- **Our website online notification:** www.hoteemployersmutual.com.au or www.clubemployersmutual.com.au
- **Telephone:** 02 8251 99069 or Toll free 1800 469 931
- **Fax:** 02 8251 9495
- **Email:** info@hoteemployersmutual.com.au or info@clubemployersmutual.com.au
- **Mail:** GPO Box 4143, SYDNEY NSW 2001

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

All workers are advised in writing at the first available opportunity of their obligations. A copy of the SIRA brochure "*Information for Workers*" is enclosed with the liability letter sent to each worker.

Employers are encouraged to provide workers with an "*Employee Claim Form*" upon being informed that a potential claims exists, using the opportunity to explain the worker's obligations involved in lodging a claim. All employers are provided with the SIRA brochure "*Information for Employers*" which is enclosed with the liability letter sent to each employer.

3.2.2 Late Reporting of Injury - Employer Excess

If the employer does not report the injury to Hospitality within 5 calendar days of becoming aware of the workplace injury, the employer may pay a claims excess payment. The excess is usually the equivalent of one week's worth of the worker's PIawe. Late reporting will be confirmed and discussed when the Case Manager makes initial contact with the employer.

3.2.3 Triage

Each of our Case Managers are assigned specific employers based on size and risk. The Case Manager generally retains responsibility for each claim until its conclusion, unless specialist ongoing management by a Senior Case Manager or Specialist is deemed appropriate.

The claim is allocated to the appropriate Case Manager and screened to identify any significant risks and RTW obstacles.

we help people get their lives back

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

3.3 Early Contact

In all cases of significant injury, the Case Manager completes contact with the worker, employer and (where required) the NTD within 3 business days of the injury notification being received by Hospitality in accordance with the WIMWC Act.

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

The purpose of early contact is to:

- Establish a positive relationship with each stakeholder and develop an action plan together to help the worker recover from their injury and RTW as soon as possible.
- To commence immediate injury management and RTW planning and where appropriate provide approval of reasonable necessary treatment or investigations.
- Establish a rehabilitation goal to guide the RTW planning.
- Gather relevant information to assist with liability determination.
- Confirm support and explain the workers and the employers' obligations with regard to the claim.

We note that direct contact with the NTD is sometimes difficult to achieve over the telephone within 3 business days. If we are unable to contact the NTD over the telephone in relation to a significant injury, we will send a facsimile with appropriate questions thus allowing the NTD to properly consider the case and respond at a time that they are available.

3.3.1 Non significant Injuries

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

3.3.2 Significant Injuries

A significant injury is defined as:

- One which may result in the worker being absent from normal duties for at least 7 consecutive calendar days, or

we help people get their lives back

- One where the worker has had more than one episode away from normal duties relating to the injury, totalling more than 5 working days.

3.3.3 Use of Interpreters

Hospitality has access to a range of providers for document, telephone and face to face interpreting services. When working with stakeholders from a non-English speaking background Case Managers are will offer to arrange professional interpreters for all interactions to ensure clear communication and understanding is achieved.

3.4 Determining Liability

Our approach to liability determination is to ensure all required information is received promptly and reviewed critically, to make a soundly based decision and communicate to all parties.

3.4.1 Provisional Liability

Provisional liability enables Hospitality to commence weekly benefit payments within 7 days following receipt of notification, for up to 12 weeks. Under provisional liability, reasonably necessary medical expenses up to a maximum of \$7,500 may also be paid.

Starting provisional payments does not mean that Hospitality or the employer have admitted liability for the injury. It simply allows us to provide the worker with financial assistance and early intervention whilst they perform any necessary investigations and determine liability on the claim.

3.4.2 Reasonable Excuse

In circumstances where a 'reasonable excuse' is applied to weekly payments, there is usually a lack of information available about the circumstances surrounding the injury or insufficient detail provided in the initial notification. Hospitality will advise the worker in writing within 7 days of the reasoning of the reasonable excuse. A reasonable excuse may be applied in the following circumstances:

- When there is insufficient medical information
- The worker is unlikely to be a 'worker' under the Act
- We are unable to contact the worker
- The worker refuses access to information (privacy)
- The injury is not work related
- There is no requirement for weekly payments
- When there was failure by the worker to report the injury to the employer within 2 months

we help people get their lives back

If the relevant information or evidence is supplied after a reasonable excuse has been applied, Hospitality is able to make a further liability decision on the basis of the evidence provided. This will be determined within 21 calendar days of receiving all the required information (as per the *SIRA Guidelines for Claiming Compensation Benefits 2016*).

3.4.3 Accepting Liability

When a claim is made Hospitality will make a decision regarding liability within 21 days or, where Provisional Liability has already been accepted, at the expiry of the accepted provisional liability period (whichever is the later date).

When notified of a significant injury, we will make a decision regarding ongoing liability within 21 days of being notified, or at the expiry of the provisional liability period (whichever is the later date).

The Case Manager will ensure:

- Determination of liability is confirmed in writing to the employer and worker.
- Weekly benefits are commenced within the legislative timeframe unless a reasonable excuse is applicable.
- Approval for reasonably necessary costs (including non-invasive investigation and rehabilitation costs) prior to the determination or acceptance of liability in accordance with legislation.
- Initial medical expenses paid by the employer and worker are reviewed in accordance with SIRA requirements and gazetted fees.
- Other service provider fees and expenses are reviewed and approval determined in accordance with SIRA requirements.

3.4.4 Disputing All or Part of a Claim

When liability is to be disputed for all or part of the claim, this decision is reviewed internally to confirm a soundly based decision is applied. If the dispute decision is supported by the Reviewer, the Case Manager will contact the worker to advise and discuss the decision. The Case Manager will then issue the worker with a Section 74 Dispute Notice. If there are concerns regarding the worker's or their community's safety regarding the issuing of a Section 74 notice, then this notice may be released via a third party such as the NTD or Solicitor.

The Section 74 notice will outline the reasons for which liability has been disputed and also attach the relevant reports that have been relied upon to make the decision.

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

- Request Hospitality review the decision (this review will be undertaken by a different person, separate from the initial decision).
- Contact WorkCover Customer Service Centre on 13 10 50 or www.workcover.nsw.gov.au/workers-compensation-claims/disputes/declined-liability.
- Contact the WorkCover Independent Review Office (WIRO) on 13 94 76 if there is any dissatisfaction at any stage throughout the process.
- Seek assistance from their Union or Solicitor or the [Independent Legal Assistance and Review Service](#) (ILARS) provides funding to pay for costs incurred by some workers when disputing decisions made by the insurer. Contact ILARS on 13 94 76 or email them at ilars@wiro.nsw.gov.au.
- Lodge an application with the [Workers Compensation Commission \(WCC\)](#) or call them on 1300 368 040.

3.5 Claims Estimating

Within 7 days of the initial notification of injury the Hospitality will apply an estimate to the claim calculated in accordance with WorkCover's Claims Estimating Manual and relevant information available. This estimate will be reviewed 2 weeks either side of the scheduled timeframes (12, 26, 52, 78, 104 weeks and biannually) and at event based review points.

3.6 Entitlement to Weekly Payments

Once a decision has been made to accept liability for weekly benefits on the claim, timely and accurate payment of benefits ensures workers can focus on their recovery and RTW.

3.6.1 Pre-Injury Average Weekly Earnings (PIAWE)

Employers are required to provide Hospitality with PIAWE details and supporting documents (pay slip from the week of the injury and wage summaries) to the Case Manager within 5 days of notifying the claim. This can be provided via email, or completing Hospitality's PIAWE Form (Appendix B).

The Case Manager will outline the specific information required for each claim during the early contact with the employer. This information will enable the Case Manager to calculate the correct PIAWE in accordance with the legislation for each claim.

On receipt of the PIAWE details and relevant supporting information, the PIAWE is calculated in accordance with Sections 35 (1) and Sections 44C to 44I of the WC Act, and a decision is made in accordance with Section 43 (1) (d) of the WC Act.

The Case Manager will then communicate this PIAWE figure to the worker and employer in writing, within 7 days of the claim being notified and us receiving the relevant information. This letter will

we help people get their lives back

outline the liability decision; the worker's PIAWE, their current entitlement, how current payments are to be calculated, when payments are to be made and who will make the payment to the worker. This letter outlines the procedure for how to request a review of the PIAWE rate if the worker or employer does not agree with the PIAWE rate used. This allows the employer to commence correct payments to the worker.

3.6.2 Benefit Payment Process

Case Manager compliance with the payment of benefits to workers is achieved through the use of focused training on benefit entitlements and structured systems to manage the payment process.

Our payment process is as follows:

- Calculation of PIAWE is peer reviewed and verified for accuracy.
- All payments are entered in our claims system. This activates a system automated workflow tool to ensure that payments are made regularly and timely.
- Where there is a "Wage Reimbursement Schedule Agreement" in place, the payment is made in accordance with the schedule received from the employer.
- All weekly benefit payments are peer reviewed and authorised by Case Managers within set authorisation limits.
- Payments are made and authorised within 10 business days from receipt of a wage reimbursement schedule or medical certificate.
- The tasks of generating payments and authorising are completed by two separate people to ensure accuracy.

3.7 Injury Management Plans & Strategic Plans

A Strategic Plan is a documented, comprehensive plan that details the case management and injury management goal, and the strategies and actions the Case Manager will undertake to achieve this goal. The initial Strategic Plan is completed within 21 days of a significant claim being received. Reviews of the Strategic Plan are conducted in line with the NCMM internal review framework or can be self-initiated if circumstances on the claim change. To communicate the Strategic Plan the Case Manager develops an IMP.

We will develop an IMP for workers experiencing a 'significant' injury who have not returned to full time pre-injury duties, and are not expected to do so, within one calendar month of becoming aware that this injury is 'significant' (the 'significant injury' date).

The IMP is written in collaboration with the worker, employer and NTD. The IMP outlines the key actions each stakeholder is responsible for in relation to treatment, rehabilitation and RTW of the worker. The IMP in conjunction with the RTW Plan is aimed at assisting to facilitate the timely, safe and durable RTW for the worker.

we help people get their lives back

The Case Manager develops an IMP to communicate the case management goal and actions to be undertaken by each stakeholder to assist in achieving the goal. The IMP reflects relevant information that is available at the date the plan is issued, it includes:

- Key participants in the management of treatment and RTW (worker, employer, NTD/specialist, workplace rehabilitation provider and other treatment providers)
- RTW goals (which will be the most likely goal that can be established given the information available at that point in time)
- Legislative obligations and responsibilities of each stakeholder
- Procedure for changing the NTD
- Actions for completion, responsibilities and timeframes
- Review date

The IMP complements the Strategic Plan by ensuring claims activities are documented and communicated in a structured format. The IMP is distributed to all relevant stakeholders by the Case Manager with a cover letter explaining the purpose of the plan.

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

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

Non-significant claims that do not require an IMP are managed the same way as significant injuries by regular review and monitoring by the Case Manager. Non-significant injury reviews generally occur at least monthly unless otherwise directed by the Case Manager or senior team member. In the event of a claim becoming significant the Case Manager will review, make contact with all parties, and establish an appropriate IMP as detailed above.

3.8 Reasonably Necessary Treatment

Workers can claim reasonably necessary expenses relating to medical treatments and services, including hospital and rehabilitation.

we help people get their lives back

All medical treatment and investigations provided within 48 hours of the injury may be covered without pre-approval. Some other treatments are exempt from requiring pre-approval as per the Guidelines for Claiming Compensation, however the test of reasonably necessary still applies.

We utilise the principles of evidence based practice and clinical guidelines when determining if requested treatment is reasonably necessary. In determining whether treatment is 'reasonably necessary' the following five underlying principles must be considered:

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

Where approval is requested for treatment/investigations, a decision on approval will be made within 21 days of receiving all the relevant information. Confirmation of approval is given in writing to the requesting practitioner.

A worker (and escort if necessary) who needs to travel for an approved treatment or service is entitled to be reimbursed for fares, travel costs and maintenance, necessarily and reasonably incurred. The worker must gain prior approval by the insurer for the incurred travel costs.

3.9 Use of Independent Opinions

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

3.9.1 Independent Medical Examinations

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

we help people get their lives back

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

- The reason for referral will be explained to the NTD, worker and employer and they will be advised of the referral in writing at least 10 working days before the appointment.
- Additionally, every worker is provided with the SIRA brochure '*Independent Medical Examinations*' which provides further general information.

3.9.2 Injury Management Consultant

Differences may arise between the NTD, treatment providers, employer, worker and insurer about matters of RTW such as capacity for work, suitability of duties or the ongoing RTW goal. The Case Manager will first attempt to resolve any issues through consultation, collaboration and negotiation with the stakeholders.

If there remains unresolved disagreement, the claim will be referred to an Injury Management Consultant (IMC) in accordance with the SIRA Guidelines to help facilitate the RTW process. IMCs assist in providing clarification or attempt to mediate a solution about the RTW for the worker. The IMC will either undertake an examination of the worker or a file review of the claim documentation.

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

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

3.9.3 Independent Consultants

The Case Manager may utilise Independent Consultants when there are questions regarding ongoing reasonably necessary treatment. Independent Consultants are able to provide advice and peer support to treating therapists as well opinion to Case Managers. SIRA approve consultants in the areas of Physiotherapy, Chiropractic, Osteopathy as well as Psychology and Counselling.

4. Return to Work Practices & Planning Pathway

Our Case Managers, supported by technical, allied health and administrative team members, are accountable for driving the RTW process to ensure a timely and durable RTW outcome is achieved.

4.1 Certificate of Capacity

The Certificate of Capacity is the formal communication tool completed by the NTD to convey information such as the diagnosis of the injury sustained, proposed treatment, recommendations and the worker's capacity to work. The Certificate of Capacity has been developed to provide a focus on what the worker can do, rather than what they cannot do. The information contained in this document will provide the employer or workplace rehabilitation provider with guidance when it comes to identifying suitable work options for the worker.

The Certificate of Capacity will outline capacity defined as one of the following:

- Fit for pre-injury duties – the worker is fit to perform all aspects of their pre-injury role. There are no physical or psychological restrictions impacting the worker's ability to perform their full role.
- Capacity for some type of employment - the worker is fit to perform work which is within the capacity outlined in the Certificate of Capacity. It may mean the worker is fit to perform all elements of their pre-injury role, but on reduced hours, or fit to perform some, but not all aspects of their pre-injury role.
- No current work capacity – the worker is unfit to work at this time.

4.2 Establishing Return to Work Goals

In relation to RTW planning, it is pertinent to work towards an end goal. As such, injury management requires the establishment of an end goal that all parties can actively work towards. Primarily, the goal of returning the worker to the same job as the time of injury is preferable. However, given the diagnosis of the injury or the nature of the work, this may not always be possible. The RTW Hierarchy assists in identifying the starting point for RTW planning and provides the following options:

- Same Job/ Same Employer
- Different job/ Same Employer
- Same Job/ Different Employer
- Different Job/ Different Employer

we help people get their lives back

The initial goal is established and agreed to by all stakeholders once the NTD has provided a diagnosis and prognosis of the injury. This goal can be changed and updated dependent upon the ongoing needs and capacity of the worker

Wherever possible, the initial RTW focus will be with the goal of RTW to pre-injury duties with the same employer, or a different job with the same employer. If this goal is no longer appropriate, suitable employment may need to be explored with a different employer – this is known as redeployment. We will work with stakeholders to identify suitable employment goals and support workers to achieve a return to suitable employment through appropriate, tailored workplace rehabilitation.

4.3 Identification of Suitable Employment

Under Section 49 of the WIMWC Act employers are required, so far as reasonably practicable, to provide suitable employment which is the same as or similar to the worker's pre-injury role.

Suitable employment enables the worker to remain active and recover at work. Recovery at work speeds healing, reduces symptoms, promotes an active lifestyle and promotes connection with the workplace. As endorsed by the Australasian Faculty of Occupational and Environmental Medicine '*work is good for people*', '*work is generally good for health and wellbeing*' and the acknowledgement that '*long term work absence, work disability and unemployment have a negative impact on health and wellbeing*'. Employers can have a positive impact on health and well-being by ensuring a positive workplace safety culture and accommodating workers recovering from injuries to remain in the workplace where possible.

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

- Nature and severity of the worker's injury.
- Duties are deemed safe and in line with certified physical and psychological capacity.
- Contain as many tasks as the worker's normal role as possible.
- Consider the workers age, education, skills and experience.
- Duties may be provided in different ways (same or different workplace, same job with different hours, modified duties, different job altogether or a combination of the above).
- Discuss possible work options with the worker and supervisor and if they have any ideas about suitable work options available.
- Consider how the workplace could potentially be modified or if equipment can be prescribed to accommodate the worker.

If the employer is experiencing difficulties in identifying suitable work options within the workplace, the employer must contact Hospitality as soon as possible for assistance. If the worker does have some capacity to work, not offering suitable employment can contribute to escalating workers compensations costs for the employer.

4.4 Developing the Return to Work Plan

A structured RTW Plan will support recovery, a sense of job security and workforce motivation, as well as presenting a clear demonstration of the employer's support for their workers. The RTW Plan is a formal document individualised for the worker which explains the RTW Goal, fitness for work and lists the duties in the workplace that the worker has the certified capacity to perform. Employers have a legislative responsibility to facilitate development of an appropriate RTW plan. Our Case Managers will support the employer in RTW planning through discussing the provision of suitable employment and ensuring the RTW Plan is appropriate. An example template can be found in Appendix C. The RTW Plan may also include:

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

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

4.5 Management and Support for Workers who are Job Seeking

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

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

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

- Referral to an approved workplace rehabilitation provider
- Determine if a Vocational Assessment is needed
- Agreement to new suitable employment goals
- Job seeking skills training
- Utilisation of the RTW benefits and SIRA's Vocational Programs in accordance with Section 53 of the WIMWC Act (where required)

When it is identified that the employer is unable to provide suitable employment we will complete the following activities:

- Remind the worker of their obligations under Section 48 of the WIMWC Act.
- Where there are changes to the actions or service provisions, the IMP is updated and reissued to the key stakeholders.
- Regular follow-up of job seeking evidence is obtained, in order to continue entitlement to, and payment of, weekly benefits.

4.5.1 Return to Work Assistance with a Workplace Rehabilitation Provider

There are times when expert assistance is required to assist with a worker's to RTW. Hospitality has developed service level agreements with a panel of local and national workplace rehabilitation providers to assist with this task. Workplace rehabilitation providers are allied health professionals such as Occupational Therapists, Physiotherapists or Rehabilitation Counsellors with expertise in occupational rehabilitation. They are engaged to assist employers, to identify suitable employment and provide guidance on the development and management of RTW Plans if an employer is unable to do so independently, or if there are a number of presenting RTW obstacles.

Prior to making a referral to a workplace rehabilitation provider, we will discuss this strategy with the employer and obtain agreement. In some circumstances, a provider will be engaged without the employer's consent, as it is within the worker's entitlements to request rehabilitation assistance and if supported by the NTD may be deemed appropriate. Case Managers make referrals to workplace rehabilitation provider panel members except in cases where the employer or worker chooses to nominate their own preferred provider.

The workplace rehabilitation provider and Case Manager will identify and implement tailored rehabilitation solutions to assess, gain agreement to and achieve suitable employment goals. These solutions, where appropriate, will include utilisation of the RTW benefits and SIRA Vocational Programs. As a Specialised Insurer Hospitality may approve applications for RTW benefits, and SIRA Vocational Program funding costs that are less than \$2000. Any SIRA Vocational Program amount that exceeds \$2000 will need to be approved by SIRA.

When tailored and targeted rehabilitation has not resulted in a RTW the Case Manager will have been able to gather the evidence to allow a work capacity decision to be made.

5. Assessment throughout the Life of a Claim

5.1 Work Capacity Assessments and Decisions

A work capacity assessment is a comprehensive review of all information relevant to a worker's functional, vocational and medical status to determine their ability to RTW in their pre-injury employment or suitable employment with the same or a different employer.

A work capacity assessment is coordinated by Hospitality and may be completed at any point in time throughout the life of a claim. When conducting a work capacity assessment to determine current work capacity, the key first step to a successful decision will always be the determination of what constitutes suitable employment for that worker. Case Managers review suitable employment in line with Section 32A of the WC Act. Suitable employment will have been identified and agreed to during the targeted RTW process.

A work capacity decision is a decision on the following:

- the worker's current capacity
- what constitutes suitable employment for the specific worker
- the amount the worker is able to earn in suitable employment

A work capacity decision can also be a decision about:

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

A work capacity decision is a discrete decision that can be made at any point in time. At a minimum an assessment of work capacity must commence once the worker has received 78 weeks of weekly payments. Should the worker have an ongoing entitlement to weekly benefits beyond 130 weeks, a work capacity decision must be made at least once every 2 years after this point until such time that the worker's entitlement to weekly benefits ceases, or they have been assessed with a Permanent Impairment (WPI) in excess of 30%. A work capacity assessment is not required for workers with highest needs (those with WPI greater than 30%) unless the worker requests it.

A decision is different to a work capacity assessment. The assessment is a review process that may or may not lead to the making of a work capacity decision. The first work capacity decision on a claim is determining the PIAWE as per Section 43 (1) (d) of the WC Act.

When making a work capacity decision our Case Managers will;

- Ensure that we meet our responsibility of establishing and supporting an IMP tailored to the worker's injury.

we help people get their lives back

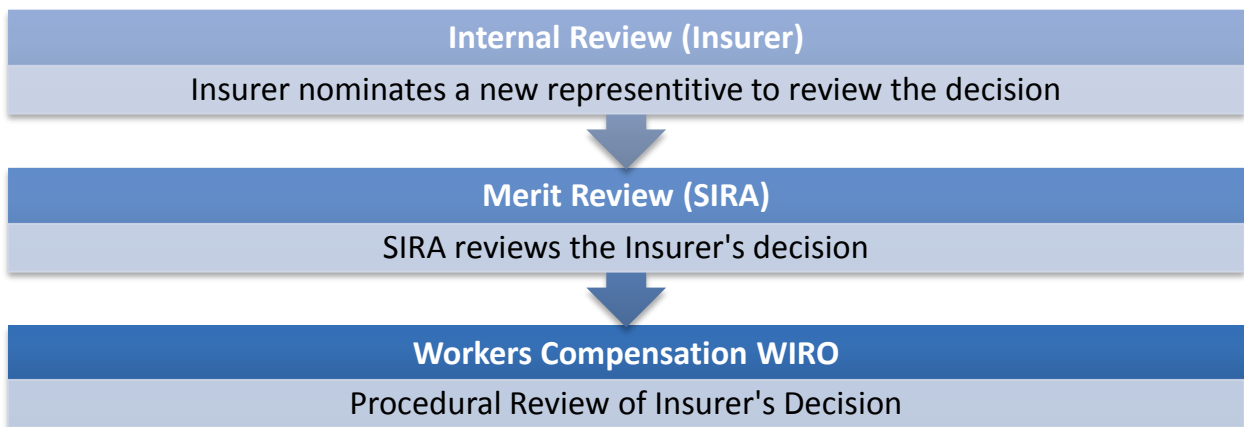
- Evaluate all available and relevant evidence, and follow a robust and transparent decision-making process with clear and concise information provided to the worker giving reasons for the decision.
- Ensure that any additional information that is required to ensure the worker’s current capacity for work is obtained and fully understood.
- Provide opportunity for the worker to contribute additional information, especially if the decision may result in reduction or discontinuation of their weekly payments.
- Ensure decision makers have the appropriate expertise, ability, and support to make the decision they are making.

Work capacity decisions to reduce or cease weekly payments are communicated to the worker in accordance with the *SIRA Claiming Compensation Guidelines 2016*:

- Worker is given fair notice of potential decision.
- The information provided to the worker is appropriate to the worker’s circumstances.
- Notice is given via telephone conversation or in person and confirmed in writing.

5.1.1 Dispute Process for Work Capacity Decisions

If the worker disagrees with our work capacity decision, an application for internal review must be made by the worker in the approved form, and should be lodged as soon as practicable after receiving the work capacity decision. Should a worker wish to dispute an internal review decision, the review process is displayed in the figure below.



Where the decision involves reduction or discontinuation of a worker’s weekly payments, the worker can apply for the decision to not be operationalised until the review process is complete. This is referred to as a stay. For more information on this please see the *SIRA Claiming Compensation Guidelines 2016, p 27*.

5.2 Determination of Whole Person Impairment

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

Workers may be eligible to claim for lump sum compensation if:

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

Where an assessment of WPI has been received it will be reviewed by a competent person to ensure the assessment is in accordance with the *NSW Workers Compensation Guidelines for the Evaluation of Permanent Impairment Fourth Edition (1 April 2016)*.

Where it is considered that the assessment is not in accordance with the *SIRA Workers Compensation Benefits Guide*:

- The worker or their representative is advised within 2 weeks of receipt of claim
- Further clarification is sought from the assessor

Where clarification from the assessor is not forthcoming within 10 working days, Hospitality will arrange for the worker to be assessed by an appropriately qualified IME or apply to the WCC for an assessment by an Approved Medical Specialist.

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

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

Where a claim for lump sum compensation has been accepted, an offer will be made in line with the requirements outlined in the *SIRA Workers Compensation Benefits Guide*. For more information please visit www.sira.nsw.gov.au.

Where an offer has been accepted, on receipt of a Complying Agreement and the required documents outlined in the *SIRA Workers Compensation Benefits Guide*, the worker will be paid their correct entitlement in accordance with the guidelines.

5.3 Common Law Claims and Work Injury Damages

A claim for Work Injury Damages (WID) is a one off lump sum to compensate a worker for past and future economic losses resulting from an injury. Unlike workers' compensation rights that arise by virtue of the law, the right to sue for damages comes from a common law right to be compensated

for the injury suffered, usually due to negligence or breach by an employer of the duty of care owed to the employee.

The Workers Compensation legislation limits common law rights to WID. Only workers who have at least 15% WPI are entitled to pursue a claim for WID. A claim for WID cannot be made unless a claim for lump sum compensation is made before or at the same time.

Following notice of a WID claim, a Pre-filing Statement (PFS) is issued with the draft statement of claim. A response to the PFS will be made within 28 days after it is received, or within 42 days by either accepting or denying liability. All evidence that the parties seek to rely upon must be submitted at the pre-filing stage.

Where liability is denied Hospitality will serve a pre-filing defence (PFD) setting out details of our defence and the evidence relied on.

Where an Application for Mediation is received, a response to an application for mediation will be made within 21 days which will indicate whether Hospitality will participate in the mediation. A record of the outcome of mediation will be on record in the claim file.

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

- the amount
- whether inclusive of workers legal costs
- whether clear of all previous weekly payments
- subject to any Medicare or Centrelink clearances
- date weekly benefits will cease
- any requirements around previously incurred section 60 expenses

Although WID claims are limited to economic loss, a worker will often be prepared to forgo future medical expenses in favour of a lump sum payment. On payment of WID a worker ceases to be entitled to workers compensation.

Hospitality utilise internal Legal Specialists to manage the litigation. The Case Manager retains primary responsibility for management of the claim, and in particular the injury management obligations. The single most effective way to reduce the size of a damages claim is to upgrade a worker's capacity and/or to secure a RTW.

5.4 Commutation

A commutation is an agreement to pay out all of a worker's future entitlements in a lump sum form. The commutation results in no further payments for the injury.

The agreement is made between the worker, the employer and Hospitality however, SIRA must certify that the commutation meets all the criteria set out in [Section 87EA](#) of the WC Act.

The Commutation Agreement will be lodged with the WCC and is of no effect unless and until it is registered by the WCC. The amount payable under the commutation agreement will be paid within 7 days after the Agreement is registered or within the time period the Agreement provides.

If a Case Manager believes that a worker would benefit from Commutation they discuss this strategy with their Team Leader and proceed to work with the internal Legal Specialist in negotiating the commutation with the worker and their legal representative.

5.5 Recoveries

Hospitality is able to recover all or some of the compensation paid in relation to a worker's compensation benefits for the Employer if we can establish negligence/fault on behalf of another party (Section 151Z of the WC Act).

Hospitality will review claims for potential recoveries. When recovery potential is identified the Case Manager works with our Legal Specialist to put in place strategies to advance the claim. A recovery can be included in the estimate when the other party has admitted liability, or where the potential recovery is; clearly apparent, sustainable by law, soundly anticipated, and verified by a suitably qualified person.

6. Finalisation of the Claim

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

- A RTW to pre-injury duties
- A return to appropriate suitable employment with no wage loss
- Retirement or withdrawal of claim
- A work capacity decision which results in a nil benefit entitlement
- Commutation, work injury damages or common law settlement
- Settlement of a claim for the same injury by another party (e.g.: an occupier, motor vehicle insurer)
- Declinature of ongoing liability
- Weekly benefit payments are terminated under s48A(6)

6.1 Claim Re-opening

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

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

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

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

7. Management of the Supplier Relationship with Hospitality

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

We have developed service level agreements in consultation with our panel of preferred providers. The agreement documents service standards include timeliness of service delivery, quality of reporting and communication expectations. All service level agreements include a dispute resolution process which details the escalation process for disputes to the appropriate Specialist.

Hospitality monitors provider performance through monthly reporting, and provider meetings (when required). Performance is reviewed against the agreed service standards in the service level commitment. The reviews focus on number of referrals per provider, total cost of services, outcomes achieved, timeliness and quality of services.

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

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

Our panel selection process is as follows:

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

7.1 Workers' Rights to Choose Their Provider

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

Should there be a dispute or dissatisfaction with the choice of rehabilitation provider, Hospitality facilitates full discussion with all parties to determine the cause and remedial action.

we help people get their lives back

7.2 Changing Nominated Treating Doctor (NTD)

Where a worker wishes to change their NTD, contact must be made with the Case Manager to discuss the reasons:

- Details are documented on the system and approval given if reasonable, and
- New details updated in the claims system

7.3 Payment of Third Party Service Providers

Hospitality will pay all third party service provider invoices within 30 calendar days of receiving an invoice with all required information. Hospitality will provide feedback and request clarification of invoices that do not provide adequate detail as soon as possible within this 30 calendar day time frame.

8. Management of Complaints and Compliments

Our Commitment

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

How to lodge a concern or complaint

Your dedicated Case Manager, Underwriter, or Account Manager is the first point of contact for all enquiries, concerns or complaints. If the initial response is not satisfactory we encourage further formal contact using one of the following options:

Email: info@hotelemployersmutual.com.au or info@clubemployersmutual.com.au

Telephone: (02) 8251 9069

Mail: Feedback Officer c/- Hospitality GPO Box 4143, SYDNEY NSW 2001

Internet: www.hotelemployersmutual.com.au or www.clubemployersmutual.com.au Click on 'Contact Us'

What will we do when we receive a complaint?

We will acknowledge the complaint. This will be done by telephone, post or email, within 2 business days of us receiving the complaint. We will also provide the name and contact details of the person managing the complaint.

How we resolve complaints

By telephone: We are committed to contact via telephone. One of our Feedback Managers will take responsibility to resolve the concern.

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

How long might it take to resolve a complaint?

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

we help people get their lives back

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

How will we assess a complaint?

We will ensure that the complaint is managed:

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

Unresolved Complaints

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

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

Telephone: 13 10 50

Email: contact@sira.nsw.gov.au

- **WorkCover Independent Review Office (WIRO)** WIRO provides an independent complaints solution service for workers who are unhappy with a decision we make. WIRO also provides funding for legal advice. WIRO contact details are:

Telephone: 13 94 76

Website: www.wiro.nsw.gov.au

- **Workers Compensation Commission (WCC)** The WCC is an escalation option for workers compensation disputes involving liability, medical and work injury management. The WCC contact details are:

Telephone: 1300 368 040.

- **New South Wales Ombudsman** Telephone: 02 9286 1000

Toll Free (outside Sydney metro) 1800 451 524

Web: www.ombo.nsw.gov.au

Email: nswombo@ombo.nsw.gov.au

Fax: 02 9283 2911

we help people get their lives back

9. Dispute Resolution

Hospitality dispute process is in line with SIRA Guidelines. If there is any decision made on a claim, the worker will be advised formally, in writing. The worker is given the opportunity to provide additional information or evidence; and to request for Hospitality to reconsider the decision. An internal review application form is provided with the written notice and we encourage the worker to complete this form and return to us with any additional information to be considered. We will complete this review within 14 days of receipt.

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

- Seek advice / assistance from your **trade union organisation or from a lawyer**, however we note that workers are responsible for their own legal costs.
- Contacts SIRA's Customer Service Centre on 13 10 50 or visit their website at www.workcover.nsw.gov.au.
- Seek independent advice from the **WorkCover Independent Review Office (WIRO)**. The WIRO has also established the Independent Legal Assistance and Review Service (ILARS). ILARS can facilitate access to free independent legal advice to in circumstances where there is a disagreement regarding entitlements. For more information call WIRO on 13 94 76 or visit their website at www.wiro.nsw.gov.au.
- Disputes can also be referred for determination by the **Workers Compensation Commission (WCC)**. Matters that may be referred to the WCC are limited to matters specified in a dispute notice. The WCC may not allow introduction of any information not previously notified as in dispute. Such a dispute can be referred by lodging the an Application to Resolve a Dispute form to the Registrar of the Commission located at Level 20, 1 Oxford Street, Darlinghurst NSW 2010. The email address of the Registrar of the WCC is registry@wcc.nsw.gov.au.

Legal Proceedings

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

10. Quality Assurance

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

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

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

10.1 Peer Review and Support using our NCMM

At scheduled points throughout the life of a claim where a return to pre-injury duties or suitable employment has not yet been achieved, an internal strategic review of the claim is completed by the Case Manager and when required peer reviewed by a suitably qualified person. These reviews are undertaken against a documented framework and aim to ensure proactive injury management strategies are implemented. This process assists the Case Manager to identify RTW obstacles and management strategies, and reasonably necessary treatment at an early stage to impact RTW timeframes.

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

10.2 Claim Handover

Where a case handover to a new Case Manager is required, we have a structured approach to ensure a smooth transition to the new Case Manager for all stakeholders.

The new Case Manager will complete a review of the history of the claim, and agree the onward claim strategy with the previous Case Manager. The new Case Manager will then contact the relevant stakeholders to establish working relationships.

we help people get their lives back

10.3 Authorisation Framework

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

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

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

10.4 Internal Audit

Audits of our Injury Management Program and related processes are undertaken monthly by our Business Governance Assurance Team. The audit framework undertaken of Case Management activities is based on the SIRA Insurance Audit Evidence Guide developed specifically for Hospitality.

Results are collated in the following:

- Automated performance reports
- Monthly Management Reporting
- Annual report

10.5 Regular Monitoring Reports

Hospitality has a Task Manager application which provides every Case Manager with their required case management activities and timeframes. Team Leaders have visibility of their team's tasks and any overdue activities are escalated to the appropriate Team Leader. This assists in the management of their team and individual performances as well as ensuring when Case Managers are absent, relevant timeframes are met by allocation of their tasks to other team members.

Other reports include:

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

11. Fraud

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

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

12. Privacy and Confidentiality

12.1 The Privacy Act

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

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

Hospitality respects the worker's right to privacy and values the trust placed in us to handle personal and sensitive information. Maintaining the privacy of all personal and sensitive information entrusted to us is paramount, and we do this by only collecting information that we require to provide a service to a worker. For the purposes of Workers Compensation premium and claims management services, generally we keep a record of:

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

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

How we use or disclose personal information provided by the worker:

- For the purpose of assessing and managing workers compensation claims, including determining liability, or
- In providing reasonably necessary clinical services (such as medical treatment, rehabilitation, medical investigations, tests or procedures); or
- If we are required or authorised by law to do so.

12.2 Stakeholder Rights

Hospitality aims to ensure that the personal information we hold is accurate, complete, relevant, up-to-date and not misleading. If the worker would like to update any personal information that we currently hold in our systems; access their personal information or have concerns about the way that we have managed the information, we encourage the worker to contact our Privacy officer via email: info@hoteemployersmutual.com.au or info@clubemployersmutual.com.au

For further information, the Hospitality Privacy Statement and the Hospitality Privacy Policy are available via our website.

we help people get their lives back

13. Appendices

- A. Claim form
- B. PIAWE form
- C. RTW plan

we help people get their lives back

14. References

Australasian Faculty of Occupational & Environmental Medicine 2011, Position Statement: Realising the Health Benefits of Work

SIRA Guidelines for Claiming Compensation Benefits 2016 (NSW)

http://www.workcover.nsw.gov.au/_data/assets/pdf_file/0004/84064/Guidelines-for-claiming-workers-compensation-8084.pdf

SIRA Workers Compensation Benefits Guide 2016 (NSW)

http://www.workcover.nsw.gov.au/_data/assets/pdf_file/0005/38174/wc-benefits-guide-july-2016-08000.pdf

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of The Royal Australasian College of Physicians (RACP) Consensus Statement *'The Health Benefits of Work'*

The Workers Compensation Act 1987 (NSW) <http://www.legislation.nsw.gov.au/#/view/act/1987/70>

The Workplace Injury Management and Workers Compensation Act 1998 (NSW)

<http://www.legislation.nsw.gov.au/#/view/act/1998/86>

The Workers Compensation Regulation 2010 (NSW)

<http://www.legislation.nsw.gov.au/regulations/2011-37.pdf>

Special Supplement WorkCover Guidelines on Independent Medical Examinations and Reports 2012

(NSW) http://www.workcover.nsw.gov.au/_data/assets/pdf_file/0016/25171/independent-medical-examinations-reports-guidelines-3740.pdf

Special Supplement Workcover Guidelines on Injury Management Consultants 2012 (NSW)

http://www.workcover.nsw.gov.au/_data/assets/pdf_file/0020/16607/guidelines-on-injury-management-consultants-WC03896.pdf

we help people get their lives back