

A photograph showing two men sitting at a table. The man on the left is in a blue wheelchair, wearing a grey long-sleeved shirt. The man on the right is wearing a red, white, and blue plaid shirt over a white t-shirt and khaki pants. They are both smiling and appear to be in a conversation. The background is a bright, indoor setting, possibly a cafe or a meeting room.

icare™

Injury management program

31 May 2019

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Important information about this brochure

The purpose of this brochure is to provide employers with current and accurate information about management of workers insurance claims as well as inform the employer's return to work program

The information set out in this brochure only applies to the icare workers insurance scheme.

To ensure you comply with your legal obligations you should refer to the State Insurance Regulatory Authority (SIRA) Guidelines for workplace return to work programs and appropriate legislation. You can access the guidelines at www.sira.nsw.gov.au.

In this brochure, the word "insurer" means icare (including Workers Care and the Uninsured Liabilities) and/or its scheme agents.

1. Who we are

icare delivers world-class insurance and care services to the businesses, people and communities of NSW.

Whether a person is severely injured in the workplace or on our roads, icare supports their long-term care needs to improve quality of life, including helping people return to work.

We also insure more than 300,000 employers across NSW and 193 NSW Government agencies, and protect their 3.6 million employees. With more than \$33 billion in assets, we're one of the largest insurance providers in Australia.

icare is made up of six schemes that are committed to delivering better cover, treatment and care to the people of NSW.

icare is passionate about changing people's lives by being there when they need us most. Whether it's support to return to work or ongoing care, when it comes to injury management we're committed to working with every injured worker to ensure they can continue their lives with confidence.

We focus on the person, not the process. This means we can deliver the best possible outcomes with fairness, respect and empathy.

Our schemes

icare workers insurance

provides workers insurance cover to NSW employers and employees.

icare dust diseases care

provides treatment and compensation for injured workers with a dust disease.

icare Home Building Compensation Fund

helps homeowners to rectify incomplete or defective works done by a builder or tradesperson.

icare lifetime care

provides treatment and care for people who are severely injured in a NSW motor accident through the Lifetime Care and Support Scheme.

icare Insurance for NSW

provides self-insurance to NSW government agencies through the Treasury Managed Fund and other managed funds.

icare sports insurance

provides no-fault cover to sporting groups under the NSW Sporting Injuries Insurance Scheme.

The information set out in this brochure only applies to the **icare workers insurance scheme**.

Injury Management Program

The Injury Management Program, which is managed by icare workers insurance, provides important information for employers about injured workers returning to work.

It explains how icare and its scheme agents will work with employers, injured workers and other key stakeholders (such as doctors and treatment providers).

The goal of the program is to safely achieve recovery at work for injured workers or, if that's not possible, manage ongoing care and support if they're not able to return to work in the short or long term.

Employers should refer to this program when developing or reviewing the Return to Work Program for their organisation.

This Injury Management Program applies from 31 May 2019 and will be reviewed on an annual basis.



“As the industry leaders in workers insurance, we protect and support you by offering simple and affordable insurance, injury protection and return to work solutions.”

- Beth Uehling, Group Executive, Personal Injury Claims

2. Managing your claim

Your experience is important to us. That's why our claims process provides all the support you need.

icare and its scheme agents

As the Nominal Insurer, icare workers insurance administers the private sector insurer responsible for providing workers compensation insurance to employers in NSW. It is the largest workers compensation insurer in NSW, protecting around 90 per cent of the NSW workforce.

Workers compensation insurance claims are managed on behalf of icare by the scheme agents set out below.

Claims from 1 January 2018



Workplace injury claims notified from 1 January 2018 are managed by EML.* They also manage a portfolio of existing claims.

Earlier claims



Where the date of injury is before 31 December 2017 or is a claim covered by an exempt employer policy, the claim is managed by GIO or Allianz.

Other claims

icare workers insurance manages those claims accepted into the Workers Care program. This program is for workers who have sustained a severe injury in a NSW workplace and have an accepted workers compensation claim. Severe injuries include brain injury, spinal cord injury, amputations, burns and permanent blindness.

If an employer does not hold a valid workers compensation insurance policy, the worker can still notify of a claim through icare. These claims are managed by the icare workers insurance Uninsured Liabilities Claim Team.

*excludes employers with an exemption approved by icare.

Levels of support

At icare, we tailor our approach to your needs. This means our level of care and management matches the circumstances and complexity of the claim.

Support level	Type of Injury
<p>Support centre</p> <p>The EML support centre provides you with self-service capability, as well as operator support, to manage low risk claims (where they have been notified from 1 January 2018). You can ask questions via a range of communication channels.</p>	<ul style="list-style-type: none"> • Incident-only notification (no payments or support required) • Medical expenses-only claims • Low-risk injuries (full incapacity is unlikely to extend beyond two weeks)
<p>Return to Work</p> <p>icare's scheme agents provide you with case management for workers who have suffered a significant injury requiring customised support to enable the worker to return to work.</p>	<ul style="list-style-type: none"> • Significant claims, where the full incapacity is likely to be for two weeks or more • Claims with significant risk factors that could impact expected recovery timeframes • Claims for industrial deafness
<p>Specialised</p> <p>Where the situation is more complex and sensitive, icare's scheme agents provide an approach to case management that is tailored to meet the specific needs of these workers.</p>	<ul style="list-style-type: none"> • Workplace fatalities • Primary psychological injury claims • Complex injury types • Injuries resulting from extreme traumatic events
<p>Workers Care program</p> <p>icare provides tailored support that puts a worker with severe injuries at the centre of all planning and decision making regarding the services they receive. We also focus on helping people achieve their goals at home, work and in the community.</p>	<ul style="list-style-type: none"> • Brain injury (moderate to severe) • Spinal cord injury • Multiple amputations or specific unilateral amputations • Full-thickness burns • Permanent blindness
<p>icare claims - Uninsured liabilities</p> <p>icare provides case management support for workers who have suffered an injury in circumstances where their employer does not have a current workers insurance policy and is not an exempt employer.</p>	<ul style="list-style-type: none"> • An injury that occurred while the worker was working for the employer, where the employment was a substantial contributing factor to the injury.

Giving notice of an injury

Where an injury occurs in the workplace, you need to notify icare as soon as possible. All claims notified from 1 January 2018 are managed on icare's behalf by EML.*



[portal.icare.nsw.gov.au/
lodgement/preliminary-info/](https://portal.icare.nsw.gov.au/lodgement/preliminary-info/)



newpiclaims@icare.nsw.gov.au



13 77 22

The law requires employers to provide notification within 48 hours of being made aware of the injury.

If an employer doesn't report the injury within 5 days of being made aware of it, a claims excess payment may be payable. This excess payment will be the equivalent of one week of the injured worker's weekly payments.

You also need to update the Workplace Register of Injuries. If you don't, a penalty may apply.

If a death, serious injury or illness, or dangerous incident occurs, it is a notifiable incident. You will need to notify both icare (as set out above) and SafeWork NSW (on 13 10 50).

Lodging a claim

Information to lodge a claim	Additional information
<p>Worker's details</p> <ul style="list-style-type: none">• name• address• telephone number <p>Employer's details</p> <ul style="list-style-type: none">• company name• company address <p>Nominated treating doctor details</p> <ul style="list-style-type: none">• name• telephone number• hospital details (if applicable) <p>Injury details</p> <ul style="list-style-type: none">• date and time of injury• description of injury• how the injury occurred <p>Notifying person details</p> <ul style="list-style-type: none">• name• telephone number• relationship to worker or employer	<p>The following details may also be requested:</p> <ul style="list-style-type: none">• the worker's date of birth• the employer's ABN or workers insurance policy number• details of any time off work• copy of the Certificate of Capacity• details of worker's capacity to return to work and expected date• employer's ability to support worker's recovery at work in suitable employment• worker's pre-injury average weekly earnings. <p>Providing this information as soon as you know it can speed up the processing of a claim.</p>

* excludes employers with an exemption approved by icare.

Making contact

Where a worker needs time off work or ongoing treatment for their injury, we will contact both you and the worker within three days of notification of the injury. We will also contact the treating doctor if any further information is needed.

The reason for making contact at this early stage is to:

- see how the worker is managing and what their treatment needs are
- request further details about the injury and current work status
- identify any risks and barriers to recovery at work
- when there is time loss, request wage information to assist in the calculation of pre-injury average weekly earnings
- answer any questions about the claims process
- establish a recovery at work goal and put likely recovery timeframes in place
- arrange any necessary support services.

It's important for you to also stay in touch with your worker following the injury. Reassure them that you're there for them and will support them in their recovery. Keeping them in the loop about what's happening in the workplace is a great way to help them stay connected and can assist in facilitating a safe and timely return to work.

Assessing claims

At icare, we want to ensure we achieve optimal outcomes for our customers. That's why we've developed a model to identify barriers to recovery at work and ensure the right support is provided at the right time.

We understand that every injury is different and the time it takes for individual workers to recover is different.

We also know that the level of support each injured worker requires will differ depending on the nature of their injury, as well as social and psychological factors, and the presence of other known diseases or health conditions.

That's why we collect the relevant information and align it with the claim to assess the support required.

The worker's nominated treating doctor will issue a Certificate of Capacity and you should forward this document to us as soon as possible.

The icare team, as well as its scheme agents, will be on hand to assist with your claim from beginning to end and our claims management process is supported by injury management, triage and technical specialists.

Working with the nominated treating doctor

After an injury, the worker needs to nominate a doctor to direct their treatment. The nominated treating doctor will provide a Certificate of Capacity, which sets out information about how you can support the worker's return to work and their recovery needs.

When certifying capacity for employment, the nominated treating doctor will advise if the worker:

- is fit for their pre-injury duties;
- has capacity for selected duties (with specified restrictions); or
- has no capacity for work.

The role of the treating doctor is to:

- complete a Certificate of Capacity
- arrange and monitor treatment related to the workplace injury
- provide information to the insurer and employer about the suitability of work offered by the employer (including any medical restrictions)
- promote a safe and early recovery at work for the worker and, only if necessary, certify time off work
- review the worker's recovery progress and any medical arrangements
- recommend assistance by an approved workplace rehabilitation provider (if required)
- be available for discussion with the insurer and employer about injury management and recovery at work.

Information counts

Research shows that returning to work during the recovery process can reduce the harmful physical and psychological effects experienced by a person injured at work.

By providing the nominated treating doctor with information about your workplace and the range of duties available, you'll positively impact the Recover at Work or Return to Work Plan for your injured workers.

Useful information includes:

- Contact details for the injured worker's supervisor, employer and return to work co-ordinator
- A description of the injured worker's pre-injury duties, including the functional demands of the role
- Details of other suitable duties, including the functional demands of each task
- Details about the usual days and hours of work of the injured worker.

3. Assessing liability

Legislation applies to the payment of compensation following notification of a workplace injury.

Written notice will be given to you and the worker about the outcome of the claim.

The written notice will also include information to assist with any questions you have and how to contact us.

Provisional liability

Provisional payments allow the insurer to start paying weekly payments and medical expenses while they fully assess the claim. These payments may include weekly payments for up to 12 weeks and the payment of medical expenses up to \$10,000.

If the worker's injury has resulted in a loss of earnings, the insurer must start paying weekly provisional payments within seven days of being notified of the injury (unless there is a reasonable excuse not to).

If weekly provisional payments don't start because of a reasonable excuse, the insurer must notify both you and the worker in writing of the reasons for this. They must do this within seven days of being notified of the injury.

A reasonable excuse may apply to provisional weekly payments, but not to provisional medical payments. Reasonably necessary treatment may be funded during this period.

The insurer will also provide you with advice about how to make a formal claim.

Liability

The amount of time the insurer has to make a decision about a claim for liability will depend on whether they have accepted provisional liability.

Where provisional liability has been accepted

Where the insurer has started making provisional payments and has notified the worker, they must decide liability before the provisional payments end (i.e. before the worker has received weekly payments for up to 12 weeks or has been paid for medical expenses up to \$10,000).

Where provisional liability has not been accepted

If provisional payments have not started and the insurer has received a formal claim for workers compensation (including a completed worker claim form and a valid Certificate of Capacity), the claim must be determined, either by accepting liability and commencing weekly payments or disputing liability, within 21 days of the claim being made. Alternatively, an insurer can accept liability for weekly payments on a provisional basis which does not constitute an admission of liability for a period of up to 12 weeks.

If the insurer decides to dispute any aspect of liability on a claim, notice of the dispute will be given to both you and the worker. The worker will receive an outline of the reasons why liability is being disputed and the evidence relied upon to make the decision will be attached.

The employer has the opportunity to request a review of a liability decision via the icare disputes resolution team.

The worker will also have the opportunity to request a review of the insurer's decision. The insurer will be required to respond to the internal review request within 14 days. The worker may also contact the Workers Compensation Independent Review Office (WIRO) for assistance.

4. Weekly payments

There will be instances where a worker won't be able to immediately return to work or, if they've continued to work following the injury, will continue to experience a loss in earnings.

Weekly payments reimburse the worker for loss of earnings while they recover from their injury.

The amount of these weekly payments is calculated by reference to a range of factors, including the maximum weekly compensation amount, pre-injury earnings, current earnings and the value of any deductions. Depending on the period for which the weekly payments are claimed, there may also be other factors involved.

When you notify a claim, you'll be asked to supply information about the worker's wage so the calculation can be carried out.

The weekly payment entitlement period starts on the first day of the worker's incapacity due to a work-related injury. Where the worker's entitlement week doesn't correspond to the normal payroll period, you should continue to pay them in line with the normal payroll period.

Pre-injury average weekly earnings

Pre-injury average weekly earnings (PIAWE) is the average of a worker's earnings for a relevant period, expressed as a weekly sum.

The relevant period is the 52 weeks immediately prior to the date of the injury (less any excluded weeks), unless the worker has been employed for a shorter period. The relevant period may also be affected by changes in the worker's employment circumstances during that time.

The PIAWE calculation includes:

Ordinary earnings

These include the worker's base rate of pay, any piece rates and/or commissions, and the monetary value of any non-pecuniary benefits (such as residential accommodation, use of a motor vehicle, health insurance, education fees etc).

Overtime and shift allowances

For injuries prior to 26 October 2018 these are only included in the PIAWE calculation for the first 52 weeks of entitlement. After that, they are removed from the calculation.

For injuries on or after 26 October 2018, any calculation of overtime and shift allowances will remain in PIAWE beyond 52 weeks.

PIAWE is used to calculate wage payments on a claim and must remain as initially calculated, except where:

- it is subject to review and determined to be incorrect;
- after 52 entitlement weeks have been exhausted, overtime and shift allowances are removed (for injuries prior to 26 October 2018);
- the payment is increased at the time of indexation; or
- the worker is less than 21 years of age, is an apprentice or is undertaking training.

Work capacity decisions

A work capacity decision can be made at any time during the life cycle of a claim.

All relevant information is considered to determine a worker's current capacity for work and their ongoing entitlement to weekly payments.

A worker's ongoing entitlement is based on their ability to earn in suitable employment. This may be demonstrated by work they are currently carrying out. A vocational assessment may also confirm appropriate job options based on their work history and transferrable skills.

The information used to support a work capacity decision is gathered throughout the ongoing management of a claim, with a keen focus on information about the process of returning the worker to sustainable employment.

A work capacity decision can be used to affirm a worker's current situation, without any effect on their payments, or it may result in their payments being reduced or stopped after the required notice period. Where a worker's weekly payments are reduced or stopped, your liability to pay compensation is not disrupted. The worker will continue to be supported through the return to work process and provided with the medical care they need for their ongoing recovery.

A work capacity decision will also be made when required to determine a worker's pre-injury average weekly earnings (PIAWE). The weekly payment rate a worker is entitled to can't be amended without making a work capacity decision to confirm the amended rate.

Reviewing a work capacity decision

A worker has the right to ask for a review of a work capacity decision. If they disagree with the decision they have the option to request a review by their insurer by completing an application for internal review form. This is an optional review and must be completed by the insurer within 14 days. Alternatively, or if they disagree with the internal review outcome, a worker can lodge a dispute directly with the Workers Compensation Commission (WCC).

5. Recovery at work

A number of factors apply to the recovery at work process. These include assessments, services and programs to help workers recover in their current workplace or a new workplace.

The link between health and good work

Studies support the health benefits of work. Working is beneficial to both physical and mental health, as well as general wellbeing, and has been shown to help those with ongoing health conditions. It can also assist

in recovery from injury and reduce the risk of long-term incapacity.

When developing workplace procedures to support your workers, consider the following principles:

Fundamental principles

1. Good work is a key factor in the health and wellbeing of workers, their families and the broader community.
2. Long-term absence from work, disability and unemployment may have a negative impact on health and wellbeing.
3. All workplaces should strive to be both healthy and safe.
4. Providing access to good work is an effective way to reduce poverty and social exclusion.
5. With active assistance, many who are not currently working but have the potential to work can access the benefits of good work.
6. Work practices that encourage a healthy workplace culture, positive relationships, accommodate diverse cultural and social beliefs and have effective and equitable injury management programs are key contributors to individual health, wellbeing, engagement and productivity.
7. Good outcomes are more likely where individuals are supported to access the benefits of good work, especially when entering the workforce for the first time, seeking reemployment, or recovering at work following a period of injury or illness.

Working together

Staying in close contact with a worker who has been injured can be beneficial for both of you.

Let the worker know what you'll do to help them recover at work. You should talk to them about your reasonable expectations around their level of involvement and cooperation throughout the recovery at work and injury management process.

Keeping the worker in the loop about what's happening in the workplace is a great way to help them stay connected. It will also reduce any feelings of isolation they may experience as a side effect of being unable to work.

Staying up to date about their recovery can also help you plan for their return to work.

Reassure the worker that you are there for them and will support them in their recovery. Positive and considerate contact can help them get back to work more quickly.

Suitable employment

For most workers with an injury, time off work is not medically necessary. Supporting them to stay at work in some capacity provides the best chance of a good outcome following a work injury.

If a worker is not able to immediately return to their normal duties, you're obligated to accommodate them with suitable employment.

Suitable employment means employment in work for which the worker is currently suited, having regard to the nature of the injury and medical information available, and the age, education, skills and experience of the worker.

Suitable employment can include one or more of the following:

- Modified tasks and duties (including the provision of equipment to help with the modification of tasks and duties)
- Different hours or days of work
- An alternate position in the same workplace

- Training to expand a worker's skill set
- A different job location.

When offering suitable employment to a worker, you should consider:

- The nature of the worker's capacity (as set out in the Certificate of Capacity)
- The worker's age, education, skills and past work experience
- Any workplace rehabilitation services available to the worker
- Any current Injury Management Plan.

If you have any difficulty in identifying suitable employment, contact your insurer as soon as possible for assistance.

Remember...

The employer still has obligations in respect to recovery at work even where there is a dispute as to liability (s41A of the *Workplace Injury Management and Workers Compensation Act 1998*).

Failing to provide suitable employment to a worker where they request it may impact the cost of your workers compensation premium. You may also be in breach of your obligation to provide suitable duties, and the State Insurance Regulatory Authority (SIRA) may issue of an improvement notice, a financial penalty or both.

Recover at Work or Return to Work Plan

A Recover at Work or Return to Work Plan is specific to the individual worker and provides information about their recovery at or return to work. The plan is completed by you, in consultation with the worker and their supervisor, and takes account of medical information provided by the nominated treating doctor and any other treatment providers.

The return to work process should start as soon as possible after the workplace injury occurs. In the early stages, the most important thing you can do is have early and regular contact with the worker.

A plan should be developed for all workers who are certified as having a capacity to work and have returned to work on

anything other than their full pre-injury duties. Even if the worker currently has no capacity for work, it's essential to look at opportunities in readiness for their return.

The plan should include:

- The worker's pre-injury duties
- The worker's recover at work goal
- Details of the current Certificate of Capacity
- Details of suitable work that is available
- A review date for the plan
- Agreement to the plan by the worker and their supervisor.

A copy of the plan should be provided to the worker's nominated treating doctor and any other treatment providers.

Recover at Work or Return to Work Plan templates can be found at



sira.nsw.gov.au. Search for "SIRA08698"

Injury Management Plan

An Injury Management Plan provides details of the worker's return to work and recovery goals, including information about treatment. The plan is generally developed within seven days of a claim being lodged.

The Injury Management Plan is developed by the insurer in conjunction with you, the worker and nominated treating doctor and extended health team. The plan is shared with you, providing the worker remains your employee. It is reviewed regularly and updated as necessary where further treatment is approved or there are changes to the recovery at work goal.

It's important to keep the insurer informed of any changes that may affect the Injury Management Plan.

Reasonably necessary treatment

Following an injury at work, a worker may need medical treatment or care.

Under workers compensation legislation, the insurer can only cover medical and related expenses for approved treatment and services that are considered to be

reasonably necessary. Therefore, it's important to seek approval from the insurer before incurring any expenses.

The factors that may be considered when reviewing a request for reasonably necessary treatment or care include:

- Relationship to the injury – How is the treatment related to the workplace injury?
- Appropriateness – How does the treatment help improve the worker's functioning and participation in daily life?
- Cost – Is the treatment cost effective?
- Effectiveness – What is the actual or potential effectiveness of the treatment? How will it benefit the worker?
- Alternatives – Are other treatments available?
- Acceptability – Do medical experts consider the treatment to be effective and reasonable?

Requests for treatment are considered on a case-by-case basis. What is considered to be reasonably necessary for one worker may not be considered to be reasonably necessary for another worker with a similar injury.

Some treatment providers must be approved by the State Insurance Regulatory Authority (SIRA), including physiotherapy, chiropractic, exercise physiology, psychology and counselling. A list of providers approved by State Insurance Regulatory Authority (SIRA) is available at www.sira.nsw.gov.au.

There are some treatments and services that don't require pre-approval from the insurer, including:

- Initial treatment within 48 hours of the injury occurring
- Consultation or case conferencing for the injury with the nominated treating doctor
- Services provided in a public hospital emergency department
- Standard x-rays referred by the treating doctor within two weeks of the date of the injury
- Prescription and over-the-counter pharmacy items prescribed by the nominated treating doctor within one month of the date of the injury

- Up to eight consultations with a State Insurance Regulatory Authority (SIRA) approved treatment practitioner, with treatment starting within three months of the date of the injury.

Where possible, the insurer will provide pre-approval for treatment as soon as possible after becoming aware of the requirements.

Other support

Workplace rehabilitation providers

Where the worker's return to work is more complex, specialist providers may be engaged.

Workplace rehabilitation providers are on hand to offer help regarding suitable employment options and return to work planning.

Their services are usually delivered at the workplace and may involve:

- Assessing a worker's capacity to perform duties safely
- Negotiating and liaising with you, the nominated treating doctor and other health professionals
- Identifying work that supports improvements in the worker's capacity for work
- Identifying options to help reduce work demands (including providing advice about equipment, job or workplace modifications)
- Identifying and addressing risks that may impact the worker's recovery at work or return to work
- Implementing and monitoring a plan to achieve an agreed recovery at work goal.

Unfortunately, there may be times where a worker won't be able to return to the pre-injury employer following an injury. If this is the case, a workplace rehabilitation provider may be engaged to support the worker to seek alternative employment.

Programs and incentives

A range of programs and incentives are available to help workers remain in the workplace while recovering or get back to

work following an injury. More information is available on the icare and SIRA websites.

The State Insurance Regulatory Authority (SIRA) has a series of targeted programs to support specific types of claims. Your case manager will advise you if your worker may benefit from one of the following programs.

Recover at Work Assist for Small Business

This program aims to help small business overcome the financial difficulty when providing suitable work to a worker recovering from a work related injury or illness.

Equipment and Workplace Modification

This program provides funding for workplace equipment or modifications that may help a worker to remain at work with their pre-injury employer or commence work with a new employer.

Work Trial Program

The purpose of the Work Trial Program is to increase the worker's capacity to return to their pre-injury employment or increase their transferable skills to take a different job with either the pre-injury employer or a new employer. A work trial is a short duration, voluntary agreement with a host employer. The worker receives no wages from the host employer during the trial but will continue to receive weekly payments through the claim. The work trial is overseen by a State Insurance Regulatory Authority (SIRA) approved workplace rehabilitation provider.

Training Programs

A training program can help a worker to develop new skills and/or obtain qualifications to return to their pre-injury employer or to gain new employment.

Transition to Work Program

The Transition to Work Program provides funding to address immediate or short-term barriers or needs that prevent a worker from obtaining or accepting an offer of employment with a new employer.

JobCover Placement Program

The JobCover Placement Program provides incentives to employers for up to a year when they employ a worker who cannot return to work with their pre-injury employer.

There are also a number of icare programs designed to support specific types of claims.

Medical Support Panel

The Medical Support Panel is a clinical panel composed of independent physicians who review treatment and causation requests to make recommendations to case managers to help them to:

- approve treatment and/or support causation of injury; or
- refer the worker for an Independent Medical Examiner assessment.

The Medical Support Panel will provide guidance about alternative strategies to reduce issues and barriers impacting the case at hand.

Health and Community Engagement

icare's Health and Community Engagement Team helps workplaces be safe and healthy, ensures healthcare systems provide accessible and timely treatment, and helps workers who have been injured at work re-engage with the community.

Independent opinions

In some circumstances, an independent opinion may be required to assist with the return to work and recovery process.

Independent Medical Examiner

An Independent Medical Examiner is a registered medical professional who provides an impartial opinion about liability, treatment, causation of injury or illness, and permanent impairment.

A referral for an Independent Medical Examiner occurs when medical information is inadequate, unavailable or inconsistent and the referrer has been unable to resolve the problem directly with the practitioners involved.

Independent Medical Consultant

An Independent Medical Consultant is a medical practitioner who is experienced in workplace rehabilitation. They liaise with the worker, employer and nominated treating doctor to overcome barriers and identify strategies and solutions to assist a worker to return to work.

An insurer or employer can refer to an Independent Medical Consultant when there is a specific return to work or injury management concern relating to things like:

- the complexity of the injury or the workplace environment
- poor communication
- a conflict between the nominated treating doctor's recommendations and the workplace requirements
- unexplained changes in work capacity
- a disagreement regarding the suitability of duties offered to a worker
- the worker is not upgrading at work

Independent Consultant

Independent consultants provide independent peer review of allied health practitioner treatment.

A referral to an independent consultant should be considered if there is any concern about:

- the treatment duration, frequency and/or whether treatment is reasonably necessary
- the fact that treatment has continued for an extended period without any improvement in functional outcomes, particularly in relation to a worker's capacity
- the treatment approach most likely to achieve positive work outcomes for the worker
- barriers to recovery at work and/or psychological risk factors for delayed recovery and work loss.

6. Roles and obligations

icare and our scheme agents

icare's role, together with our scheme agents, is to guide and support workers to achieve the goal of returning to work. We do this by consulting, collaborating and communicating with all stakeholders throughout the life cycle of the claim.

Our role is to:

- Develop the Injury Management Program with information about how claims will be managed
- Contact you, the worker and (where necessary) the nominated treating doctor within three working days of being notified of a workplace injury
- Develop an individual Injury Management Plan, within seven days of a claim being lodged, for workers who remain off work or are accessing treatment
- Organise support and assistance from third-party service providers in consultation with the you, the worker and nominated treating doctor
- Provide information to all stakeholders regarding their obligations
- Provide help to facilitate recovery at work and to support you in finding work that the worker can do safely.

Employers

The relationship between you and your worker is critical to their recovery following a workplace injury.

To ensure the worker is in the best position to achieve their recovery goals, your role is to:

- Ensure there is a workers compensation insurance policy in place covering all employees
- Ensure the health, safety and welfare at work of all workers and maintain a record of all work-related injuries
- Notify SafeWork NSW immediately if a serious incident occurs
- Notify the insurer within 48 hours of becoming aware that a worker has sustained an injury
- Ensure a Return to Work Program is in place within 12 months of commencing business
- Review and update the Return to Work Program at least every two years to ensure it complies with the law
- Ensure the Return to Work Program aligns with the insurers Injury Management Program
- Provide suitable work to a worker in accordance with their Certificate of Capacity
- Participate and cooperate in the development of an Injury Management Plan for a worker
- Cooperate and provide assistance to investigate common law and recovery claims.

Workers

The primary role of the worker is to focus on recovery. If possible, they should aim to stay at work in some capacity. If that's not possible, they should aim to return to work as soon as possible.

Following a workplace injury, the worker's role is to:

- Notify you as soon as possible if they suffer a workplace injury
- Participate in the development of the Injury Management Plan
- Nominate a treating doctor to direct medical management and participate in the Injury Management Plan
- Authorise the nominated treating doctor to provide all relevant information to key stakeholders
- Notify the insurer if they want to change their nominated treating doctor
- Make reasonable efforts to return to their pre-injury role or other suitable work
- Report any issues with the Injury Management Plan or suitable work to you, their nominated treating doctor, the insurer or workplace rehabilitation provider
- Seek alternative employment if unable to return to pre-injury work or if you can't provide suitable work
- Speak regularly with the people involved in their recovery, informing them of progress and any changes in capacity
- Attend and actively participate in all appointments with medical practitioners, treatment providers and/or workplace rehabilitation providers.

Workplace Injury Management and Workers Compensation Act 1998

Section 48 of the *Workplace Injury Management and Workers Compensation Act 1998* sets out that, in order to receive weekly payments, an injured worker who has capacity to work must make reasonable efforts to return to work.

If they don't, the insurer will contact key stakeholders and discuss the reasons for non-compliance or non-participation, and will try to resolve any barriers.

Where there are barriers, these will be included in the worker's Injury Management Plan.

Where resolution is not able to be achieved, the worker will be informed of the impact on the entitlement to weekly benefits. This may include a written warning, timeframe to comply, suspension of weekly payments or termination of weekly payments if the non-compliance or non-participation continues.

7. Feedback and complaints

icare is committed to partnering with you to achieve the best outcomes for your business and workers who sustain a workplace injury.

icare Net Promoter Score

The icare Net Promoter Score (NPS) program is a measurement of customer loyalty and customer experience. We send out a large number of NPS surveys to our workers insurance customers and stakeholders, and use the results to understand our customers' needs and ensure they remain at the centre of all decision making.

We understand that every customer's situation is different and that resolving complex issues can be challenging and sometimes overwhelming. Where there is uncertainty or disagreement, there are support services available.

If there's a problem

We always strive to do things the right way and keep our customers happy. But, unfortunately, sometimes disputes and complaints arise. When this happens, our goal is to resolve the issue as quickly and amicably as possible.

icare Complaints Resolution Team icare delivers insurance and care to people with a workplace injury under the NSW Workers Compensation Scheme. Our scheme agents – EML, GIO and Allianz – are responsible for managing workers compensation claims on behalf of icare.	13 99 22 www.icare.nsw.gov.au
Workers Compensation Independent Review Office (WIRO) WIRO is an independent statutory office whose role includes dealing with complaints, as well as managing the provision of legal assistance to injured workers.	13 94 76 www.wiro.nsw.gov.au
State Insurance Regulatory Authority (SIRA) State Insurance Regulatory Authority (SIRA) regulates the workers compensation system in NSW and provides information to insurers, workers and employers on the rights, roles and obligations of everyone involved in the workers compensation system.	13 10 50 www.sira.nsw.gov.au
Workers Compensation Commission (WCC) The WCC is an independent statutory tribunal that resolves workers compensation disputes between injured workers and employers.	1300 368 040 www.wcc.nsw.gov.au

8. Other matters

Privacy and confidentiality

icare is committed to protecting the privacy of our customers, employees and members of the public. This commitment applies to everyone at icare, as well as our scheme agents and service providers. This includes our Board directors, ongoing and temporary employees, contractors, consultants and others who may be temporarily assigned to perform work or services for icare.

icare will not disclose personal or health information unless this is permitted by legislation.

Individuals who want to complain about the management of their personal or health information may wish to contact icare's privacy officer at privacy@icare.nsw.gov.au to discuss their concern or alternatively lodge an internal review under the *Privacy and Personal Information Protection Act 1998* and/or the *Health Records and Information Privacy Act 2002*. Wherever possible we will try to resolve the issue informally, if the individual is willing and agrees to this process.

Customers who wish to seek access or make amendments to their own personal or health information held by icare, should be aware of the information protection principles and the health privacy principles that must be applied when dealing with personal or health information. When seeking access to information a fee may apply.

For more information:

See the Privacy Management Plan on the icare website for more information on icare's privacy obligations.

 www.icare.nsw.gov.au

 privacy@icare.nsw.gov.au

 icare
GPO Box 4052
Sydney NSW 2001

Fraud

Fraud involves making a false or misleading statement while claiming workers compensation, with the intention of obtaining money or gaining financial advantage. This is considered a serious offence and it can carry significant penalties.

For more information:

 www.icare.nsw.gov.au

 NIfraud@icare.nsw.gov.au

contact@sira.nsw.gov.au

 **Compliance, Investigations & Prosecutions**
Locked Bag 2906
Lisarow NSW 2252

Finalising a claim

A claim is finalised when the injury no longer impacts the worker's ability to participate in suitable employment or pre-injury employment and no further treatment is required.

Finalisation of a claim may also include:

- A return to pre-injury duties
- A return to suitable employment with no wage loss
- A work capacity decision that results in no entitlement to weekly payments
- A common law settlement or commutation
- The recovery of damages by the injured worker from a third party
- A refusal of ongoing liability
- The termination of weekly payments.

Reopening a claim

In certain circumstances, it may be necessary to reopen or reactivate a claim that was previously finalised.

When a request to reopen or reactivate a claim is received, the insurer will conduct a thorough review of the worker's claim and decide if there is any further entitlement to benefits.

The insurer will also communicate a liability decision to all stakeholders about whether further benefits are payable.

Injury prevention

At icare, we want to ensure that all workers and employers feel safe and supported. The Workers Insurance Injury Prevention team are focused on preventing injuries and safe employers are rewarded with premium discounts, so more money can go back to NSW businesses.

Our mission is to encourage the management of workplace health and safety in a holistic and creative way, taking steps to intervene and prevent injuries rather than expending resources after the fact on rehabilitation and compensation.

Why wait for an injury to happen? Injury prevention strategies can reduce workplace incidents, premiums and time lost due to injury. These strategies can also improve productivity and improve workplace culture and engagement.



www.icare.nsw.gov.au



prevent@icare.nsw.gov.au



13 44 22

Contact our Injury Prevention team for more information on how we might be able to provide knowledge and support for your injury prevention strategies.

Appendix

Upcoming Changes to PIAWE

The State Insurance Regulatory Authority are in the process of implementing changes to the way PIAWE is calculated.

These changes are being introduced to simplify the calculation of PIAWE, and make it easier for all stakeholders to understand and explain.

The key expected changes to PIAWE include the following:

- A new PIAWE definition - Reference to ordinary earnings, shift and overtime will be removed. PIAWE will simply mean the weekly average of the gross pre-injury earnings received by the worker in all employment at the time of injury.
- A simpler calculation of PIAWE - PIAWE will be calculated as gross earnings divided by the relevant earning period which is the 52 weeks before injury, unless an adjustment applies. Gross earnings include income from all employment at time of injury and the cash value of non-monetary benefits that have been withdrawn after injury but excludes compulsory superannuation, workers compensation and/or other compensation payments.

- A simpler calculation of the amount of weekly payments - Deductions will no longer be considered.
- A new PIAWE type - In certain circumstances, an insurer will be allowed to give effect to an agreement between a worker and employer about a worker's PIAWE.

While we await the final content and a commencement date, icare has been sharing information about the expected changes with our agents, providers and customers in preparation for implementation before the end of 2019.

For detailed information about how to calculate your worker's pre-injury average weekly earnings, go to www.icare.nsw.gov.au.

