

Report of the Customer Advocate – icare response

25 February 2020

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In October 2019 icare engaged Righthandturn Pty Ltd as a Customer Advocate to identify opportunities for icare to enhance its customer service delivery.

The Report of the Customer Advocate (the Report) complements the outputs of the Independent Reviewer's Report of the Nominal Insurer commissioned by the State Insurance Regulatory Authority (SIRA), through tangible and actionable service delivery recommendations to improve customer outcomes and experience.

Feedback and recommendations of the Report arise from 33 interviews undertaken from October 2019 to December 2019, most of which were from those that made submissions to SIRA's Review of the Nominal Insurer. Of the 33 interviews, 27 were in person and 6 by telephone. To maintain independence, the Customer Advocate has not been privy to correspondence between icare and SIRA on the subject of the Review of Nominal Insurer, nor has the Customer Advocate read the reports released by SIRA on 13 December 2019 or icare's response regarding the Review.

Themes identified by the Customer Advocate as detailed in the Report include:

- Premium Management
 - a) Timeliness
 - b) Accuracy
 - c) Complexity
 - d) Skills and Knowledge
 - e) Access
- Claims Management
 - a) Skills and Knowledge
 - b) Timeliness
 - c) Liability
 - d) Single Case Manager
 - e) Involvement
 - f) Mental Injury Claims
 - g) Understanding the Claims Journey
- Customer Engagement
 - a) Consultation
 - b) Knowledge
 - c) Associations and Representative Groups
- Governance
 - a) Customer Promise
 - b) Performance of Claims Service Providers
 - c) Role of the Customer Advocate

icare's response and action management plan as it relates to the feedback and recommendations of the Report is detailed below.

icare would like to thank its customers for taking the time to share their experiences with the Customer Advocate and the pivotal role in contributing to the Report and resultant actions to improve customer outcomes and experience.

Recommendation 1

Identify and implement process improvements that improve the timeliness of future financial years premium information and notices to customers. This should include exploring the possibility of delivering premium communications in the April to July period annually.

Response

icare both agrees and supports the timely provision of information to customers in advance of their upcoming premium. In 2019 icare provided premium notices in advance of renewals for the 95% of non-experience rated employers. This provided these employers with their premium notices in May for 30 June and July renewals. In 2019 renewals to these employers were provided as soon as the premium filing was accepted by SIRA.

Completed Actions

icare recognise the premium filing acceptance as the limiting factor for providing premium notices earlier than May for 30 June renewals. In recognition of this limitation icare has worked to bring the premium filing forward by four months. icare lodged its premium filing in December 2019 and SIRA are to provide their acceptance or otherwise in February 2020. This provides the opportunity to consider releasing premium notices earlier to customers in 2020.

Experience rated employers' premiums are limited by requiring their claims experience at the expiry of their policy period. However, with the premium filing brought forward by four months to December 2019, both the premium rates and premium model information can be provided earlier to enable icare Underwriters, brokers and experience rated employers to model the impact of the premium changes well in advance of their upcoming premium.

Recommendation 2

Identify the system (technology) and human causes that contribute to inaccurate premium notices and implement the required corrective actions to minimise the frequency of controllable events, including the auto recovery of discount amounts.

Response

icare both agrees and supports the accurate provision of policy documentation to our customers. icare has reviewed the root cause of premium notice inconsistencies and identified that the Guidewire platform is sound, however remediation of the policy documentation integration pathways is required to effectively eliminate the current inconsistencies experienced by our customers.

Policy document remediation has been and remains the highest priority of the business, with significant funding provided. Business and Technology are continuing to investigate viable solutions for delivery.

Action

As the business technical solution is likely to be complex, with a substantial lead time, Underwriting is implementing additional assurance within the documentation pathway to mitigate against the continuation of policy documentation inconsistencies before the June 2020 renewal period. This will ultimately drive a people solution to the current system deficiencies. The implementation of this will be overseen by the Customer Remediation Manager reporting to the GM Underwriting (NI and TMF).

Completed Action

With regards to the automatic recognition of the payment in full discount, the system defect driving this customer impacting error was implemented in late 2019.

Recommendation 3

a) Review the premium notice for opportunities to simplify and support it with web based instructional guides (written and media) that explain the premium formula, the factors impacting its calculation, the premium calculation process and a premium calculator. This should reference premium notices and how to interpret them and be explicit on the operation of premium capping.

Response

Completed Actions

icare has updated its premiums website to including all premium formula and premium notice information with explanatory notes, in response to customer feedback. Additionally, icare has commenced a building a set of tutorial videos to explain and simplify the annual premium cycle, along with the various key components of the formula. The first video on the annual premium lifecycle has been created and uploaded to the website, with the second video on premium capping in development.

Actions

icare will investigate ways to simplify the navigation of the icare website through the lens of our customers, to ensure information is easily accessible.

icare currently has a premium calculator within our New Business Portal. icare will investigate making this readily available and labelled as a premium calculator on the website.

b) Consider implementing a process that ensures customers who are likely to have a >10% increase in premium, are contacted as early as possible in the premium cycle. This could include the monitoring of lead performance indicators that informs icare customers with potential increases, allowing for early and regular contact (e.g. quarterly) to assist in the development of strategies to influence the premium outcome.

Response

icare both agrees and supports the provision of timely performance reporting for experience rated employers, particularly employers with deteriorating safety performance.

icare acknowledges that consolidated claims reporting has been a complex challenge to overcome since the transitions of claims, often across multiple Claims Service Providers (Scheme Agents) for many experience-rated employers. The absence of consolidated reporting impaired icare's ability to forecast premiums for large employers and brokers throughout their policy period.

Completed Actions

icare successfully implemented monthly consolidated reporting for large employers in late 2019. With the implementation of consolidated reporting icare underwriters can return to providing premium forecasting for experience rated employers and brokers.

Recommendation 4

Review the learning and development materials for Call Centre operators to ensure that knowledge requirements are sufficient to answer general queries and enact an efficient triage process. This should include setting very clear and measurable criteria for the triage and subsequent escalation of queries.

Response

icare both agrees and supports the provision of training, knowledge and empowering of staff to resolve as many calls as possible with a first touch solution. In line with this shared desire, the contact centre is measured on timeliness of service, accuracy of service and the number of calls that were handed off for a second touch solution, with reports provided to both leaders and management.

To support first touch solutions, the contact centre has the skills, training and delegations for policies with premiums up to \$75k, which is over 98% of policies. This includes over 80 knowledge articles that are reviewed and updated by the training team on a quarterly and as needs basis.

To measure the success of the contact centre, customer satisfaction is measured at the conclusion of calls. The customer satisfaction / CSAT score has been consistently 4.8 out of 5 each month for the past two years.

Action

icare will review the triage and escalation practises to enhance the customer experience within these circumstances, notwithstanding addressing recommendation 4 and 5 simultaneously may all but eliminate second touch calls within the contact centre pathway.

The review of this item will be complete in quarter one of 2020 and overseen by the Customer Remediation Manager reporting to the GM Underwriting (NI and TMF).

Recommendation 5

Consider the requirements that would enable a direct icare underwriting contact for customers with of a determined size (e.g. >\$250k per annum).

Response

Action

icare both agrees and supports first touch solutions for our customers. icare will review recommendations 4 and 5 simultaneously to investigate and test options to remove unnecessary customer hand offs currently experienced by our large customers.

The review of this item will be complete in quarter one of 2020 and overseen by the Customer Remediation Manager reporting to the GM Underwriting (NI and TMF).

Recommendation 6

Review the Learning and Development frameworks within icare and its Claims Service Providers to ensure appropriate baselines of core competencies are set out clearly. Where appropriate, management action plans for lifting the standard of technical and soft skills should be implemented. This could include the setting of mandatory learning and development standards across technical and soft skills, assessment tools to create a baseline level of competency and regular assessment to establish a continuous improvement approach to the resources that deliver claims management services for icare.

Response

icare both agrees and supports having a Learning and Development framework with its Claims Service Providers and we acknowledge the challenge across the whole scheme in maintaining the appropriate balance of case practice, customer service and technical skills. We first introduced a Capability Framework in 2016 with 71 identified competencies across soft skills, technical workers compensation, injury management, leadership and provider management and we continue to work to improve scheme capability.

Completed Actions

EML and icare have worked on a number of capability initiatives to better support staff, reduce turnover and the subsequent impact on return to work (RTW) for our customers. Together we have developed action plans to lift the standard of technical and soft skills, including providing frontline staff extra time post onboarding to practice and consolidate learnings, and increase speed to competency.

After early challenges emerged, EML and icare invested in 29,180 hours of training for EML staff during calendar year 2018 and a further 18,000 hours for all Claims Service Providers on topics such as work capacity, section 39 and the use of occupational rehabilitation.

icare has also launched a leadership training program made mandatory for all team leaders and a team leader coaching development program (coach the coach) to ensure leaders have the right skills to be able to effectively coach and develop their staff.

icare has invested in new training options for the implementation of the 2018 legislative reforms and is currently evaluating their effectiveness. We will continue to seek customer feedback as part of this evaluation.

Actions

icare is currently updating its capability framework that will outline the minimum standards of competency for all frontline roles as well as outline minimum mandatory training for all roles in the scheme. This will be accompanied by a capability assessment tool to assess capability and determine gaps that need to be addressed. Once the baseline has been addressed, icare will establish a continuous improvement approach to capability development.

icare is also piloting Communities of Practice and in-person forums to hone in on identified competency gaps. This model will be rolled out as appropriate following analysis. Developing these tools and improving capability across the scheme is a focus for icare in 2020.

Recommendation 7

Investigate the approach to setting interim PIAWE and establish the level of fairness applied. This should include revisiting policies, procedures and the setting of standards for interim and final PIAWE calculations.

Response

The legislation requires insurers to commence weekly payments to workers within seven days of injury notification. Workers are not to be disadvantaged if the insurer has not been able to obtain all information required to calculate pre-injury average weekly earnings (PIAWE).

Interim PIAWE allows workers to be supported by the commencement of weekly payments when the insurer has insufficient information to make a complete calculation.

icare both agrees and supports the timely commencement of weekly payments and timely communication with employers and workers to ensure as much information as possible is available to make this calculation within the legislative timeframes.

Completed Action

In September 2019, the NSW Government published the Workers Compensation Amendment (Pre-injury Average Weekly Earnings) Regulation 2019 (PIAWE reforms) changing the way in which a worker's PIAWE is calculated. These changes came into effect in October 2019 and are supported by Standard 7 of SIRA's Standards of Practice.

The PIAWE reforms aim to simplify the way in which a worker's PIAWE is calculated, making it easier for workers and employers to understand and for insurers to apply. The updated PIAWE framework allows the employer and worker to agree on the PIAWE amount to be used for determining the worker's weekly compensation payments. PIAWE agreements are optional. Where an employer and a worker do not enter into an agreement, the Claims Service Provider will calculate PIAWE in accordance with the legislation based on the information available and make a work capacity decision.

To support the implementation of the PIAWE reforms icare delivered online and face-to-face training to claims staff scheme-wide. This reiterated the importance of communication with employers and workers within three days of injury notification to gather the information required to calculate PIAWE when no agreement is in place.

icare co-presented a PIAWE reforms webinar where employers and brokers had an opportunity to learn more about the reforms, hear from SIRA, and have their questions answered. In November 2019, a "Reaching PIAWE Agreement" video was published on icare's website to help employers and injured workers understand how they can agree an amount for weekly compensation payments.

Post implementation feedback from insurers to date on the PIAWE reforms has been positive with reported reduction in the time required to calculate PIAWE, improved understanding, timeliness and communication between claims staff and employers.

Action

In early 2020 icare will seek feedback on the success of the implementation of the reforms within Claims Service Providers and employers. This feedback will help to inform icare's continued consultation with SIRA, and information and resources to be shared with claims staff, employers, brokers and workers through our website, newsletters and forums, to support the successful embedment of these changes.

icare will review making content available on the icare website regarding interim PIAWE. This will provide customers with an understanding of what to expect.

Recommendation 8

Review existing claims management practices that support the approval of treatment for injured workers. This should include a review of the necessary skills and processes to ensure that there are no unreasonable delays in the approval of medical and other services needed to optimise health and return to work outcomes.

Response

icare agrees and supports the timely approval of treatment for injured workers to optimise health and return to work outcomes. icare has focused, and continues to focus, on timely treatment approvals and recent performance shows an improvement in medical treatment approval compliance, currently at 98.4% with an average approval timeframe of four days

Completed Actions

icare has improved the timeliness of the treatment approval process such that once treatment is approved in the claims system a claims advisor can automatically generate a letter to a service provider, employer or worker.

Rather than focus on the process, icare and EML have worked together to clear the back log of requests and this has delivered a marked improvement in treatment approvals in the last few months.

Actions

icare is completing other actions that are aimed at improving case management skills, which will support improved quality and timeliness of decision making.

icare uses Official Disability Guidelines (ODG), a decision support tool that provides independent, evidence-based treatment and return-to-work guidelines for conditions commonly associated with the workplace. This assists the case manager to make a timely decision of treatment requests on value-based care.

icare is currently working to improve the utilisation of ODG by engaging injury management specialists and case managers through Communities of Practice and enhanced training respectively. We are also enhancing the ODG tool to surface treatments relevant to the injury type which are correlated with a positive return to work.

icare is expanding the role of the Medical Support Panel (MSP) to include regular face-to-face sessions with case managers to support decision making and develop greater skills in treatment approvals.

Recommendation 9

Review the systems that support the generation of written communication to identify opportunities to improve content, timeliness and relevance of written correspondence. This could include the ability to manually override any auto-generated correspondence that is linked to various data fields in the technology base that supports the claims management service delivery.

Response

icare agrees and supports the need for relevant and timely written correspondence to our customers, understanding that every customer is individual with unique circumstances, while maintaining consistent messaging that meets legislative requirements and SIRA Guidelines.

Standardised letters that are auto-generated assist to reduce administration time for frontline staff, however this needs to be balanced to ensure appropriate and timely content is being delivered to each customer. While there are specific triggers and rules for auto-generation of letters, we acknowledge that these rules should continue to be reviewed and refined to ensure we are providing useful information to customers at the right time.

Actions

Enhancements to rules and triggers for auto-generated letters have been defined and are currently in system development.

Content of closure letters has also been reviewed to ensure suitable messaging in all scenarios. Changes to this content have been applied to written letters and will also be reviewed for application in system generated letters.

icare will investigate auto-generation and timeliness issues further, to ensure a full understanding of the problems prior to determining the appropriate solution, including the potential of a manual override.

Recommendation 10

Review existing processes for the determination of compensability to ensure that there are mechanisms in place for the consideration of all relevant information and material prior to the decision. This should include documented claims management practices that ensure all parties are contacted to gather the information necessary for the compensability decision.

Response

icare agrees and supports the need for all relevant information and material to be taken into consideration prior to a liability decision being made. We have been taking a holistic view to improving the decision-making process, ensuring actions are taken within suitable time periods, case managers have improved decision-making capability and there is improved communication with customers. Current initial contact and liability decision timeliness is over 98% compliant.

Completed Actions

icare has completed the following in relation to the liability decision making process:

- icare has documented liability decision making guidance and processes available in online for case managers on the icare system.
- Ongoing coaching of staff to ensure that customers are contacted during the decision process to make sure all relevant information is considered.
- Technical specialists undertake a liability decision review prior to 7 days to ensure an appropriate decision has been made.
- EML has employed two legal specialists to work in the mental health portfolio to assist with Section 11A decisions.
- Following the initial review of provisional liability, further revision occurs at the right time, to ensure an appropriate decision on liability.
- Referral to legal providers to assist with liability decisions.

Action

As part of the review of publishing the claims journey (Recommendation 14) and service level documentation (Recommendation 18) icare will ensure a focus on the first 7 days, so customers have a clear understanding of what to expect from their Claims Service Provider in regards to determining compensability.

Recommendation 11

Review the effectiveness of existing mechanisms for allocation of continuity of case management staff to customers. This could include consideration being given to an industry approach to allocating staff or small groups of case managers being allocated to specific employers. For complex claims, consistency in single case manager provision is essential.

Response

icare agrees and supports the need for continuity of case management staff to customers. The icare strategy has been to deliver a consistent and responsive claims management service for all our customers, employers and injured workers. This includes a triage model where claims that are low-risk claims are responded to by a team, to ensure fast and efficient service, while more complex claims are managed by a single case manager.

icare acknowledges that the implementation of segmentation without effective case management practices had an impact on RTW and customer experience for some customers and has adjusted the model and icare's level of oversight in response.

Completed Actions

Based on customer feedback icare revised the model in August 2019 to ensure all claims with forecast time lost beyond two weeks are assigned a dedicated case manager. icare continues to monitor the performance of the team-based segment (Guide) and as of October 2019 it had the highest NPS, with the employer NPS result achieving +2 which is 17 points over the segments with a dedicated case manager.

Actions

icare continues to review the effectiveness of existing mechanisms for case management allocation to customers by:

- icare and EML continue to work together to improve staff turnover to ensure continuity of case manager.
- The Authorised Provider claims service providers are exploring approaches to team based segmentation for large employers.
- icare is currently developing an industry model to support claims management.

Recommendation 12

Identify and implement processes that will enable customers to be proactively consulted and involved in the management of health and return to work during the complete life cycle of the claim. This should include documented policies and procedures to ensure that an injured worker is properly supported by their employer through early, consistent and appropriate contact by the case manager with the employer when a return to work is imminent, circumstances change, or it is identified that the employer needs to offer alternate return to work options.

Response

icare agrees and supports the implementation of processes that will enable customers to be proactively consulted and involved in the management of health and return to work during the complete lifecycle of the claim.

Completed Actions

icare and EML are working together to ensure significant claims have an timely and relevant injury management plan (IMP).

We have also implemented an early intervention program where icare and EML review claims together to ensure appropriate RTW strategies are in place. Thus far 300 case conferences have occurred with EML within the first seven days of a claim.

Actions

icare continues to work with EML to improve communication throughout the lifecycle on the claim. This includes a current focus on processes that ensure outbound calls are occurring.

Recommendation 13

Review the existing approach to the holistic management of mental injury claims. This should include educational resources and case management approaches that minimises disruption to recovery and optimises health and return to work outcomes.

Response

icare acknowledges the complexity of managing mental health claims and the desire customers have for support in this area. icare agrees and supports the need to review the existing approach for the holistic management of mental health claims.

Completed Actions

icare has developed a 3-year mental health strategy that is aimed at developing a holistic approach to managing mental health claims, resulting in better return to work outcomes and a more sustainable scheme.

There are six current areas of focus that include educational resources and case management approaches. These are:

- Expand role of MSP to provide clinical advice, peer to peer support and promote evidence-based practice in mental health claims.
- Review contents and implementation of mental health claims management handbook with a focus on enhancing decision support for claims managers.
- Enhance immediate on-the-ground access to expertise for claim managers to enable better approvals and more effective interactions with providers.
- Implement a multi-disciplined assessment model to support timely decision making on clinically or legally complicated claims (including interpretation of 11A).
- Expand the use of restorative mediation as a precursor or alternative to factual investigations for eligible claims.
- Conduct targeted reduction of low value care in inpatient services for anxiety/depression and PTSD

icare will be working to implement this current program of work over the next 6-12 months.

Recommendation 14

Consider providing on the icare website a Frequently Asked Questions/Claims Guide document for customers to understand the claims journey. This could be a generic guide to managing claims that allows customers to understand the typical steps in the lifecycle of a claim and what to expect when variations to that process occur. It should be clear on process steps, roles, responsibilities and entitlements, and transparent on timeframes.

Response

icare agrees and supports the recommendation to ensure there is clear, concise information available for our customers to understand the claims journey available through the appropriate channels.

Completed Actions

icare have developed content cards that are sent to injured workers at specific times throughout the claims process to give them information about typical steps and what to expect.

There are also two videos available, one each for employer and injured workers that explains the early stages of the claims process. icare has developed content around the early stages of a claim that is delivered in-person to employers regionally.

The icare website currently has a range of resources available to explain the claims process including notifying an injury and PIAWE calculations, publication of decision rights and some knowledge articles.

Outbound correspondence for claims has been updated and continues to be refined to ensure we are providing our customers with clear expectations, transparent timeframes and details of where they go for additional support and information, written in plain English.

Actions

icare will conduct a review of current content available for employers and injured workers across available channels, with a focus on digital. We will ensure a holistic review and customer-centric approach across the claims journey and key moments that matter for the customer.

icare will consider the development of suitable FAQ's for employers and injured workers, including when to link to third party content such as the SIRA website for content, developing an 'Understanding the claims journey' and online tool 'Have you been injured at work?' that assists workers understand their entitlements at different stages of their claim.

Recommendation 15:

Consultation on changes to the scheme (design, operating model, products) requires a formal and structured framework to engage and hear the views of customers.

Response

Feedback received from customers across NSW in 2019 suggested that employers were finding it challenging to manage their workers' insurance policies and claims due to the pace of change occurring across the scheme. Customers appreciated forums and opportunities to interact with members of the icare team. Feedback and insights supplied by customers are provided to the wider icare business through formal reports and presentations. Customers have expressed a desire to be more involved in co design opportunities in relation to further changes and enhancements across the scheme.

Actions

icare has implemented a number of processes to further enhance the current framework of engagement with customers including a forum to move customer insights into tangible action to improve scheme performance and customer satisfaction, these include:

- A proposed calendar of events for 2020 with a focus on interactive workshops tailored to the needs of the customers across NSW.
- Regular industry executive and icare forums.
- The embedding of the Industry Model through a number of workshops planned to develop a deeper understanding of the needs of customers within particular industries. Focus for 2020 will be on Health and Community, Manufacturing, Construction and Transport and Logistics industries. Utilising insights from customers, icare will develop tools and collateral distributed via the ihub (online industry portal).
- icare will be facilitating an Employer Working Group for internal icare teams. The intention of this working group is to provide a singular/ employer customer lens across icare. The working group will review all employer touch points to understand the impact we have on employers by engaging them through multiple channels. The overarching objective is to turn insights gathered into action to support icare's employer customers.

Recommendation 16:

Consider enhancing the current use of forums as an engagement tool. This could include the co-design of agenda items, opportunities within forums for co-solutioning and addressing specific topics of interest (e.g. industry level issues, direction of the scheme etc).

Response

Forums facilitated by icare have evolved considerably from 2017 and will continue to evolve in 2020.

Completed Actions

Regional forums have progressed from providing customers with information on icare to more interactive and educational workshops with a focus on making workers' insurance easy for our employer customers. The calendar planned for 2020 contains a number of events that will be industry specific and the evolution of these forums was based on feedback provided from employer customers, industry associations and brokers across NSW.

Interactive workshops with a specific industry focus create an opportunity to share ideas and challenges and provide an environment where co-design opportunities can occur.

The Broker Advisory Forum and Employer Advisory Forum have been running since 2017. The intention of these forums is to provide detail of specific topics as requested by the group members and where possible utilise the experience available to workshop particular initiatives or current processes.

Actions:

Forum planning is still continuing for 2020, based on customer feedback and the recommendations from the Report of the Customer Advocate, work is underway to ensure there is a strong focus on co-design. Forums planned for 2020 include industry specific workshops, round tables, pop up offices and Advisory Forums. These forums are designed to maximise co-design and co-solution opportunities (please see Appendices A and B). Further programs of work are underway to enhance the current service offering, these include:

- The format of the Broker and Employer advisory forums will be reviewed to ensure they support maximising co-design opportunities, this will be completed by quarter one 2020.
- icare working closely with regional communities to co-design solutions for current issues impacting performance and risk for employers and workers.
- icare committing to work closely with SafeWork NSW to broaden the depth of tools available to support our customers as well as sharing valuable insights

Recommendation 17:

Consider a more structured engagement model for representative bodies and associations. icare should be a regular feature of the committee and sub-committee structures that exist within the association and representative bodies. They have valuable expertise that can contribute to the development of scheme programs of work and can act as a significant distribution channel to their membership bases. Interaction of this nature must be data (fact) led and feature opportunities for corrective action, follow through and co-design.

Response

Throughout 2019 icare has coordinated a structured strategy and plan in relation to interactions with representative bodies and industry associations, this includes the following activity:

- Quarterly structured meetings with key industry leaders regarding icare's strategy and the provision of industry performance statistics.
- A CEO boardroom forum providing the associations with a direct channel into the icare executive team.
- Targeted sponsorship and awards as well as representation at industry conferences enabling direct customer engagement and communication of icare messaging.

- Training packages and webinars developed in collaboration with industry associations based on the needs of their members.
- Coordination and facilitation with the icare Foundation to support prevention in the construction industry
- The commencement of the Aged Care Alliance.
- The successful roll out of the online Manufacturing industry hub providing employers with resources to assist in managing their workers' insurance.

Actions

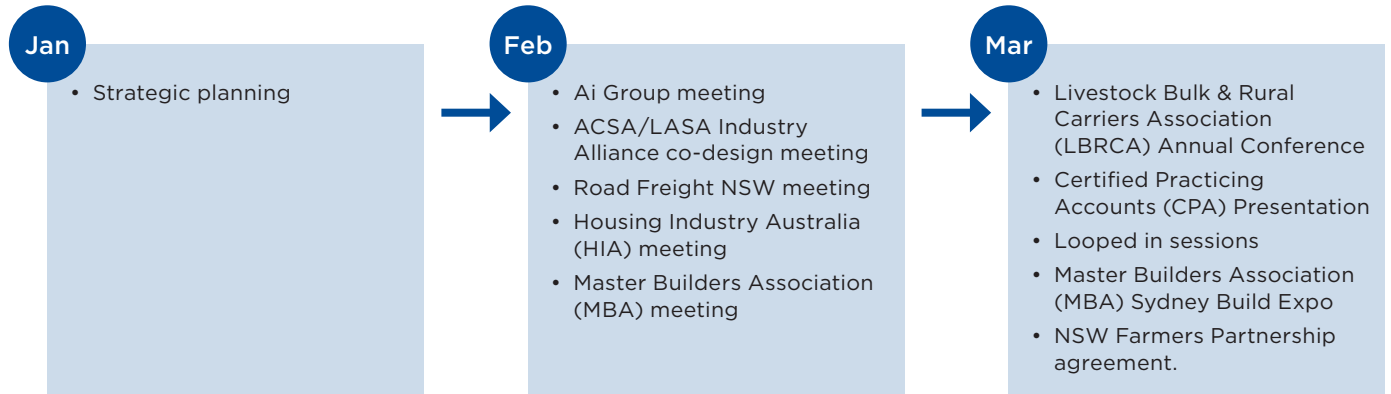
Feedback from the Report of the Customer Advocate confirms that icare's customers, industry associations and representative bodies are in a position to provide valuable insights and expertise to support in the development of scheme programs. icare has focused the 2020 schedule of engagement on maximising opportunities to leverage the skills of these groups through further co-design. There are a number of projects underway to further enhance the current engagement model, including:

- The consolidation of relationships and engagement with industry bodies will continue in 2020 as icare enters a new phase of service delivery including the delivery of the Authorised Provider model for large employers and implementation of the Industry model for customers across construction & mining, manufacturing, health & community services and transport and storage.
- The implementation of icare led Industry Partnership agreements from January 1,2020, with key industry bodies. Agreements include a statement of intent and key principles of communication, leadership and working collaboratively. The agreement ensures that co design and collaboration activities are aligned with overall objectives and outcomes evaluated annually.
- Continued utilisation of icare data resources enabling the development of reports that will help to inform and provide context to industry bodies on not only premium and claim trends, but also sub industry comparisons by geographical region.
- A planned collaborative co-design opportunity to refine the format and delivery of industry data with the intent to create a 'call to action' and influence behaviour. Industry bodies will have the opportunity to validate and provide input into the design of these reports through their knowledge of external factors. Examples include commodity prices, economic fluctuations, government inquiries and legislative change.
- Targeted industry round tables commencing from quarter one of 2020. These will include employers, brokers and industry associations with discussion centred around current challenges.
- Continued work with the Small Business Commissioner including a small business round table with the objective of addressing the needs through co-design.
- Continued rollout of the icare ihubs for Health and Community, Transport and Logistics and Construction by quarter one of 2020. The ihubs will enable greater access to resources for customers and will be promoted via the industry bodies distribution channels.
- Continued collaboration on The Aged Care Alliance, incorporating key industry associations and aged care employers. The key goal of the alliance is to improve industry performance. As the Aged Care Industry Alliance develops throughout 2020, opportunities for similar initiatives across other industries will be available.

Please refer to Appendix A for a full calendar of engagements.

Appendix A: Industry Engagement activity - 2020

Q1



Q2



Q3



Q4



Appendix B: Mobile Engagement Team – Provisional Calendar 2020

Location	Type	Event date
Port Macquarie	icare Pop Up Office	Tuesday, 4 February 2020
Kempsey	icare Pop Up Office	Wednesday, 5 February 2020
Murwillumbah	icare Pop Up Office	Wednesday, 19 February 2020
Sydney (Parramatta)	Workers Insurance Forum	Thursday, 27 February 2020
Bangalow	Partnered Event (Safety Network)	Thursday, 5 March 2020
Sydney (Mascot)	Workers Insurance Forum	Wednesday, 11 March 2020
Moree	Mental Health Session	Tuesday, 17 March 2020
Walgett	Lunch and Learn	Wednesday, 18 March 2020
Bourke	Toast and Talk	Thursday, 19 March 2020
Sydney (Penrith)	Workers Insurance Forum	Thursday, 26 March 2020
Sapphire Coast	Lunch and Learn	Wednesday, 1 April 2020
Ulladulla	Lunch and Learn	Thursday, 2 April 2020
Sydney (Campbelltown)	Workers Insurance Forum	Thursday, 30 April 2020
Tamworth	Workers Insurance Forum	Tuesday, 5 May 2020
Tamworth	icare Pop Up Office	Wednesday, 6 May 2020
Ballina	icare Pop Up Office	Tuesday, 12 May 2020
Sydney (Liverpool)	Mental Health Forum	Thursday, 21 May 2020
Casino	icare Pop Up Office	Wednesday, 27 May 2020
Maitland	icare Pop Up Office	Thursday, 11 June 2020
Brisbane	Lunch and Learn	Thursday, 11 June 2020
Tweed Heads	icare Pop Up Office	Wednesday, 24 June 2020
Queanbeyan	Lunch and Learn	Thursday, 25 June 2020
North Coast	Mental Health Forum	Thursday, 2 July 2020
Grafton	icare Pop Up Office	Wednesday, 8 July 2020
Albury	Lunch and Learn	Wednesday, 22 July 2020
Wagga Wagga	Lunch and Learn	Thursday, 23 July 2020
Coffs Harbour	Workers Insurance Forum	Thursday, 6 August 2020
Wollongong	Insurance and Care Forum	Wednesday, 19 August 2020
Griffith	Mental Health Session	Wednesday, 2 September 2020
Sydney (Hornsby)	Mental Health Forum	Wednesday, 30 September 2020
Sydney (CBD)	icare Conference	Thursday, 3 December 2020

Recommendation 18:

Enhance the existing Customer Promise with an open commitment to customer service levels. This should clearly articulate the level of service that a customer can expect, the manner in which the service will be delivered, the skills that will support the service, the customer's role and responsibilities and the transparent performance metrics that underpin the customer commitment.

Response

icare agrees and supports the provision of information regarding the level of service a customer can expect. Customers of all sizes have provided feedback that they are looking for a clear understanding of the expected level of service in relation to their portfolios and icare acknowledges the need to provide this information.

Completed Actions

In 2019, icare published customer commitments to outline the level of service customers can expect from icare and its Claims Service Providers. The commitments detail customer service conduct principles, service standards, injury prevention support and icare contact details.

Actions

To further develop its customer commitments, icare has captured the service standards for both policy and claims as well as guidelines for benchmarking, reporting, industry insights, prevention, fatalities management and training. This is currently being developed into a Service Catalogue for Large Employers (combined Base Tariff Premium of over \$500K) which will be delivered to our large employer customers.

icare commits to reviewing the need for information regarding service levels be provided to small employers and injured workers. We will review the need for this content to be provided in tandem with performance information (Recommendation 19) and information regarding the claims journey on the icare website (Recommendation 14).

Recommendation 19

Publish the performance of icare's Claims Service Providers. This should include service level standards (refer to Recommendation 18), legal compliance and the contractual key performance indicators (subject to commercial-in-confidence provisions) however as a minimum this should be return to work performance across the various segments of the icare claims service delivery model and performance against compliance requirements.

Response

icare agrees and supports the requirement of customers for transparency regarding the performance of our Claims Service Providers. It is our aim to provide an equitable environment that respects the relationships with our providers, delivers on our customer's needs for transparency, while still ensuring a viable scheme focused on improved health and return to work outcomes for our workers.

Completed Action

icare has published the Nominal Insurer 26-week RTW rates for each of the Claims Service Providers on the icare website. We have also published the Net Promoter Score (NPS) as rated by employers and workers.

Action

icare will review the potential to include RTW data by segment as well as overall, for each Claims Service Provider. We will also conduct a further review of performance data and determine what information can be shared with our customers.

Recommendation 20

That the role of the Customer Advocate continues.

Response

icare agrees with the value of continuing with a Customer Advocate role to support our customers and stakeholders with an additional mechanism for feedback regarding how the system operates. As such, we are developing an expanded concept of the initial Customer Advocate pilot, trialled with a focus on customers and stakeholders who provided submissions to SIRA during the NI review, to offer this feedback mechanism across all icare's schemes and customer cohorts. This expanded and ongoing Customer Advocate role will conduct regular reviews of all the schemes icare manages, with the next one commencing in the coming months.

