



# Injury Management Program

**NEW SOUTH WALES WORKERS  
COMPENSATION (NOMINAL INSURER)**

# Contents

<b>IMPORTANT INFORMATION ABOUT THIS DOCUMENT</b> .....	<b>1</b>
<b>ABOUT GB</b> .....	<b>2</b>
Injury Management Program .....	3
GB’s Claims Management Principles.....	3
<b>ROLES, RIGHTS AND OBLIGATIONS</b> .....	<b>4</b>
icare.....	4
Gallagher Bassett.....	4
Employers.....	5
Injured workers .....	6
Reasonable Efforts To Return To Work .....	6
Nominated Treating Doctor .....	6
Changing a Nominated Treating Doctor.....	7
<b>RECOVERY AT WORK</b> .....	<b>8</b>
Working and Good Health .....	8
Suitable Employment.....	8
Return To Work Plan.....	9
Other Support Provided By GB.....	10
<i>When GB engages workplace rehabilitation providers</i> .....	10
<i>Vocational Programs</i> .....	10
<i>GB Case Conferencing</i> .....	11
Injury Management Planning .....	11
<b>MANAGING CLAIMS</b> .....	<b>12</b>
Generalist and Specialist Provider .....	12
Notification of injury .....	12
Minimum Details Required.....	13
How GB Supports You & Your Injured Worker .....	14
<i>GB’s claims service model</i> .....	14
<i>How GB triages claims</i> .....	14
<i>How &amp; when GB will make contact</i> .....	14
<i>Gaining injured worker consent</i> .....	14
<i>When GB utilises interpreters</i> .....	15
<i>How GB works with the nominated treating doctor</i> .....	15
<i>Fatality Claims</i> .....	16
<b>ASSESSING LIABILITY</b> .....	<b>17</b>
Assessing & Determining Claim Liability .....	17
Liability Decision Options .....	17
<i>Accept</i> .....	17
<i>Provisional Liability</i> .....	17
<i>Reasonable Excuse</i> .....	18
<i>Disputing Liability (Deny)</i> .....	18
<i>Additional/Consequential Medical Conditions</i> .....	18
<i>Recurrence or Aggravation</i> .....	19
Request for Independent Review of a Liability Decision .....	19
<b>PRE-INJURY AVERAGE WEEKLY EARNINGS</b> .....	<b>20</b>
How PIAWE is calculated .....	20
<i>Gross earnings</i> .....	20
PIAWE Agreements .....	21
Interim PIAWE.....	21
Minimum PIAWE .....	21
Weekly Entitlements.....	21

Indexation .....	23
Reduction Of Compensation Payments .....	23
Reimbursement Of Weekly Payments .....	23
Work Capacity Decisions .....	23
Permanent Impairment .....	24
Work Injury Damages (WID) .....	24
Commutation.....	25
Section 39 Notification.....	25
Retiring Age Notification .....	26
<b>TREATMENT AND MEDICAL INTERVENTION .....</b>	<b>27</b>
Reasonably Necessary Treatment.....	27
Medical Payments .....	27
Section 59A Notification .....	28
When GB Will Seek An Independent Opinion.....	28
<i>icare Medical Support Panel (MSP)</i> .....	28
<i>Independent Medical Examiner (IME)</i> .....	28
<i>Injury Management Consultant (IMC)</i> .....	29
<i>Independent Consultant</i> .....	29
<b>CLAIM FINALISATION .....</b>	<b>30</b>
When GB Will Finalise A Claim .....	30
When GB Will Reopen A Claim .....	30
<b>OTHER IMPORTANT MATTERS .....</b>	<b>31</b>
GB's Information & Records Management.....	31
Privacy & Confidentiality .....	31
How GB Prevents Fraud .....	32
Factual & Surveillance Investigations.....	32
Claim Case Manager Handover .....	33
Recoveries .....	33
<i>Third Party recoveries</i> .....	33
<i>Overpayments</i> .....	33
<i>Excess</i> .....	34
<i>When a recovery will not be pursued</i> .....	34
Medicare & Centrelink Clearance .....	34
Notice Of Charge / Medicare History Statement .....	34
Quality Assurance Program .....	35
GB Provider Management.....	35
<b>EMPLOYER MANAGEMENT PRACTICES .....</b>	<b>36</b>
Injury Prevention .....	36
Information About Workers Compensation Insurance.....	36
Claims Data Analysis .....	36
<b>FEEDBACK &amp; COMPLAINTS .....</b>	<b>37</b>
Customer Experience Program .....	37
Complaints .....	37
IRO & SIRA Complaints.....	37
Dispute Resolution .....	37
Litigation.....	38

## IMPORTANT INFORMATION ABOUT THIS DOCUMENT

NSW workers' compensation legislation requires Gallagher Bassett (GB) to develop an Injury Management Program which outlines procedures set in place to optimise recovery for injured workers. The purpose of this document is to provide you with current and accurate information about GB's management of workers' compensation claims, ensure that you are aware of your workplace injury management obligations and to inform you about return to work programs. The information set out below, applies to GB acting as a Claims Service provider for icare and has been developed in line with the following:

- *Workers Compensation Act 1987*
- *Workplace Injury Management and Workers Compensation Act 1998*
- Workers Compensation Regulation 2016
- Workers Compensation Guidelines 2021
- State Insurance Regulatory Authority (SIRA) Standards of Practice
- State Insurance Regulatory Authority (SIRA) Injury Management Program: A Guide and Checklist for Insurers

A copy of this Injury Management Program can be found on our website [Employer Resources - Gallagher Bassett](#).

# ABOUT GB

GB is the largest multi-line Third Party Claims Administrator (TPA) in Australia. GB was founded more than 60 years ago in the United States and established in Brisbane, Australia in 1997.

Providing services in all Australian states and territories, operating from seven offices across Australia, employing over 1,000 claims specialists.

Every year, GB supports more than 52,000 Australian organisations by helping over 14,000 individuals safely and sustainably return to work through tailored solutions that focus on early identification, intervention, and return-to-work strategies. Drawing on our global network and extensive local resources, GB provides customised claim and risk mitigation solutions to enhance our clients' outcomes.

As pioneers in introducing the TPA model to the local insurance industry, GB has been at the forefront of this rapidly growing sector, setting the benchmark for quality, customer service, and TPA systems across all insurance sectors. Our story is characterised by innovation, a commitment to quality, and strategic decision-making.

GB prides itself on doing business the right way – for our clients, communities and people. This is the heart of GB's culture; guiding how we do business day in and day out and it is why GB has been named one of the World's Most Ethical Companies® for 13 consecutive years. GB believes in the sentiment that 'Ethics drives better outcomes' and that 'Quality Decisions come from Ethical Decisions'. Not only is this the mantra of GB's people, it's *The Gallagher Way*.

## OUR POINT OF DIFFERENCE

### Collaboration and Partnership

At GB, our focus is on enhancing your workers compensation performance, striving for excellence in all aspects of claims management and risk mitigation. Through this dedicated partnership, GB aims to identify areas of improvement and implement effective strategies that optimise your claims processes and reduce premium.

### Claims Expertise

Our core competency lies in efficiently handling claims worldwide on a daily basis. With unwavering dedication and passion, GB focuses solely on claims management. Embodying a unique culture, our purpose revolves around achieving the best outcomes for employers and injured workers.

### Specialised Support

GB adopts a highly effective Specialist Claims methodology, which involves engaging specialised resources precisely when they are most needed for each claim. This ensures that you receive optimised support and solutions throughout the entire claims process. This targeted approach enhances the efficiency and effectiveness of claims handling, ultimately leading to superior outcomes for you.



## OUR VISION

To be the premier provider of risk & claims management services throughout the world, with demonstrably superior outcomes.

## OUR VALUES – THE GALLAGHER WAY

We care for our customers, our people, the community and their future. Our core values reflect our beliefs. They form our unique culture and are the ingredients that unite GB towards our purpose.

## Injury Management Program

As a Claims Service Provider (CSP) for icare in NSW, GB maintains an Injury Management Program which provides important information for our employers, injured workers and other stakeholders.

This Injury Management Program outlines how GB supports our employers, injured workers and other stakeholders throughout the management of workers' compensation claims. GB aims to safely achieve recovery at work for injured workers or if they are unable to return to work, manage their ongoing care and support needs. You should refer to this document when developing or reviewing their organisation's Return to Work Program.

## GB's Claims Management Principles

The following claims management principles apply across all areas of claims management practices at GB and underpin how we handle and administer workers compensation claims:

### Principle 1: Fairness and Empathy

GB will ensure that claims management is undertaken in an empathetic manner which is intended to maximise fairness for injured workers by:

- ensuring that workers understand their rights, entitlements and responsibilities
- being clear about what workers and employers can expect from GB and other scheme participants
- ensuring all workers are afforded procedural fairness
- ensuring all of our decisions are made on the best available evidence, focused on advancing the worker's recovery and return to work.

### Principle 2: Transparency and Participation

GB will empower and encourage workers, employers and other scheme participants to actively participate in the management of claims by:

- ensuring transparent and timely communication of the reasons and information we have relied upon when we make decisions
- facilitating right-of-reply and prompt, independent review of decisions
- ensuring workers, employers and other workers compensation scheme participants are given the opportunity to contribute information that can support and inform claims management.

### Principle 3: Timeliness and efficiency

GB will make claims management decisions promptly and proactively, and we will ensure that all claims are proactively managed in a manner intended to reduce delays and costs and maximises efficiency by:

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

# ROLES, RIGHTS AND OBLIGATIONS

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## icare

icare acts as the Nominal Insurer, providing workers' compensation coverage to you and workers in NSW. icare aims to create a high-level standard for case management to assist with return to work and health outcomes. icare engages GB as a Claims Service Provider (CSP) to manage claims for the Nominal Insurer on their behalf.

icare is committed to customer service conduct principles including:

1. to be easy to engage and efficient
2. act fairly, with empathy and respect
3. resolve customer concerns quickly, respect customer's time and be proactive
4. have systems in place to identify and address customer concerns
5. be accountable for actions and honest in interactions with customers.

## Gallagher Bassett

GB's role is to guide and support injured workers to remain at work or to return to work following a work-related injury or illness. GB does this by consulting, collaborating and communicating with you, injured workers and other claim stakeholders throughout the life cycle of the claim. As an employer, you can expect that GB will:

- develop and maintain this Injury Management Program which contains important information about how GB will manage claims
- make early, supportive contact with you, the injured worker and (where necessary) the nominated treating doctor within three working days of being notified that an injury has occurred
- conduct risk assessments to identify any issues that may delay recovery and return to work
- work with you proactively to develop an Injury Management Plan within 20 business days of identifying that a workplace injury is likely to be significant. An injury is considered significant if it is likely to result in the injured worker being incapacitated for work for more than seven days, whether the incapacity is total, partial, or a combination of both
- ensure all aspects of injury management (treatment, rehabilitation, claims management, employer practices and return to work) are coordinated and integrated to optimise recovery and return to work outcomes
- organise support and seek assistance from third-party service providers in consultation with you, the injured worker and the nominated treating doctor
- provide information to all stakeholders regarding their rights, responsibilities and obligations

- assist you to facilitate workplace recovery and support in identifying safe tasks that the injured worker can effectively undertake
- share and store injured workers' medical and health information in line with the Health Records and Information Privacy Act 2002 and the Privacy and Personal Information Protection Act 1998.

## Employers

Your relationship with the injured worker will be critical to their recovery following a workplace injury. To ensure an injured worker has the best opportunity to achieve their recovery goals, your role should include:

- ensuring your organisation's injured workers' compensation insurance policy is in force and covering all employees. You can contact icare on 13 44 22 to confirm this
- ensuring the health, safety and welfare of all injured workers is maintained and appropriate record keeping of all work-related injuries occurs
- providing information for your injured workers about how they can notify you of an injury and how they can make a worker's compensation claim. Posters regarding this can be found on SIRA's [website](#).
- notifying SafeWork NSW immediately if a person dies, a person experiences a serious injury or illness or a potentially dangerous incident occurs
- notifying GB within 48 hours of becoming aware that a worker has sustained a work-related injury
- ensuring that your organisation has a Return to Work Program in place within 12 months of becoming a category 1 or category 2 employer. (Note that each category having different obligations under the law). Information on these categories can be located on SIRA's [website](#)
- ensuring your organisation's Return to Work Program aligns with GB's Injury Management Program (this document).
- reviewing and updating your organisation's Return to Work Program at least every two years to ensure it complies with the legislation including the workers Compensation Act 1987, the Workplace Injury Management and Workers Compensation Act 1998, and the Workers Compensation Regulation 2016
- ensuring your organisation collects and shares medical and health information in accordance with the Health Records and Information Privacy Act 2002
- providing suitable work to an injured worker in accordance with the capacity outlined on their certificate of capacity. If you are unable to provide suitable work, you should notify GB as soon as possible
- developing or cooperating in the creation of a Return to Work Plan. Information on Return to Work Plans can be found on SIRA's [website](#)
- participating and cooperating with GB in the development of an injury management plan for an injured worker, when the injury is likely to be significant
- cooperating and providing assistance to investigate common law and recovery claims
- Further information regarding your obligations can be located on icare's [website](#) or SIRA's [website](#).



## Injured workers

An injured worker's main responsibility is to focus on their recovery. Where possible, they should aim to stay at work in some capacity. After facing a workplace injury, an injured worker should:

- notify you as soon as possible
- participate in the development of the injury management plan
- nominate a treating doctor to direct medical management and to participate in the injury management plan
- authorise the nominated treating doctor to provide all relevant information to GB, you and other claim stakeholders
- notify GB 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 GB, the nominated treating doctor, you or the workplace rehabilitation provider
- provide a certificate of capacity every 28 days or as agreed with GB
- actively participate in the approved return to work plan
- participate in work focused activities where you are able to provide suitable work, and/or seek alternative employment if there is no possibility of returning to work with you
- 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.

## Reasonable Efforts To Return To Work

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

If they do not, GB will contact claim stakeholders to discuss the reason for non-compliance and will attempt to resolve any barriers. These barriers will be included on the injured worker's injury management plan.

If no resolution can be achieved, GB will inform the injured worker of the impact (if any) on their entitlement to weekly payments.

## Nominated Treating Doctor

If an injury prevents the injured worker from doing their pre-injury role for more than seven days, they must nominate a treating doctor.

The nominated treating doctor must be prepared to work with GB, you and others in the injured worker's support team (including treatment and workplace rehabilitation providers), to manage the injured worker's injury and implement the injury management plan.

Injured workers must authorise their nominated treating doctor to provide relevant information to GB, as well as to you, for the purposes of an injury management plan. They can do this by signing the certificate of capacity.

The nominated treating doctor can help facilitate an injured worker's treatment and recovery from a work-related injury or illness by:

- educating them on their injury and recovery options
- recommending treatment to help in their recovery
- acting as the primary contact for treatment and recovery information for you, GB and other parties involved in the management of the injury
- working with you and GB to develop an injury management plan
- reviewing their condition and capacity for work regularly
- completing the certificate of capacity
- applying the principles of the clinical framework for the delivery of health services and promoting the health benefits of good work.

## Changing a Nominated Treating Doctor

Injured workers are responsible for nominating a treating doctor who is willing to participate in supporting recovery at work and return to work.

Changing nominated treating doctors may adversely impact medical care, however common reasons a change may occur include:

- the doctor has moved or ceased practicing in the injured worker's local area and is no longer able to see them
- there is evidence that the current management being provided by the doctor is not assisting the injured worker's recovery and safe return to work.

Injured workers who choose to change their nominated treating doctor must inform GB as well as you.

# RECOVERY AT WORK

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Facilitating a successful recovery at work or return to work can be achieved through the implementation of targeted assessments, services, and programs designed to assist injured workers in recuperating within their existing workplace or in a new work environment.

## Working and Good Health

Studies support the health benefits of good 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 injured workers, it is important to consider the following principles:

- providing good work is a key determinant of the health and wellbeing of injured workers, their families and broader society
- long-term absence from work, disability and unemployment may have a negative impact on the health and wellbeing of injured workers
- all workplaces should strive to be both healthy and safe
- providing access to good work is an effective way to reduce poverty and social exclusion
- with active assistance, many injured workers who have the potential to work, but are not currently working, can be enabled to access the benefits of good work
- safe and healthy work practices, understanding and accommodating cultural and social beliefs, a healthy workplace culture, effective and equitable injury management programs and positive relationships within the workplace are key determinants of individual health, wellbeing, engagement and productivity
- good outcomes are more likely when injured workers understand, and are supported to access the benefits of good work, especially when entering the workforce for the first time, seeking re-employment, or recovering at work following a period of injury or illness.

## Suitable Employment

Supporting an injured worker to remain at work whilst they recover is important to achieving good outcomes following a workplace injury. If your injured worker is unable to immediately return to their normal duties, you must accommodate them with suitable work.

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 the injured worker's skill set
- a different job location.

When offering suitable employment to an injured worker, you should consider:

- the nature of the injured worker's capacity (this will be described on the certificate of capacity)
- the injured worker's age, education, skills and previous work experience
- any workplace rehabilitation services that are available to the injured worker to assist in facilitating recovery and/or return to work
- any current Injury Management Plan.

GB have experienced return to work advisors who can assist you to identify suitable work. These specialists will engage with you, the injured worker and the injured worker's treating providers to ensure a prompt, safe and durable return to work is achieved. They can also engage workplace rehabilitation to conduct an on-site assessment if this is required.

## Return To Work Plan

A recover at work or return to work plan is a written document outlining the specific duties an injured worker will perform when they return to work as well as what you will do to support the process. The plan is completed by you in consultation with the injured worker and their manager. The plan should consider the medical information provided by treatment providers.

A plan should be developed for any injured worker who has not returned to work or who has returned to work but does not have capacity to return to their pre-injury employment.

The plan should include:

- a description of the injured worker's pre-injury duties
- the injured worker's return to work goal
- details of the current certificate of capacity
- details of the suitable work which is available
- a review date for the plan
- confirmation of agreement to the plan by the injured worker and their manager.

A copy of the recover at work or return to work plan should be provided to the injured worker's nominated treating doctor and other treatment providers.

GB's experienced return to work advisors are available to support you to develop a recover at work or return to work plan if required.

## Other Support Provided By GB

### When GB engages workplace rehabilitation providers

When an injured worker requires additional support to return to work, workplace rehabilitation providers can assist in the identification of suitable employment and return to work planning. GB primarily engages providers who are part of icare's panel and work closely with these providers to ensure sustainable return to work outcomes are achieved.

The majority of the services provided by workplace rehabilitation providers are conducted on site at your workplace and may include:

- assessing the injured worker's capacity to perform their duties safely
- negotiating with yourself, the nominated treating doctor and other claim stakeholders
- identifying duties that support the injured worker's ongoing work capacity
- providing advice about equipment, job or workplace modifications
- identifying key risks that may impact the injured worker's ability to recover at work or return to work
- implementing and monitoring a plan to achieve an agreed recovery at work goal.

If it is identified an injured worker will not be able to return to their pre-injury employment, a workplace rehabilitation provider can also be engaged to identify an alternative return to work goal and to facilitate job-seeking for alternative employment where required.

### Vocational Programs

Through the engagement of workplace rehabilitation providers, GB may utilise SIRA vocational programs to assist injured workers with returning to work or finding new employment. These programs include:

- Mental health and psychological injury recovery at work programs
- Recover at Work Assist for Small Business
- Work trial program
- Equipment and workplace modification program
- Training program
- JobCover Placement program
- Transition to work program
- JobCover6
- Connect2work
- Hear2Talk.

Further information about these programs can be found on SIRA's [website](#).

## GB Case Conferencing

A case conference is a face-to-face meeting or teleconference which connects the injured worker and their nominated treating doctor with other claim stakeholders such as yourself, GB, workplace rehabilitation providers and other treatment providers. Case conferences are intended to facilitate and support an injured worker's recovery at work or return to work, as well as treatment plans. GB case managers will be present at case conferences and for claims which present more complex factors, GB's return to work advisors can also attend and facilitate these meetings.

Matters which may be discussed at a case conference include:

- the injured worker's capacity to work
- the injured worker's recovery progress and treatment plans
- the suitable duties which you can provide for the injured worker
- workplace support and modifications which the injured worker may require
- factors which may be delaying the injured worker's recovery or return to work, and strategies to address these.

Prior to a case conference, GB will provide all attendees with a case conference purpose statement and an agenda outlining what will be discussed. Following a case conference, outcomes will be documented and provided to attendees.

## Injury Management Planning

An injury management plan is developed by GB in collaboration with you, the injured worker and claim stakeholders such as treatment providers to identify goals and actions to assist the injured worker's recovery from their injury and recovery at or return to work. This collaborative approach is intended to build a sense of ownership of the plan. The plan will be shared with you, while the injured worker remains your employee.

The development of an injury management plan will commence immediately upon notification of a significant injury (a workplace injury where the injured worker will have incapacity for work (total or partial) for a continuous period of more than seven days). The injury management plan will be developed and provided within 20 working days.

The injury management plan will adopt a person-centred approach and will be informed by GB's own risk assessment to identify risks of delayed recovery in accordance with SIRA's [Standard of Practice 34](#). In accordance with GB's internal procedures, each injury management plan will be consistent with the medical and treatment information available and will be reviewed every four weeks and re-issued when an adjustment to the goals specified in the plan is required or a maximum of eight weeks following the previous plan being issued. When the plan is being reviewed, GB will engage with all claim stakeholders and the amended plan will be updated and communicated to all parties.

Communication is an essential component in injury management planning. GB will proactively engage with all relevant parties as part of the development, review and updating of the injury management plan. Given this, it is important to keep GB informed of any changes that may affect the plan.

The injury management plan will also outline the rights and obligations of all stakeholders.

# MANAGING CLAIMS

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## Generalist and Specialist Provider

GB is a generalist CSP with specialist capability. This means GB manages all claim types, including psychological claims.

GB offers specific support structures and appropriately skilled and experienced case managers who are dedicated to managing psychological injury claims, as well as a dedicated Mental Health Hub. This hub consists of appropriately qualified mental health professionals who provide tailored and innovative strategies for the management of psychological claims as well as providing wellbeing support to claims staff.

## Notification of injury

Where an injury occurs in the workplace, you must notify GB. The law requires you to provide notification within 48 hours of being made aware of the injury, even if your injured worker does not need treatment or time off. You can notify GB by:



**Phone**

**13 64 27**



**Email**

**[gbsnewclaims@workerscomp.nsw.gov.au](mailto:gbsnewclaims@workerscomp.nsw.gov.au)**

You can email GB:

- details of the incident (see 'Minimum Details Required' section below) or
- download SIRA's Employer Injury Claim Form or icare's Employer/Third Party Representative Lodgement form



**Mail**

**Locked Bag 2099, North Ryde BC, NSW 1670**



**Online Portal**

icare – '[notify us of an injury](#)' web page

It is important you also update your *Workplace Register of Injuries*.

Failure to report an injury within five days of being made aware of it will result in a claims excess payment being required. This excess payment is equivalent to one week of the injured worker's weekly payments.

If a death, serious injury, serious illness or dangerous incident occurs, this is considered a notifiable incident and you must notify GB and SafeWork NSW within 48 hours. SafeWork NSW can be contacted on 13 10 50.

## Minimum Details Required

### Information required for initial notification

#### Worker details:

- name
- address
- telephone number

#### Employer details:

- company name
- company address

#### Nominated treating doctor details:

- name
- telephone number
- name of medical centre or hospital (if known)

#### Injury details:

- date and time of injury
- description of injury
- how the injury occurred
- whether any medical treatment is required
- details of any time off work

#### Notifying person details:

- name
- telephone number
- relationship to worker or employer

### Additional information

#### The following details may also be requested:

- the worker's date of birth
- Your ABN or workers insurance policy number
- copy of the Certificate of Capacity
- details of worker's capacity to return to work and expected return to work date
- details of your ability to support the worker's recovery at work in suitable employment
- worker's pre-injury average weekly earnings

Providing this information as soon possible can expedite the processing of a claim.



## How GB Supports You & Your Injured Worker

### GB's claims service model

GB is committed to identifying and addressing risks and barriers to recovery at work and ensuring the right support is provided at the right time. Our holistic approach to case management ensures a focus on early intervention and recovery at work.

GB's NSW service model has been developed utilising the collective claims management experience which exists across GB's national business. Claims portfolios are segmented based on risk profile and claim duration.

GB case managers with experience managing complex claims are engaged to manage these specialised portfolios through the Complex Care Hub. All claims teams are supported by the Technical Support Services Hub including eligibility, PIAWE and technical specialists along with injury management and return to work advisors.

### How GB triages claims

Every notification of injury received by GB is triaged based on documented criteria to determine who is best suited to assist with its management. Notifications of injury are reviewed by a triage specialist, who, based on injury type, time off work and recovery estimations, will allocate to the guide, support or specialised claims teams to ensure the most suitable GB case manager manages the claim.

Claims are regularly re-triaged throughout the claims journey to ensure the injured worker is receiving the most appropriate support.

### How & when GB will make contact

When an injured worker needs time off work or ongoing treatment for their injury, your GB case manager will contact both you and the injured worker within three days of notification of the injury. During these initial contacts, the case manager will gather as much information as possible about the injured worker, their injury and circumstances, as well as any other information necessary to ensure effective management of the claim.

### Gaining injured worker consent

GB must always ensure that an injured worker's personal and health information is protected in accordance with relevant NSW and Federal privacy legislation. Additionally, SIRA's Standards of Practice describe the actions GB is required to undertake prior to collecting, storing, using and disclosing an injured worker's personal information. This includes obtaining injured worker consent.

The injured worker must be advised of how their personal and health information will be used prior to providing their consent. They need to be advised of what information may be collected, stored, used and disclosed and their rights to withdraw and modify their consent.

GB is required to obtain a written, signed consent from the injured worker and SIRA's claim form asks the injured worker to provide consent, to release any personal and health information related to their workplace injury.

If a request is received from a third party for an injured worker's personal and health information, GB will consider if an injured worker's consent is valid prior to the release of such information.

During the course of claims management, GB handles confidential injured worker information in accordance with section 243 of the 1998 Act. GB will only obtain and share personal and medical information with relevant parties following receipt of signed consent from the injured worker. As part of initial contact, if not already on file, GB will request signed authority from the injured worker.

## When GB utilises interpreters

If an injured worker indicates that they prefer to communicate in their own language through an interpreter or appears to be unable to understand discussions during contact, GB will arrange the services of a qualified interpreter to assist.

## How GB works with the nominated treating doctor

An injured worker's nominated treating doctor provides a certificate of capacity which provides information about how stakeholders can support the injured worker's return to work and their recovery needs. The certificate also outlines the injured worker's capacity for employment. When certifying capacity for employment, the nominated treating doctor will advise if the injured worker:

- is fit for their pre-injury duties
- has capacity for selected duties (with specified restrictions)
- has no capacity for any kind of work.

Research shows that returning to work during recovery reduces harmful physical and psychological effects experienced by a person injured at work. Recovery at work also positively influences:

- workplace culture and productivity
- wellbeing of other employees
- insurance premium costs
- the lives of friends, families and communities in which injured workers live.

You can positively impact recovery at work for your workers by providing GB and the nominated treating doctor with information about your workplace and the duties available. Useful information can include:

- contact details for the worker's supervisor, employer and return to work coordinator
- description of the worker's pre-injury duties, including the functional demands of the role
- suitable duties or roles you can provide the worker whilst they recover.

## Fatality Claims

If a workplace fatality occurs, SafeWork NSW must be contacted immediately on 13 10 50, or as soon as possible. You must notify GB within 48 hours of the incident occurring. For more information on how you can do this please visit icare online at <https://www.icare.nsw.gov.au/employers/make-a-claim/notify-us-of-an-injury-or-make-a-claim>.

Specialised and experienced GB case managers manage fatality claims whilst providing support to their families. The Case Manager will contact the injured worker's family within three working days of notification to provide any support possible.

A fatality in the workplace not only impacts the family of the injured worker, but your other employees may also be affected by the loss of their work colleague. Your GB Case Manager will talk with you about supporting your workplace employees following a fatality and how to access help if you need it.

GB's Case Manager will help you by:

- providing an experienced, empathetic, single point of contact throughout the claim
- explaining the claims investigation process and information required to make a liability decision
- providing monthly progress updates throughout the investigation
- providing a liability decision verbally, and in writing.

Following a notification of a workplace fatality, GB will require information to confirm the injured worker's employment status as well as the cause and circumstances of the incident leading to the fatality. This may require you and some or all of your employees to participate in a factual investigation.

Investigations can vary in length and complexity and your GB Case Manager will keep you informed of the progress through regular updates.

If liability for a fatality claim is accepted, the injured worker's dependents or estate are entitled to:

- a lump sum death benefit
- weekly benefits for dependent children up to 16 years old, or up to 21 years if they are a student
- reasonable funeral expenses up to the maximum statutory amount.

# ASSESSING LIABILITY

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## Assessing & Determining Claim Liability

Upon receipt of a new claim, your GB Case Manager will review all information submitted, including any documentation provided by the injured worker's nominated treating doctor.

Within three days of receiving the claim, the GB Case Manager will contact you to confirm the details of the injury and circumstances, clarify any gaps, provide you with an opportunity to supply any additional information and confirm the next steps. Your GB Case Manager will also contact the injured worker and their nominated treating doctor where appropriate.

Certain injury and claim types will require review by GB's eligibility specialists before a liability decision can be made. Eligibility specialists will work with GB Case Managers and other claim stakeholders to ensure more complex liability matters are assessed and determined in accordance with the relevant legislative principles and timeframes.

## Liability Decision Options

### Accept

Straight forward claims without any liability concerns will be accepted by the GB Case Manager within 7 days of GB receiving the claim – this is to ensure efficient and timely access to entitlements and return to work support for the injured worker.

### Provisional Liability

Depending on the injury type and/or circumstances of the claim and following consultation with claim stakeholders, further investigations may be considered necessary. At day seven, GB may approve a limited period of weekly payments and medical expenses on a 'provisional' basis (unless a reasonable excuse applies) while additional information is gathered. This may include requesting additional information from the nominated treating doctor, arranging independent medical examinations, and/or arranging a factual investigation.

Provisional liability payments allow GB to start paying weekly payments and medical expenses while continuing to assess the claim so a further liability decision can be made. This is to ensure the injured worker is not financially disadvantaged and can access reasonably necessary treatment without delay. These payments may include weekly payments for up to 12 weeks and the payment of medical expenses up to \$10,000. After this point, GB is required to make a further liability decision on the claim.

All provisional liability decisions require review by one of GB's experienced eligibility specialists and they will maintain oversight of the liability assessment and determination process until a further decision is made. You can assist the liability determination process by providing details about the injured worker, the injury, any potential witnesses and relevant documentation as soon as possible.

## Reasonable Excuse

A reasonable excuse indicates that GB does not have access to all of the information required to make an initial liability decision, despite having made reasonable attempts to obtain it. A reasonable excuse applies to provisional weekly payments but not provisional medical payments, so reasonably necessary treatment is still funded during this period. The reason(s) why GB may apply a reasonable excuse may include:

- insufficient medical information
- the injured person is unlikely to be an injured worker
- GB is unable to contact the injured worker
- the injured worker refusing access to necessary information
- there is information to support the injury is not work related
- there is no requirement for weekly payments
- the injury is notified after two months.

When making a reasonable excuse decision, GB will notify both you and the injured worker in writing of the reasons within seven days of being notified of the injury.

Given the impact a reasonable excuse may have on an injured worker's weekly payment entitlements, all such decisions require review and approval from one of GB's experienced eligibility specialists as well as the eligibility team manager. The eligibility specialist will also maintain oversight of the claim until the missing information is received or clarified and a further liability decision is made.

## Disputing Liability (Deny)

Before making any liability decision, GB will consider all relevant evidence and information provided on the claim file. If this evidence supports disputing liability the impact of this decision may mean that GB does not commence or stops paying weekly payments to an injured worker. This decision may also mean that GB will not pay for medical treatment.

If GB decides to dispute any aspect of liability on a claim, you and the injured worker will be provided with notice of the dispute. This notice will include a summary of the reasons for the decision. The evidence relied upon to make the decision will also be provided to the injured worker.

## Additional/Consequential Medical Conditions

Occasionally an injured worker may seek to add an additional or consequential medical condition(s) to their claim and it will be noted on their certificate of capacity. If an injured worker makes a claim for treatment or weekly payments for the additional or consequential medical condition, GB is required to make a liability decision within 21 days from receipt of the certificate of capacity.

GB case managers, with the support and guidance of technical specialists, will proactively review and seek to obtain further information to assess liability for additional and/or consequential medical conditions. This ensures timely and accurate determinations are made so that eligible injured workers continue to receive appropriate compensation and support.

If the additional medical condition is determined to be unrelated, GB will dispute liability for that condition and encourage the treating doctor to appropriately manage the unrelated condition separately to the claim.

## Recurrence or Aggravation

A recurrence occurs where, after an injured worker suffers a work-related injury, there is a later increase in symptoms or a re-emergence of symptoms needing treatment or causing incapacity.

When an injured worker suffers a re-emergence of symptoms from a previous injury, it is important that GB obtains factual and medical information to properly assess and determine liability for that recurrence or aggravation. Determining whether the new onset of symptoms represents a recurrence or an aggravation is important, as it can have a significant impact on an injured worker's entitlements. Accordingly, GB technical Specialists will support case managers with the information gathering and liability assessment process.

If an injured worker suffers a new work-related injury to a body part that has previously been injured at work (an aggravation), GB is required to decide which of the two injuries caused or materially contributed to the incapacity and/or need for treatment. If compensable, GB must determine whether this should be accepted as a new claim with a new date of injury, or accepted on the existing claim.

Determining whether the claim should be treated as a recurrence or a new injury requires evaluation of the available evidence. When GB receives a claim for an aggravation or a recurrence, further information will be sought from you, the injured worker and their treatment providers to understand the circumstances and cause of the onset of symptoms to determine liability.

## Request for Independent Review of a Liability Decision

If you disagree with a liability decision made by GB, you may request an independent review of the decision by the icare Dispute Resolution and Litigation team. The decision notice provided to you will outline these contact details.

The injured worker may also request a review of the liability decision and the person conducting the review will respond to the request within 14 days of it being received. The injured worker also has the option to contact the Independent Review Office (IRO) at [www.iro.nsw.gov.au](http://www.iro.nsw.gov.au).

# PRE-INJURY AVERAGE WEEKLY EARNINGS

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When an injured worker is unable to perform at their pre-injury capacity due to a work-related injury, their Pre-Injury Average Weekly Earnings (PIAWE) is calculated and any weekly compensation that might be payable to them is calculated by reference to their PIAWE. In most instances, PIAWE is the weekly average of an injured worker's gross earnings over the 52 weeks prior to their date of injury.

## How PIAWE is calculated

PIAWE is generally calculated based on the weekly average of an injured worker's gross earnings over the 52 weeks prior to their injury date. To calculate PIAWE, GB will require further information from you in the form of pay history for the 52-week period prior to the injured worker's date of injury, or the period of their employment (if employed for less than 52 weeks). GB is required to make the first weekly payment on all accepted and provisionally accepted claims within seven days of notification, so it is important you provide this information as soon as possible. GB have dedicated PIAWE specialists who will assist GB case managers in the determination of complex PIAWE calculations and provide oversight on payments being made within legislated timeframes.

## Gross earnings

When calculating gross earnings, GB includes wages, shift and other allowances, overtime amounts, commissions, the value of non-monetary benefits (if an injured worker no longer has the use of the benefit) and piece rates.

Income does not include:

- The individual superannuation guarantee shortfall
- A non-monetary benefit if the injured worker continues to be entitled to the use of the benefit after the injury
- Compensation for loss of earnings under an insurance or compensation scheme
- Discretionary payments made without obligation by you
- Additional payments subsidised by the JobKeeper scheme.

Further information regarding how PIAWE is calculated can be accessed at <https://www.icare.nsw.gov.au/employers/make-a-claim/payments/calculating-piawe>.

## **PIAWE Agreements**

Injured workers and you can enter into an agreement as to the PIAWE amount that GB will use when calculating weekly payments. This application must be submitted within five days of the initial notification of injury.

## **Interim PIAWE**

If insufficient information is received to calculate PIAWE by day seven, an interim PIAWE will be used to determine the payment amount based on the best available information. This decision will require a GB PIAWE specialist sign off to limit under or over payments to the injured worker which may require remediation once the accurate PIAWE is calculated.

## **Minimum PIAWE**

The minimum PIAWE set by the Workers Compensation Regulation 2016 is \$155.00. If, during calculation of an injured worker's PIAWE, it is identified to be lower than the minimum PIAWE, GB will ensure the injured worker's PIAWE is deemed to be \$155.00.

## **Weekly Entitlements**

See next page.



## CALCULATIONS BEFORE 21 OCTOBER 2019



## CALCULATIONS ON OR AFTER 21 OCTOBER 2019



### ENTITLEMENT PERIOD 0-13 WEEKS | SECTION 36 OF THE 1987 ACT

#### **Weekly payment for an injured worker who has no current work capacity:**

The lesser of (PIAWE x 95%) – deductions  
or  
the statutory max – deductions

#### **Weekly payment for an injured worker who has current work capacity:**

The lesser of (PIAWE x 95%) – any earnings and deductions  
or  
the statutory max – earnings and deductions

#### **Weekly payment for an injured worker who has no current work capacity:**

The lesser of (PIAWE x 95%)  
or  
the statutory max

#### **Weekly payment for an injured worker who has current work capacity:**

The lesser of (PIAWE x 95%) – any earnings  
or  
the statutory max – earnings

### ENTITLEMENT PERIOD 14-130 WEEKS | SECTION 37 OF THE 1987 ACT

#### **Weekly payment for an injured worker who has current work capacity and has returned to work for not less than 15 hours per week:**

the lesser of (PIAWE x 95%) – any earnings and deductions  
or  
the statutory max – any earnings or deductions

#### **Weekly payment for an injured worker who has current work capacity and has returned to work for less than 15 hours per week (or who has not returned to work):**

the lesser of (PIAWE x 80%) – any earnings and deductions  
or  
the statutory max – any earnings or deductions

#### **Weekly payment for an injured worker who has no current work capacity:**

the lesser of (PIAWE x 80%)  
or  
the statutory max – deductions

#### **Weekly payment for an injured worker who has current work capacity and has returned to work for not less than 15 hours per week:**

the lesser of (PIAWE x 95%) – earnings  
or  
the statutory max – any earnings

#### **Weekly payment for an injured worker who has current work capacity and has returned to work for less than 15 hours per week (or who has not returned to work):**

the lesser of (PIAWE x 80%) – earnings  
or  
the statutory max – any earnings

#### **Weekly payment for an injured worker who has no current work capacity:**

the lesser of (PIAWE x 80%)  
or  
the statutory max

### ENTITLEMENT PERIOD AFTER 130 WEEKS | SECTION 38 OF THE 1987 ACT

#### **Weekly payment for an injured worker who has no current work capacity and is likely to continue indefinitely to have no current work capacity:**

the lesser of (PIAWE x 80%) – deductions  
or  
the statutory max – deductions

#### **Weekly payment for injured worker who has current work capacity:**

the lesser of (PIAWE x 80%) – any earnings and deductions  
or  
the statutory max – earnings and deductions

#### **Weekly payment for an injured worker who has no current work capacity and is likely to continue indefinitely to have no current work capacity:**

the lesser of (PIAWE x 80%)  
or  
the statutory max

#### **Weekly payment for injured worker who has current work capacity:**

the lesser of (PIAWE x 80%) – earnings  
or  
the statutory max – earnings

## Indexation

Indexation is a technique used to adjust weekly payments so that they keep up with inflation. For more information see Division 6A of the 1987 Act.

An injured worker's PIAWE and the Statutory Maximum (Stat Max) is adjusted twice per year on 1 April and 1 October in accordance with the indexation rate published by SIRA via the Workers Compensation Benefits Guide. See the SIRA website [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au) for the latest figure.

GB will notify you and the injured worker in writing of any changes to PIAWE because of indexation.

## Reduction Of Compensation Payments

GB will notify the injured worker when their weekly payment entitlements are to be stepped down (reduced) due to legislated timeframes. If you are continuing to pay the injured worker directly, GB will also notify you. [See the icare website for further information](#)

## Reimbursement Of Weekly Payments

In most instances, GB will reimburse weekly payments to you, in line with your regular pay cycle where possible, to encourage continuity for all involved.

Unless advised otherwise by GB you should continue to pay the injured worker in line with their usual pay cycle.

## Work Capacity Decisions

Work capacity decisions will be made by GB throughout the life of a claim and are usually prompted by a change in capacity on an injured worker's certificate of capacity or receipt of other relevant information.

Work capacity decisions may include the following:

- whether the injured worker has current work capacity
- what is considered suitable employment
- how much the injured worker is able to earn in suitable employment
- the injured worker's pre-injury average weekly earning
- whether the injured worker can engage in certain employment without risk of further injury
- any other decision that may impact entitlement to weekly payments of compensation.

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

GB believe that work capacity decisions are valuable tools in the claim process that promote and encourage return to work and confirm ongoing weekly payment entitlements. Given the importance of work capacity decisions in claims management, GB will utilise a work capacity specialist to assist in identifying claims where a decision may be appropriate. GB's work capacity specialist will work closely with case managers to ensure appropriate information is obtained and that evidence-based decisions are made. With relevant notice, a change in work capacity may result in a change to an

injured worker's weekly payments and GB's work capacity specialists will be responsible for reviewing all adverse decisions, prior to them being issued.

In circumstances where a work capacity decision reduces or ceases an injured worker's weekly payments, relevant notice will be provided pursuant to section 80 of the 1998 Act.

Where an injured worker's weekly payments are reduced or ceased by application of a work capacity decision, your liability to pay compensation may not necessarily cease. You may need to continue to support the injured worker as they navigate the return to work process and as they continue to be provided with the treatment they require.

A new work capacity decision will be made if an injured worker's circumstances change and, in such situations, their weekly payments may recommence.

If an injured worker disagrees with a work capacity decision made by GB, they can request a review by completing an application for an internal review form. This internal review is an independent process undertaken by a person who was not involved in the initial decision. GB will complete the review within 14 days of the application being received.

If an injured worker disagrees with the outcome of an internal review, they can lodge a dispute with the Personal Injury Commission.

GB will also accept a request for review of a work capacity decision from you.

## Permanent Impairment

If an injured worker has sustained a workplace injury or illness that is permanent in nature, they may be entitled to receive a lump sum payment as compensation. This is in addition to weekly payments and medical and related expenses that may generally be available through the injured workers compensation system.

Assessments for permanent impairment are only conducted once an injured worker has reached maximum medical improvement (MMI). This is when the injured worker's injury is stabilised and unlikely to change substantially within the next year, with or without treatment.

If a claim for lump sum compensation was made on or after 19 June 2012, a threshold of more than 10% permanent impairment must be met for an injured worker to access lump sum compensation. The threshold for a primary psychological injury lump sum compensation payment remains at 15% permanent impairment.

GB's experienced technical specialists are responsible for conducting quality reviews of permanent impairment assessment reports and ensuring claims for permanent impairment are determined pursuant to legislative requirements and timeframes.

## Work Injury Damages (WID)

When an injured worker is injured in circumstances where the employer was negligent, the injured worker may have a right to sue for modified common law damages, known as work injury damages (WID). This claim to compensate for past and future economic loss will be reviewed and managed by GB's technical specialist (WID and Litigation) who will also work with an external legal provider as required.

For an injured worker to be able to claim work injury damages they must demonstrate:

- the work injury was the result of employer negligence

- the injury has resulted in at least 15% whole person impairment
- at least six months have elapsed between the date of injury and the issuing of proceedings
- a claim for lump sum compensation is made before or at the same time as the claim for work injury damages.

To establish negligence, the injured worker must be able to show:

- the employer owed the injured worker a duty of care
- there was a breach of the duty of care
- the employer's negligence caused the injured worker to suffer loss
- there was a foreseeable risk of injury associated with the work they were doing.

## Commutation

A commutation is a settlement of an injured worker's entitlement to weekly payments and medical expenses by way of a single lump sum payment. This payment is a voluntary payment agreed to between GB and the injured worker and removes GB's liability to pay future weekly payments.

If a GB case manager identifies a claim that is suitable for commutation, a technical specialist will review and engage with an external legal provider to assist. Commutation agreements must be approved by State Insurance Regulatory Authority and registered with the Personal Injury Commission.

Prior to entering into a commutation agreement, an injured worker must seek independent legal advice and the legal practitioner must certify in writing that the injured worker has been advised of the following:

- the full legal implications of the agreement
- that it is in the injured worker's best interest to seek independent advice regarding financial consequences before entering into the agreement.

## Section 39 Notification

The intent of section 39 of the 1987 Act is that injured workers will not have an entitlement to receive more than 260 weeks of weekly payments unless there is an assessment that confirms their Whole Person Impairment is greater than 20%. Injured workers who are affected by this limitation will be provided with 13 weeks notification prior to the cessation of weekly benefits so they can make necessary financial arrangements. This notice period also details their last date of payment, medical entitlement, information about vocational and return to work programs as well as information about who to contact for further information. Injured workers may continue to receive medical entitlements following the cessation of their weekly payments for a limited time as prescribed by section 59A of the 1987 Act.

## Retiring Age Notification

Injured workers may be entitled to receive weekly payments up to their retirement age +12 months, or in cases when their injury occurred after their retirement age, they may have entitlement to weekly payments for a maximum period of 12 months.

GB will provide injured workers affected by this with at least 13 weeks' notice before cessation of weekly payments.

# TREATMENT AND MEDICAL INTERVENTION

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## Reasonably Necessary Treatment

GB utilises evidence-based decision making when reviewing and determining if treatment requests are reasonably necessary. When reviewing treatment requests, GB case managers will be supported by injury management advisors. Injury management advisors are skilled health practitioners who utilise evidence-based research, file evidence and clinical reasoning to provide support and guidance to GB Case Managers.

When reviewing treatment requests, GB considers the following to determine if requests are reasonably necessary:

- Relationship to the injury – How is the treatment related to the workplace injury?
- Appropriateness – How does the treatment help improve the injured 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 injured worker?
- Whether treatment is contributing to the injured worker’s goals and outcomes.
- Alternatives – Are other treatments available?
- Acceptability – Do medical experts consider the treatment to be effective and reasonable?

Some treatment providers who provide treatment to injured workers must be approved by SIRA. This includes physiotherapists, chiropractors, exercise physiologists, psychologists and counsellors. A list of providers approved by SIRA is available on their [website](#).

## Medical Payments

GB strives to ensure payment of invoices and medical reimbursements are made to providers and injured workers promptly and in a manner consistent with service expectations. The injury management advisors support GB Case Managers to apply SIRA Gazetted Rates, AMA Fee Schedules and icare fee schedules to approve appropriate treatment and medical costs. GB also has a Claims Support and Administrative Team who ensure medical payments are responded to in a timely manner. You can expect GB to:

- make payments no later than 10 working days from receipt of a valid invoice or receipt of relevant documentation for approved treatment
- ensure rates and items are paid for in line with approvals and do not exceed the maximum amount prescribed by relevant workers compensation fee orders

- where invoices or receipts are illegible, contain insufficient information or are submitted more than 12 months after treatment or the expenses were incurred, GB will inform the relevant party of the reason for the delay within 10 working days and the anticipated resolution time.

## Section 59A Notification

Entitlement periods for medical and related treatment are determined by the degree of assessed permanent impairment of an injured worker.

Assessed permanent impairment	Compensation period from when weekly payments stop, or from date of claim if no weekly payments made
<p><b>0-10% or no assessment made</b></p> <p>11 – 20%</p> <p>&gt;20%</p>	<p><b>Two years</b></p> <p><b>Five years</b></p> <p><b>For life</b></p>

Injured workers whose medical entitlements are due to cease will be provided with appropriate notice before the cessation of those benefits. An injured worker impacted by section 59A will receive written notification at least 13 weeks before the cessation of benefits.

## When GB Will Seek An Independent Opinion

As part of GB’s claims management model, where further information is required for a decision to be made to assist with the return to work or recovery process, an independent opinion may be required. GB case managers will leverage the expertise of technical and eligibility specialists when identifying claims relevant for independent opinion and when referring and seeking opinion in matters related to liability. In addition, the case manager will utilise the skills of the injury management advisor when assessing reasonably necessary treatment opinions. The types of independent options sought by GB include:

### icare Medical Support Panel (MSP)

The MSP leverages specialist medical expertise to improve health outcomes and the experience for injured workers and for you as the employer. These medical experts review case information and provide timely treatment and medical causation recommendations and assist GB Case Managers to undertake comprehensive medical management of an injured worker’s claim.

### Independent Medical Examiner (IME)

An IME is a registered medical practitioner who provides impartial opinions on liability, treatment, causation of injury or illness and permanent impairment. GB will initiate a referral to an IME when medical information is inadequate, unavailable or inconsistent and attempts have been made to obtain further information without success.

## Injury Management Consultant (IMC)

An IMC is a medical practitioner experienced in workplace rehabilitation who liaises with you, the injured worker and the nominated treating doctor to overcome barriers and identify strategies and solutions to assist with return to work. GB's return to work advisors will support case managers to make referrals to an IMC when the following concerns are identified:

- there are complexities in relation to 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 an injured worker
- the injured worker is not upgrading at work.

A referral to an IMC may be made as a file review or a face-to-face consultation. Before referring to an IMC, GB will contact the injured worker to discuss the reason for the referral and to explain the role of the IMC.

If the referral is for a file review, then GB will ask the injured worker if they would like to be involved via telephone or face to face. The injured worker's treating doctor will be advised of the referral and they will be advised that they can be paid for any time taken to communicate with the IMC. GB will also let the injured worker know that they will be provided with a copy of the report from the IMC once it is received.

## Independent Consultant

An independent consultant provides an independent peer review of allied health practitioner treatment. GB's injury management advisors will assist case managers to identify injured workers who are not recovering from treatment as expected or where it is identified allied health treatment provider support may be required to improve treatment outcomes. A referral may also be considered if there is concern about:

- treatment duration, frequency and/or whether treatment is reasonably necessary
- treatment that has continued for an extended period without improvements in functional outcomes
- whether the treatment approach is most likely to achieve positive work outcomes for the injured worker
- barriers to recovery at work and/or psychological risk factors which may be delaying recovery.



# CLAIM FINALISATION

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## When GB Will Finalise A Claim

Claim finalisation generally occurs when the injury no longer impacts an injured worker's ability to participate in employment and no further treatment is being undertaken. Finalisation of a claim may occur when:

- the injured worker has returned to pre-injury duties
- the injured worker has returned to suitable employment with no wage loss or further medical treatment needs
- GB has made a work capacity decision that results in no entitlement to weekly payments and no ongoing medical treatment is required
- there is a common law settlement or commutation
- there is recovery of damages by the injured worker from a third party
- there is a dispute regarding ongoing liability
- weekly payments have been terminated and no ongoing medical treatment is required
- weekly and medical entitlements have ceased due to legislative provisions.

Upon finalisation of a claim, all stakeholders will be advised in writing and GB will request all outstanding costs to be submitted for reimbursement.

## When GB Will Reopen A Claim

In some circumstances, it may be necessary to reopen a claim that was previously finalised by GB. When a request is received to re-open a claim that has been previously been finalised, GB will obtain relevant information and will then review and determine whether it is appropriate to reopen the claim. GB will also communicate the liability status of the claim and the entitlements that may be payable to the injured worker and other claim stakeholders.

## OTHER IMPORTANT MATTERS

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### GB's Information & Records Management

The SIRA Standards of Practice outline that injured workers should be informed of 'their right to access their personal and health information' held by GB on behalf of icare.

Pursuant to the Commonwealth and NSW Privacy legislation and principles, an injured worker's personal and health information can be made available to them upon request. However, limited exceptions may apply. GB will respond to access requests for their personal information from an injured worker in accordance with timeframes outlined in SIRA's Standards of Practice.

Reports from third party providers may be released to the injured worker if the report relates to them.

### Privacy & Confidentiality

In the course of claims management, GB handles confidential information about an injured worker in accordance with section 243 of the 1998 Act. Personal and health information relevant to the management of the claim will only be shared with relevant parties after the injured worker has provided written consent to authorise the release of such confidential and sensitive information.

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

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

GB will only collect information that is required to provide claims management services and to improve our services to injured workers and customers. Wherever possible GB will collect information directly from the injured worker, however, in some circumstances with the injured worker's consent or as required by law, GB will collect personal or sensitive information from third parties.

How GB uses or discloses personal information provided by the injured worker includes one of the following:

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

GB aims to ensure that the personal information held is accurate, complete, relevant, up to-date and not misleading.

Injured workers who wish to make a complaint about the management of their personal or health information may wish to contact icare's privacy officer at [privacy@icare.nsw.gov.au](mailto: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.

Further information on GB's management of privacy can be found at [www.gallagherbassett.com.au/privacy/](http://www.gallagherbassett.com.au/privacy/).

## How GB Prevents Fraud

GB is committed to minimising the risk of fraud from occurring within the NSW Workers Compensation scheme. All staff are required to complete bi-annual training on fraud awareness, risk mitigation and how to manage suspicious activity. GB also employs a fraud officer to assist in the investigation of fraud and suspicious activity. GB is required to report all suspicions of fraud to icare and work closely with icare in investigating any suspicious activity.

## Factual & Surveillance Investigations

A factual investigation may be undertaken by GB to determine facts on a claim and to assist GB in making an informed liability decision. It may include interviews, an inspection at the location the injured worker's injury occurred, or a document review such as accessing wage information.

GB adheres to the SIRA Standard of Practice (24) which stipulates that a factual investigation can only be undertaken if the information required cannot be obtained in a less intrusive manner. To ensure compliance, GB requires all proposed referrals for factual investigations to be reviewed by a technical specialist who will make an informed decision, based on the claim circumstances, as to whether the investigation should proceed.

If a factual investigation is required, GB will inform the injured worker that they are requested to participate in the investigation and they will be provided with the following information:

- the purpose of the investigation and the investigator contact details
- the anticipated duration of the interview (which should not exceed two hours)
- that they can nominate where the interview will be undertaken
- that they may have a support person present during the interview, including a union representative if they wish
- that they will receive a copy of their statement and/or transcript within 10 working days of the interview being completed
- that they can identify relevant witnesses
- that they are under no obligation to participate in the factual investigation, however it will be noted that the investigation will be used to help determine claim liability
- if the factual report is used to dispute their claim, the factual investigation report will be released to them.

Surveillance has a limited role in the NSW workers compensation scheme. GB will consider utilising surveillance only when all other avenues to collect information have been exhausted. GB adheres to the SIRA Standard of Practice (25) which outlines the expectations of what insurers must consider before proceeding with surveillance. GB requires all proposed referrals for surveillance to be

reviewed by a GB technical specialist who will make an informed decision, based on the claim circumstances, as to whether it is appropriate. GB must also obtain approval from icare before proceeding with a referral for surveillance.

GB will only consider conducting surveillance in the following circumstances:

- when there is evidence the injured worker may be exaggerating an aspect of their claim or they are providing misleading information and there is a reasonable belief that the claim is inconsistent with information in GB's possession
- there is a reasonable suspicion that fraud is being committed
- all other options to obtain the information through less intrusive means have been exhausted
- the benefit of obtaining the information outweighs the intrusion surveillance may have on the injured worker's privacy and the surveillance is likely to gather the information required.

## Claim Case Manager Handover

GB recognises that the transfer of a claim from one GB case manager to another should not disadvantage stakeholders or negatively impact claim outcomes. A thorough handover process which recognises the importance of contact, continuity of care and the efficient transfer of information is completed. Claims are also effectively triaged to ensure they are allocated to an appropriately skilled case manager in the first instance.

## Recoveries

GB is responsible for identifying, investigating and initiating third party, excess and overpayment recoveries. This screening occurs within the early stages of a new claim and if recovery potential is identified, GB will investigate accordingly and notify all stakeholders. Technical Specialists will be utilised to assist in this process.

### Third Party recoveries

Claims for recovery can be made against third parties.

Claims for recovery may arise from, but are not limited to, motor vehicle accidents, public liability, occupier liability, labour hire placements and assaults.

### Overpayments

When an incorrect payment amount is paid, the incorrect payee has been paid or a duplicate payment has been made, GB can request for the amount to be repaid.

Recovery may be pursued if:

- Any error on GB's part was caused by inaccurate information provided by the injured worker, you or a service provider
- An inaccuracy was known or ought to have been known by an injured worker, you or a service provider

- Consideration of an injured worker's personal circumstances indicates recovery of the overpayment would not result in undue hardship.

## Excess

Claims for excess may arise when you have not notified GB within 5 days of becoming aware of an injury. This is prescribed under section 160 of the 1987 Act.

Where weekly payments are being paid directly to you by GB, the excess will automatically be deducted from these payments. If the worker is being paid directly to the worker by GB, you will be invoiced for the excess.

## When a recovery will not be pursued

GB will not pursue a recovery when:

- Reimbursement of medical and related expenses which are reasonably incurred by the worker exceed the maximum amount set by SIRA
- The overpayment of a weekly benefit is as a result of a change in PIAWE following an interim PIAWE being applied and the new PIAWE amount is now lower than the interim PIAWE previously applied
- GB has considered an injured worker's individual circumstances and determined that seeking reimbursement of an overpayment would cause undue hardship.

## Medicare & Centrelink Clearance

GB is responsible for advising Services Australia within 28 days from the date an injured worker has a judgement or settlement in their favour where the injured worker has previously received or is currently receiving benefits provided through a government program such as Medicare. GB must provide Services Australia with the following:

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

GB technical specialists are responsible for ensuring appropriate information is provided to Services Australia.

## Notice Of Charge / Medicare History Statement

Proactive engagement with Services Australia and correct attribution of medical costs helps to ensure prompt payment of entitlements and reduces the risk that an injured worker will be inadvertently subject to recovery action from Medicare.

A notice of past benefits lists the medical services the injured worker has claimed under Medicare from the date of injury and the total amount of eligible benefits paid, relating to the compensable injury/illness (if any).

Once GB receives the Notice of Past Benefits, it will be reviewed and the relevant payment will be made to Services Australia. The amount to be paid is in addition to the compensable amount relating to the percentage of whole person impairment.

## Quality Assurance Program

GB's Assurance Framework (QAF) is designed to ensure claims management practices comply with legislative and regulatory guidelines. This drives continual improvement in claims performance and outcomes.

The purpose of GB's QAF is to:

- provide a framework that will seek to monitor and assess claims management by undertaking quality assurance activities.
- utilise performance insight results that will inform GB of trends and opportunities to improve practices across a number of areas including:
  - staff capability
  - customer, injured worker and employer experiences
  - return to work outcomes and contractual performance.

GB is dedicated to providing exceptional claims management and customer experience through our delivery of:

- quality claims management services which adhere to legislation, guidelines and best practice principles
- fair and transparent decision making
- a partnership-based approach
- support to injured workers in achieving appropriate return to health outcomes, and a safe, durable and timely return to work
- support and education to you about the claim's management process.

## GB Provider Management

icare have identified several panels of third-party service providers to be utilised by claims service providers. GB is working closely with a selection of workplace rehabilitation, investigation, medico-legal and legal providers to develop strong working relationships, not only to ensure that injured workers and you have a positive claims experience, but to also ensure that GB meets or exceeds performance targets. Provider performance will be assessed operationally, on a claim-by-claim basis, and will also be monitored more broadly to identify areas for improvement through data analysis and regular performance meetings.

# EMPLOYER MANAGEMENT PRACTICES

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## Injury Prevention

GB monitors injuries via employer and industry type to identify injury trends and opportunities to work with you to improve your health and safety and injury management practices.

## Information About Workers Compensation Insurance

There are a range of resources available through SIRA and icare to guide and support you in managing an injured worker with an injury, from the claims process journey, to developing a return to work plan and consideration of suitable duties.

## Claims Data Analysis

GB collects data related to all aspects of claim management and our dedicated Performance and Insights team analyse claims data to identify trends, understand claims performance and target areas of improvement. GB utilises data to inform our strategy and delivery of innovative solutions, ensuring they are aligned to current and emerging trends.

GB's ability to leverage our global capability in addition to our extensive experience locally, provides a strong platform for continued improvement and ability to be best in practise. GB will work with you to identify key workplace risks and injuries, trends and emerging issues, and assist in implementing solutions to address key issues.

# FEEDBACK & COMPLAINTS

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## Customer Experience Program

GB is committed to providing high quality customer service in all interactions with our customers without discrimination. Underpinning our philosophy is a client centric ethic, based on proactive and timely delivery of service to all external and internal stakeholders with a willingness to actively seek feedback regarding service experience. All staff at GB manage claims and interact with stakeholders in a manner that is consistent with 'The Gallagher Way'.

## Complaints

Whilst GB strives to do things 'The Gallagher Way' sometimes complaints or issues may arise. GB's commitment is to resolve issues as quickly and amicably as possible. All complaints will be acknowledged within two business days and a response will be provided within five business days unless otherwise agreed.

Complaints can be lodged:

Via email: [generalqueries\\_NSWWCNI@gbtpa.com.au](mailto:generalqueries_NSWWCNI@gbtpa.com.au)

On line: <https://www.gallagherbassett.com.au/contact/customer-feedback/>

## IRO & SIRA Complaints

Injured workers with unresolved enquiries or complaints about GB can contact the Independent Review Office (IRO) by phone (13 94 76), lodging online or via email ([complaints@iro.nsw.gov.au](mailto:complaints@iro.nsw.gov.au)).

You or other stakeholders with unresolved enquiries or complaints about any aspect of a workers compensation claim can contact the State Insurance Regulatory Authority (SIRA) by phone (13 10 50) or via email ([contact@sira.nsw.gov.au](mailto:contact@sira.nsw.gov.au)). GB's Customer Experience team will liaise directly with SIRA and IRO regarding these enquiries.

## Dispute Resolution

If an injured worker does not agree with a determination made by GB as part of our claims management, the legislation provides the opportunity to dispute a decision before it is referred to the Personal Injury Commission.

If the request for review of a decision relates to a work capacity decision or a PIAWE calculation, the review will be conducted by a suitably qualified reviewer at GB. If the request for review relates to a liability decision, icare's Dispute Resolution and Litigation team will undertake the review.

All reviews will be completed and the outcome notified within 14 days of the request for review being received.



## Litigation

Litigated matters are disputes that have been escalated to the Personal Injury Commission or the courts for resolution. GB's work injury damages and litigation specialist will assist GB Case Managers with the appropriate management of these matters and will engage and liaise with the appointed legal service provider.

Decisions regarding the actions to be taken on a litigated matter will be made by GB. You can contribute information which may assist in defending the litigation, participate in discussions between GB and the injured worker's legal representative and attend hearings.

A representative from GB is required to participate in Personal Injury Commission hearings in accordance with the SIRA Standards of Practice. This means the representative must be available to participate and provide instructions to the appointed legal service provider.



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 13 64 27

 [generalqueries\\_NSWWCNI@gbtpa.com.au](mailto:generalqueries_NSWWCNI@gbtpa.com.au)

 [www.gallagherbassett.com.au](http://www.gallagherbassett.com.au)