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icare

Assessment of the design effectiveness of the Pre-Injury Average Weekly Earnings (PIAWE) Review and Remediation Program Methodology

14 August 2021

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1 Executive summary

1.1 Background to the program

Most NSW employers, with some exceptions (e.g. those in the coal industry, or those that self-insure), take out workers compensation insurance through Insurance and Care NSW (**icare**) as the Nominal Insurer (**NI**). In addition, icare manages the Treasury Managed Fund (**TMF**) that provides workers compensation cover to most public sector employers. For both NI and TMF related workers compensation claims, icare has appointed scheme agents to provide claims management services.

In 2019, icare identified through a risk discovery review¹ that there were inconsistencies with initial pre-injury average weekly earnings (**PIAWE**²) calculations made by scheme agents in connection with NI workers compensation claims. icare found that some weekly benefits may be potentially incorrect due to the scheme agent obtaining insufficient information from the worker or their employer and/or an incorrect calculation of the PIAWE itself. In 2020, icare undertook a similar risk discovery review in respect of TMF workers compensations claims and following the provision of specific information from Government Agencies found the initial PIAWE to be incorrect in 40 of the 46 instances where the PIAWE could be recalculated³. It should be noted that an incorrect calculation does not necessarily mean an injured worker has been underpaid, as such errors could also have led to an overpayment of weekly benefits⁴.

1.2 Status of the program

As at 23 July 2021, the PIAWE Program had assessed the initial PIAWE calculation for 8,934 workers. From those 8,934 workers, there was insufficient information to conduct a complete assessment for 5,468 workers and all are in the process of being contacted to request additional information. Of the 2,368 other workers, who have had their file reviewed and a remediation calculation completed, 245⁵ have an identified underpayment totalling \$2,594,120.⁶

Please refer to Table 1 below for the status of the PIAWE Program.

Table 1: Summary of the status of the PIAWE Program as at 23 July 2021⁷

Status	Proactive NI claims	Reactive NI claims	Proactive TMF claims	Reactive TMF claims
Count of reviewable claims	7,321	1,168	387	58
Review in progress	489	497	74	38
Requiring further information to complete the review	5,012	439	16	1
Underpayment determined	225	16	4	0
Correct payment determined	1,010	71	5	7

¹ <https://www.sira.nsw.gov.au/news/notice/SIRA-commences-audits-of-weekly-payments-to-injured-workers-and-directs-icare-to-take-action>.

² PIAWE refers to the amount of money an employee was earning before their injury and is used to determine the level of weekly benefits to which they are entitled.

³ DRAFT Program Overview & History, PIAWE Review and Remediation Program, 21 April 2021.

⁴ It is noted under the Guiding Principles, within the DRAFT Program Overview & History, PIAWE Review and Remediation Program, 21 April 2021, that "data suggests approximately 5% of workers may have been underpaid."

⁵ Excludes 2 cases where there has been an identified underpayment but icare has no further liability.

⁶ PIAWE RR - Weekly Report, 23 July 21.

⁷ Ibid.

Status	Proactive NI claims	Reactive NI claims	Proactive TMF claims	Reactive TMF claims
Overpayment determined	125	12	2	0
No further liability ⁸	460	133	286	12

To increase awareness with injured workers, icare has sent letters directly and conducted media campaigns across NSW. Some relevant observations are ⁹:

As at 30 July 2021, icare had mailed 218,159 workers inviting them to request a review with 67% of these mailings being sent after 16 July 2021.

During the period from 17 July 2021 to 30 July 2021 no new requests for additional information were sent, however there was an increase in the cumulative response rate from 4.5% to 6.5%.

In respect of NI, icare recorded 3,340 eligible online enquiries from 17 July 2021 to 30 July 2021 compared with 1,545 during the period 3 July 2021 to 17 July 2021.

In respect of TMF, icare recorded 873 eligible online enquiries from 17 July 2021 to 30 July 2021 compared with 14 during the period 3 July 2021 to 17 July 2021.

icare considers it too early to determine the effectiveness of the respective mailing exercises and media campaigns.

Due to the level of uncertainty and the limitations with the current data, icare has not provided any update to its April 2021 projection with regards to the potential number of workers impacted. icare has however indicated its intent to continue analysing outcomes, additional data points and response rates to better estimate the likely impact.

1.3 Scope

Deloitte (**we** or **our**) was appointed to assess the extent to which the PIAWE Program Methodology (**PIAWE Methodology** or **Methodology**) could be considered appropriate, fair and timely as it relates to the compensation of impacted underpaid workers across the NI and the TMF components of the PIAWE Program, and identify areas for improvement (if required). The scope of our work was limited to the services described as 'Phase 1: Review of the Methodology' in the engagement letter signed for and on behalf of icare on 14 May 2021 (the **Engagement Letter**). Our work is subject to the assumptions, conditions and limitations contained in the Engagement Letter and as described in this report.

In assessing the Methodology, we considered a number of matters for assessing remediation methodologies, which includes consideration of the following:

- The period of time covered by the PIAWE Program;
- How in scope workers would be identified;
- How assessments would be conducted to determine if an error occurred;
- How remediation calculations would be performed;
- How workers would be contacted throughout the PIAWE Program;
- How workers would be paid where remediation was applicable; and
- How workers could dispute the findings if they disagreed with the outcome.

1.4 Design assessment conclusion

Except for the findings noted in section 1.5 below and set out in Section 5, at the date of this report we consider that the design of the PIAWE Methodology is appropriate, fair and timely as it relates to compensation of underpaid workers, based on the scope of our work, assumptions and limitations as set out in Section 4 and 6.

⁸ Any claim that has previously received a settlement and is not entitled to another review.

⁹ Based on data provided by icare via email, 5 August 2021.

We understand that the PIAWE Methodology is substantively complete, although there are a few areas to be finalised, e.g. unclaimed monies. Please refer to Section 3 for a summary of the Methodology at the time of our work. Any subsequent changes to the Methodology could have an impact upon our conclusion.

1.5 Recommended actions to improve appropriateness, fairness and/or timeliness

Table 2: List of key findings and recommended actions

#	Finding	Recommended actions
1	<p>The end date for the period in scope (i.e. 20 October 2019) requires further supporting rationale to conclude that remediation issues have not continued beyond that date</p> <p>The end date for the Program should be based on robust analysis which identifies that the errors being remediated are no longer adversely impacting workers.</p> <p>While there have been reviews performed that indicate that the situation has improved and PIAWE calculation requirements have been simplified, leading to a decreased risk of error, there has not been enough analysis to confirm that the risk of error is low enough to not warrant extending the scope of the program beyond October 2019.</p>	<p>Undertake targeted analysis that is looking to address whether PIAWE errors are no longer adversely impacting workers to the extent that would warrant further remediation action.</p> <p>This could involve looking at the rate of error since October 2019 through sample-based testing, as well as performing a risk assessment to understand the controls in place and whether those controls are designed and operating effectively.</p>
2	<p>Workers at greatest risk of financial detriment may not be included as part of the proactive assessment segment</p> <p>icare has used various criteria to select workers for proactive assessment. This includes consideration of the nature of injury, language barriers and identifying workers at greatest risk of financial detriment should a PIAWE error have occurred.</p> <p>In relation to identifying workers at greatest risk of financial detriment due to a PIAWE error, the indicator being used relates more to the duration that weekly benefits have been paid, as opposed to the actual weekly benefits paid (e.g. a part-time worker (one day per week) on low income and paid weekly benefits for four years will be included as part of the proactive assessment segment, whereas a full-time worker on similar income and paid over 129 weeks will not be reviewed proactively).</p> <p>As a result, it may be fairer for workers who have received large amounts of weekly benefits to also be included for proactive assessment.</p>	<p>Establish a threshold based on total weekly benefits paid that would lead to additional workers being selected for proactive assessment. The most recent data should be used for this purpose, acknowledging that the Program is still running and the time that has elapsed since the proactive cohort was first determined.</p> <p>The threshold should initially take into consideration the resources available for the program to undertake the additional proactive reviews and the response rates from the reactive assessments to ensure that proactive assessments do not substantially impact the ability to respond to reactive requests.</p> <p>This threshold may be revisited as a result of further data analysis conducted over the Program (refer to finding 4)</p>
3	<p>Proactive assessments can be finalised without regard to the information available on file</p> <p>In the proactive assessment process, where the information on file is insufficient, the worker will be contacted by letter and asked to provide more</p>	<p>Where the claim is still open for proactive assessments, icare should make additional contact (e.g. utilise the claims manager relationship, or utilise other available contact methods such as phone, SMS and email) to confirm if further information exists and then complete the assessment. In these communications it should be made clear that there is a risk that weekly benefits may</p>

# Finding	Recommended actions
<p>information in order to determine if the PIAWE was correct.</p> <p>If the worker does not respond, no further assessment activity will be conducted. This includes instances where it appears that the PIAWE used may be incorrect (e.g. the information on file suggests that PIAWE should be \$800 but a rate of \$600 has been used with no clear rationale).</p> <p>It would be fairer and more consistent to undertake further assessment activity to conclude that the PIAWE calculation was appropriate than solely requiring a response to a letter with additional information to assess the case.</p>	<p>be increased and decreased as a result of any new information. This will provide confidence that those open claims are being paid correctly today.</p> <p>Where further information is not received, icare should consider having the claims manager review whether the PIAWE is correct at the next claims review period or upon closure of the claim.</p> <p>icare should also issue a follow-up letter and email to all other workers who received a proactive review and did not respond to the previous letter to notify them that a review can still take place if they can provide additional information to that already on file or request a review based solely on the information available.</p>
<p>4 Ongoing analysis of remediation outcomes should continue to inform future Methodology enhancements</p> <p>We have been advised that there is anecdotal evidence that the data currently available to icare is not able to be used to identify in scope workers at greatest risk of having a PIAWE error. This may change as more claims are assessed and analysed.</p> <p>Currently there is no commitment in the Methodology to undertake continued analysis of workers to identify whether additional activities are required to be undertaken. This is particularly important given the dependency on the majority of workers to request a review.</p> <p>It would be fairer to include the ongoing consideration of any identified trends to ensure that any themes relevant to remediation are identified and actioned.</p>	<p>icare should continue to monitor and seek data indicators to identify if segments of the population require further action (e.g. conducting more proactive reviews, issuing further action to increase response rates) and commit to this within its documented Methodology.</p> <p>The ongoing analysis may also support decisions around the end date of the Program.</p>
<p>5 Data could be used to reduce the effort assessing workers who would not be eligible for financial remediation based on them receiving the maximum weekly benefits</p> <p>Workers who receive the maximum weekly benefits allowable would not be eligible for financial remediation. Currently these workers are in-scope and are needing to be manually assessed to identify them.</p> <p>The use of project resources to assess and address workers that are not eligible for financial remediation may impact the timeliness for other workers.</p>	<p>icare should explore whether such workers can be identified through the data to de-prioritise them from any proactive assessment and potentially respond to them quicker for reactive assessments.</p> <p>Based on the data sets observed during our review, it appears that the data required to identify such workers includes the weekly benefits, the date that these were paid and potentially the dependents at the time of payment. As a result, there is the possibility to exclude these workers from any proactive payment (see Section 1.6 below) or during certain periods, which could reduce the overall effort of the Program. However, such assessment should be made following careful validation of the available data.</p>
<p>6 The Methodology should be documented in its entirety, reviewed through an appropriate consultation process and formally adopted.</p>	<p>At a time that is appropriate and once all aspects of the Methodology have been decided on, icare should create a single document outlining the details of the</p>

# Finding	Recommended actions
<p>The Methodology was evolving during the course of our review and was not documented in a single artefact. This may create risks for the Program in the future if there is uncertainty around the specific objectives, approach and commitments made.</p> <p>It would be more appropriate to ensure that a single end-to-end Methodology document exists to reduce the future risk that the Program may be deemed as inadequate.</p>	<p>Methodology for PIAWE and that document be endorsed at the appropriate governance forum.</p>

1.6 icare’s consideration of proactive payments to injured workers

We acknowledge the challenges faced by icare with its PIAWE Program to date, such as the quantum of remediation payments made to date relative to the costs incurred by the Program and the time that has elapsed since the issue was identified.

We are aware that icare is considering making proactive payments (and accepting a risk of over-compensation) to a selected group of workers in addition to the activities that are outlined in the Methodology. Given the current percentage of workers receiving remediation, this approach is expected by icare to be beneficial to the majority of workers who receive the payment.

From our observations, this approach has been adopted by some remediation programs within the financial services sector. It also reflects the approach adopted in wage remediations where there is insufficient information to inform accurate calculation as to entitlements which are owed. In such cases, employers commonly adopt assumptions which take a favourable approach to the employee e.g. if in doubt, assume that longer hours were worked, or the higher of possible wage rates is payable. This ensures employers are able to demonstrate they have complied with their obligations. We expand on this in section 5.3.

A proactive payment approach contains risks and:

- May lead to questions of fairness (e.g. as a result of segments of workers being included/excluded from receiving the payment);
- Will lead to over-compensation risk; and/or
- May have unintended consequences.

However, we would acknowledge that a well-designed proactive payment approach could provide the following benefits:

- Reducing the reliance on impacted workers to request a review thereby improving the timeliness to make remediation payments to impacted workers;
- Increasing remediation payments and reducing Program/scheme costs that would have been incurred had those workers who received the payment requested a review, as an acceptance of the payment by the worker will signify that no further activities under the Program are needed. This does not however prohibit the worker requesting a review of their PIAWE under normal business-as-usual processes;
- Demonstrating willingness to accept overcompensation risk in order to complete the Program on a more timely basis without compromising worker outcomes; and
- Demonstrating progress of remediation activity to stakeholders focussed on remediation payments made versus Program costs incurred.

Noting the comparison with wage remediations, where overcompensation is not uncommon, the community may view this as the preferable approach to under compensation of injured workers.

Should icare elect to proceed with such an approach, we have provided factors for consideration within Section 5.3. Consideration of these factors, as a minimum, should enable icare to design a proactive payment approach that will align to what we would consider to be appropriate, fair and timely. Included in that guidance is that it would be key that such payments do not reduce the ability for the worker to seek further review to determine whether additional compensation is applicable.

2 Background on the evolution of the extent of the PIAWE error

In order to calculate weekly benefits, a PIAWE calculation is required to be performed. Based on its interpretation of the legislation, the PIAWE calculation was determined by icare as only able to be correct when all required information is obtained and considered. This includes, but is not limited to, details of relevant awards, enterprise bargaining agreements and payslips. As weekly benefits were expected to be paid within 7 days of a claim being made, and because all required information was generally not available within that 7 day period, an initial PIAWE calculation was made based on information available at the time (e.g. based on information provided by the employer).

It was expected by icare that employers would be contacted to request any missing information, if provided and where required, the PIAWE would be updated. It was found by icare that there was a risk that PIAWE calculations could be deemed incorrect as the majority were based on the limited information available at the time and not based on complete information. This led to the need to establish a remediation program.

As remediation work is in progress, the exact impact to injured workers is unknown, although estimates have evolved as more information has been obtained by icare. In July 2020 a spokesperson for the NSW Treasurer made a statement that:

“icare’s initial estimate of a \$40 million to \$80 million underpayment had since been revised down to \$5 million to \$10 million, while the number of workers affected had also been revised....based on current information, icare estimates 5,000 to 10,000 workers have been impacted, which is a significant reduction to initial estimates of around 50,000 workers”¹⁰

In the New South Wales, Parliament, Legislative Council, Standing Committee on Law and Justice, Report no. 75 – April 2021, titled *2020 Review of the Workers Compensation Scheme*, it states that icare provided the following update, as at early December 2020:

‘We have booked a contingent liability into our 30 June 2020 accounts of approximately \$14 million in terms of remediation payments to injured workers in the Nominal Insurer.’

It was emphasised however that there was a high degree of uncertainty as that figure was *‘dependent upon the number of people who reach out’* and request reviews.

In the report by the Hon Robert McDougall QC, dated 30 April 2021, it states *“icare’s latest estimate is that fewer than 0.2 per cent of injured workers in the NI Scheme, that is around 500 workers, who were eligible for benefits between October 2012 and 2019 will have a quantifiable underpayment.”¹¹*

In the first half of 2021, icare consulted with SIRA regarding a PIAWE determination based on information obtained when a particular information gathering process has been followed. icare considered the content of its interactions with SIRA in evolving its Methodology.

¹⁰ Sydney Morning Herald, NSW Treasurer stands by icare after millions in after payment revealed, 27 July 2020.

¹¹ Report by the Hon Robert McDougall QC, Independent Reviewer, *icare and State Insurance and Care Governance Act 2015 Independent Review*, dated 30 April 2021 with the source for the quoted extract being the icare, Submission to the Independent Review Response to Draft Parts Part A & B, 9 April 2021.

3 icare’s PIAWE Program Methodology

The draft Program Overview & History document, dated 21 April 2021, states that the priority of the PIAWE Program is to “ensure all potentially impacted workers have the opportunity to have their claim assessed and where required to remediate those workers that have incurred a loss as a direct result of an error in the calculation of PIAWE”.

The Methodology has evolved since the commencement of the PIAWE Program, as a result of its recent interactions with SIRA, and has been updated as recently as July 2021.

The most recent changes:

- Are expected to increase the frequency that an assessed worker is able to obtain a determination on their review assessment as it reduces the information required to determine whether the worker is eligible for remediation;
- Will lead to icare no longer recognising a PIAWE based on incomplete information alone as incorrect. Where the PIAWE is based on incomplete information, a review and/or recalculation will occur where additional information is obtained, irrespective of whether this completes the information required for making a truly correct PIAWE calculation;
- Will allow the file to be closed with no recalculation where, following attempted contact, no additional information has been provided by the employer or worker¹²; and
- Clarified the approach to addressing open claims.

The PIAWE Methodology was not documented in any single document, therefore, we have summarised below the key aspects of the PIAWE Methodology assessed in our work.

3.1 The period in scope

Based on the risk discovery review, icare determined that the scope of the PIAWE Program was to cover workers compensation claims with a reporting date on or after 1 October 2012 (the date that the calculation of PIAWE was introduced) and for the injury to have occurred on or before 21 October 2019¹³. From 21 October 2019, legislative changes impacted the way that PIAWE was calculated and subsequent independent reviews¹⁴ have provided icare with confidence that PIAWE errors have improved.

3.2 The workers in scope

icare identified the following types of claims for the review:

1. NI claims, where icare workers insurance acts for the Workers Compensation Nominal Insurer and engages scheme agents (e.g. Employers Mutual NSW Limited (EML), Allianz, GIO) to manage workers compensation claims on its behalf.¹⁵
2. TMF claims, where icare acts as the authorised delegate to provide worker compensation cover (as well as cover for other liabilities, costs and expenses) for most public sector employers.¹⁵

All workers with NI or TMF claims, who received weekly benefits during the period 1 October 2012 and 20 October 2019 are in scope, although not all workers will be written to as part of the mailing exercise e.g. workers who have had their weekly benefit entitlements determined through a merit review.

¹² 15 PIAWE RR Program - Steer Co - 08.06.21 – Papers, p. 8

¹³ Email from icare Project Manager, 10 June 2021.

¹⁴ https://www.sira.nsw.gov.au/__data/assets/pdf_file/0007/968011/EY-Report-Nominal-Insurer-2020-Quarter-2-claims-file-review.pdf

¹⁵ icare, “The NSW workers compensation system”, <https://www.icare.nsw.gov.au/practitioners-and-providers/gps-and-treating-doctors/understanding-workers-compensation/the-nsw-workers-compensation-system#ref>, (assessed 25 June 2021)

3.3 Proactive and reactive assessments

The PIAWE Methodology indicates that a segment of the worker populations will be proactively assessed (**Proactive Review**). All remaining workers, with the exception of those who requested a review via the PIAWE Program online form and those who have received a previous settlement or similar, will receive a letter inviting them to request a review (**Reactive Review**). This letter is accompanied by media campaigns in certain regions, in addition to icare using its website and an earlier NSW media campaign to increase awareness.

The below table describes how workers have been selected by icare to determine whether they are in the Proactive Review segment or the Reactive Review segment.

Table 3: Worker identification for NI and TMF claims

Phase	Worker identification for NI claims ¹⁶	Worker identification for TMF claims
Proactive Review	<ul style="list-style-type: none"> Workers whose injury resulted in permanent impairment and the degree of permanent impairment is greater than 30 percent; and/or Workers whose claim duration is above 130 weeks. 	<p>Workers whose claim duration is above 26 weeks are included.¹⁷</p> <p>Note: Open claims will be reviewed by the relevant claim’s manager during the business-as-usual review points required for open claims.</p>
Reactive Review	All other in-scope workers.	All other in-scope workers.

3.4 Assessment process

In assessing a worker, we understand that icare has decided to perform the following:

1. Determine if there is sufficient information on the workers compensation claim to make an assessment as to whether the PIAWE was calculated correctly;
2. If the claim information is deemed insufficient for PIAWE calculation, icare and scheme agents will contact the worker and potentially the employer/government agency, who previously employed the impacted workers for additional information;
3. If the worker and employer/government agency confirm that they do not have any further information or the specific information requested, the case will be considered compliant (based on related interactions with SIRA) and no further action will be taken;
4. Where the worker does not respond to the request for further information, the case will be deemed compliant by icare and no further action will be required until the worker responds;
5. Where full or additional information (to that already on file) is received, an assessment is conducted to determine if the PIAWE was calculated correctly; and
6. Where the PIAWE is determined to be incorrect, an assessment will be performed to determine whether the worker has been underpaid or overpaid as a result of the error. Where the worker has been underpaid, remediation payments will be paid. Where the worker has been overpaid, adjustments will be made on future weekly benefits (if applicable). Workers will not be expected to repay any overpayments.

¹⁶ DRAFT Program Overview & History, PIAWE Review and Remediation Program, 21 April 2021, p. 20

¹⁷ PIAWE Review and Remediation Program - Plan on a page, 20 May 2021, p. 3

Table 4: List of information type that may be used in a PIAWE calculation

#	Decisions	Information that could be used
1	Relevant Period	Employment contract PIAWE form Payslips Leave records (daily breakdown) Daily earnings (for a period after unpaid leave) Other information (such as statement from worker/employer)
2	Determine the Nature of Payments	Payslips Contract Enterprise Bargaining Agreement (EBA) (or confirmation that one does not exist) Award
3	Calculate Payments	Payslips Contract EBA (or confirmation that one does not exist) or Award Comparable employee earnings Fringe Benefits Tax (FBT) taxable values and whether worker has a Non-Pecuniary Benefit (NPB) Evidence of employer's FBT status
4	Concurrent Employment	All of the above for concurrent job
5	Self-employed/Working Directors	If the above is not available: Bank statements Tax returns Accountant report BAS statements Statement from worker
6	Workers under 21/Apprentices	EBA Award Contract
7	Agreements	Agreement form Contract Payslips

Assessment where there is full information

Once the information is deemed sufficient, the following steps are applied by icare to recalculate the PIAWE and determine whether there is evidence of PIAWE miscalculation¹⁸:

1. Determine the number of weeks within the relevant period;
2. Determine if any weeks from the relevant period will need to be excluded, including associated earnings for both ordinary earnings and shift and overtime components of PIAWE;
3. Determine the average weekly component of base rate of pay (BRP) or actual rate of pay, piece rates and commissions, and NPB;
4. Multiply the total of the weekly rates for each component of ordinary earnings by the number of weeks in the relevant period, before excluding weeks (step 3 x step 1);
5. Exclude relevant weeks and associated earnings from ordinary earnings previously calculated in step 2;
6. Determine the average weekly component of shift and overtime;
7. Multiply the total weekly rate for shift and overtime by the number of weeks in the relevant period, before excluding weeks (step 6 x step 1);

¹⁸ icare, *Icare PIAWE handbook*, p. 35

8. Exclude relevant weeks and associated earnings from shift and overtime previously calculated in step 2; and
9. Combine both amounts determined in step 5 (ordinary earnings) and step 8 (shift and overtime) to calculate PIAWE.

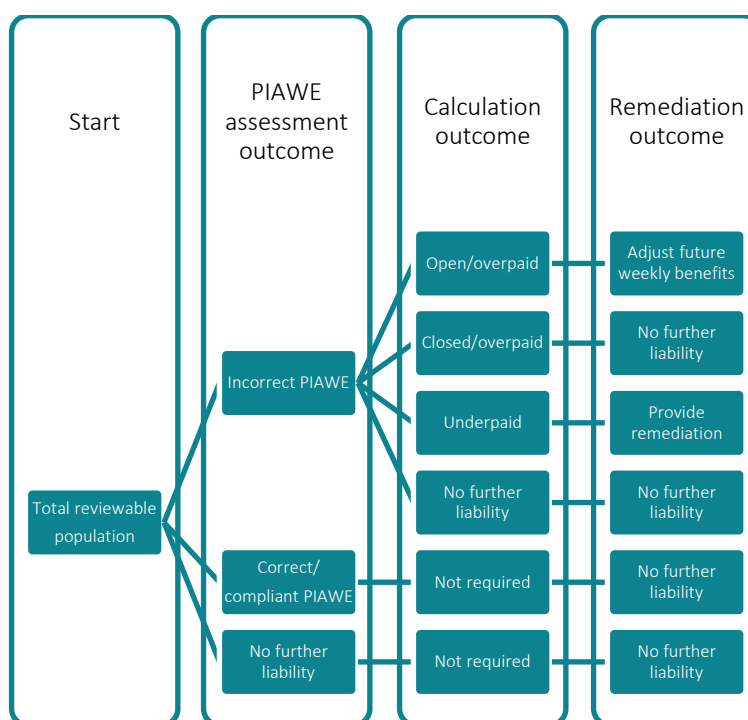
Calculation of financial impact

Where there is positive evidence to indicate the PIAWE calculation is incorrect, a full file review will be performed to determine whether:

1. The claim is open or closed;
2. The benefits are over/underpaid against the PIAWE re-calculation result; and
3. No further liability exists¹⁹.

3.5 Assessment outcomes

The following diagram outlines the available assessment outcomes.



3.6 Quality Assurance (QA)

icare has evolved their QA framework along with their operations. In their latest QA framework²⁰, the primary purpose of the QA activities is to ensure that:

- PIAWE is calculated accurately and all processes have been followed;
- Peer review is completed for both the PIAWE calculation and file review;
- File review is completed appropriately (i.e. all issues have been identified) and the determined amount payable to the worker is accurate; and

¹⁹ Where workers have had a work injury damages, commutation, compulsory third party or public liability settlement where there are no further workers compensation entitlements. Also, workers whose PIAWE was determined by a Workers Compensation Independent Review Office merit review and workers whose PIAWE was agreed upon at the Workers Compensation Commission and a Certificate of Determination reflects this rate.

²⁰ PIAWE RR - NI Program QA Framework - V3 20210503, pp. 8 – 9 & 13

- Contact process during remediation is followed appropriately (including correct letters and follow up).

icare applies the following process, sampling approach and decision process for the QA activity in relation to NI, across three stages²¹:

Table 5: Stage 1 - Assessment of the initial PIAWE calculation

Procedure	Performed by	Claims relevant to the procedure
PIAWE calculation	Scheme agent	Claims proactively scoped into the Program; or eligible workers requesting a review.
Peer review	Scheme agent	All assessments.
QA review	icare	10% of claims determined as 'Correct' or 'Unable to Determine'. Sampling percentage decreasing as agent match rate increases to a minimum of 6%. Initially 100% of claims determined to be 'incorrect' by the Agent. Sampling percentage decreasing as agent match rate increases to a minimum of 60%.

Table 6: Stage 2 - File review and remediation calculation

Procedure	Performed by	Sampling approach
File Review	Scheme agent	All incorrect claims identified in stage 1.
Peer review	Scheme agent	All file reviews and remediation calculations.
QA review	icare	Initially 100% of claims moved to stage 2 to be QA. Sampling percentage decreasing as agent match rate increases to a minimum of 60%.

Table 7: Stage 3 - Remediation

Procedure	Performed by	Sampling approach
File Review	Scheme agent	Underpaid claims and overpaid open claims post stage 2 review.
QA review	icare	10% of claims. Sampling percentage decreasing as agent match rate increases to a minimum of 6%.

icare will continue to review the QA practices to identify if the QA framework remains fit for purpose. At the time of our work the QA framework in relation to TMF was in draft but understood to be similar.

²¹ Ibid.

3.7 Compensation calculations and payments

The remediation calculation determines the difference between the amount the worker had received and the amount they should have received. The difference is processed through the relevant workers compensation system as a payment adjustment.

Within the system, the standard process for processing payment adjustments is applied, which includes the consideration of other requirements (e.g. sending necessary amounts to Centrelink). Therefore, the gross amount entered into the system is not necessarily the amount that is paid to the worker, in line with the standard payment adjustment process.

icare have advised that there is no additional interest or other uplift adjustment included in the calculation of compensation payments and that the legislation does not provide for icare making an increase to any underpayment amount to account for any change in value of money over time, including in situations where the underpayment is caused by an icare error. icare has applied this practice in respect of the TMF claims too. As part of this calculation, icare have advised that the tax position is also taken into consideration and the payment to the worker is net of income tax.

3.8 Workers contact and communications

Workers invited to request a review (i.e. those who are not part of the Proactive Reviews) will be contacted by mail advising them of the ability to request a review of their PIAWE. This letter provides information on the Program and details how they can lodge their request for the review.

Once a review has been performed, workers will receive a letter notifying them of the outcome and icare has advised that the letters used by the Program are those detailed in the table below.

Table 8: Types of letters that may be issued through the Program

Letter type	Communication type	Applicable to
1. Outcome letter: Claim with insufficient information*	Letter advising that there was insufficient information to determine whether the PIAWE was correct; and requesting to provide further wage information to complete the review.	All workers where this outcome is determined
2. Outcome letter: Underpaid claims	Letter advising that the worker is eligible to receive a remediation payment due to the PIAWE being calculated incorrectly, leading to lower weekly benefits than what should have been paid.	
3. Outcome letter: Overpaid open claims	Letter advising that an error has been identified and that future weekly benefits will be adjusted in accordance with the correct amount.	
4. Outcome letter: No further liability	Letter informing the worker that there is no further liability	Workers who are part of icare's Reactive Review.

Letter type	Communication type	Applicable to
5 Invitation letter: Advising the worker of the ability to request a review	Letter inviting workers to request a PIAWE re-assessment	All in scope workers, except those who are being proactively assessed and other specific worker types. ²²

* Employers might also be contacted if a claim has insufficient information on file.

3.9 Disputes

Based on the letter templates provided by icare on 19 July 2021, it is understood that each variation of the outcome letter, where there has been an assessment via the PIAWE Program, advises the worker of their ability to dispute the decision, which can include a re-assessment of the matter by icare. Alternatively, enquiries can be directed to the independent review office (**IRO**) or a dispute lodged with the Personal Injury Commission (**Commission**). Where the outcome letter advises the worker that the original PIAWE decision was compliant i.e. not reassessed as no additional information has been provided, the worker will need to raise any dispute regarding the original decision through normal available channels, including the IRO or Commission.

3.10 Unclaimed monies

icare was in the process of considering its approach to unclaimed monies at the time of our work. This aspect of the Methodology has not been considered as part of our work.

²² Workers who have had a work injury damages, commutation, compulsory third party or public liability settlement where there are no further workers compensation entitlements. Also, workers whose PIAWE was determined by a Workers Compensation Independent Review Office merit review and workers whose PIAWE was agreed upon at the Workers Compensation Commission and a Certificate of Determination reflects this rate.

4 Deloitte scope and approach

4.1 Scope

Deloitte was appointed to assess the extent to which the PIAWE Program Methodology could be considered appropriate, fair and timely as it relates to the compensation of impacted underpaid workers across the NI and the TMF components of the PIAWE Program, and identify areas for improvement (if required).

The scope of our work was limited to the services described as ‘Phase 1: Review of the Methodology’ in the engagement letter signed for and on behalf of icare on 14 May 2021. Our work is subject to the assumptions, conditions and limitations contained in the Engagement Letter and as described in this report, which was prepared solely for the purpose of icare’s consideration of its approach to the PIAWE Program.

4.2 Approach

In assessing the Methodology we considered a number of matters for assessing remediation methodologies which includes consideration of the following:

- The period of time covered by the PIAWE Program;
- How in scope workers would be identified;
- How assessments would be conducted to determine if an error occurred;
- How remediation calculations would be performed;
- How workers would be contacted throughout the PIAWE Program;
- How workers would be paid where remediation was applicable; and
- How workers could dispute the findings if they disagreed with the outcome.

Deloitte completed the following procedures in our review:

1. Obtained, read and assessed the relevant documents that collectively set out the Program Methodology and process;
2. Gained an understanding of the remediation approach through inquiry, including interviews with representatives of icare, scheme agents, SIRA and NSW Treasury; and
3. Conducted data analysis of claims and remediation data provided by icare for the purposes of informing potential recommendations and understanding progress to date.

A list of interviews and documents relied upon is captured in Appendix A.

In determining whether the Methodology was appropriate, fair and timely, the following definitions have been applied for the purposes of performing our work:

Table 9: Assessment definitions

Term	Definition
Appropriate	<p>The appropriateness of a methodology considers the extent that it is designed to effectively:</p> <ul style="list-style-type: none">• identify and remediate injured workers impacted by the issue in question; and• enable the achievement of other remediation program objectives. <p>Consideration of the extent that a program is appropriate gives consideration to the legal, regulatory and operational challenges. Consideration is also given to whether the methodology is “fair” and “timely” as defined below.</p>
Fair	<p>The fairness of a methodology considers whether reasonable steps will be taken to proactively identify and engage injured workers impacted by the remediation issue; and that workers are treated in a manner that is timely, consistent, honest and with the necessary support to be</p>

Term	Definition
	remediated where required. Fairness is considered largely from the perspective of the injured workers.
Timely	The timeliness of a methodology considers whether the activities noted in the methodology are able to be conducted without unnecessary delay; and the stated period for any timebound steps or processes are considered reasonable.

4.3 Our report is based on the following assumptions and conditions:

- Our work was based on information provided to us by icare and via interviews conducted with key stakeholders, including SIRA, NSW Treasury and the scheme agents.
- Our work was based on the artefacts provided to us by icare for the PIAWE Program (see Appendix A).
- We have assumed that the information provided is true, correct and not misleading. If the information is untrue, incorrect or misleading then our work may be incorrect or inappropriate.

The scope of our work did not include the following:

- An assessment of icare’s unclaimed monies approach.
- An assessment of icare’s, calculators, payment policies, mechanisms and processes.
- An assessment of the skills and capabilities of staff at icare or at the scheme agents.
- Any reperformance or assessment of any activities related to the execution of the Methodology (e.g. completed assessment and PIAWE calculations).
- Validation of the completeness and accuracy of any data relied upon by icare, e.g. data to identify in-scope workers or an assessment of the design of the data related quality controls e.g. pertaining to extraction and/or manipulation.
- Any interpretation of law. No legal opinions are provided or can be assumed.
- Any tax advice.

5 Key findings and recommendations

5.1 Overview

This section of the report outlines our observations and findings for the design of the PIAWE Program following our assessment of the following components of the PIAWE Methodology:

- Governance.
- In scope worker identification and segmentation.
- Reassessment.
- Worker contact and media awareness.
- Compensation.

5.2 Detailed findings and recommendations

Our work identified six findings where the Methodology could be enhanced to improve appropriateness, fairness and/or timeliness. We have listed the findings and recommendations below.

Finding 1: Errors may continue to exist beyond the end date of October 2019 and are not being remediated

The end date for the PIAWE Program should be based on robust analysis that indicates that the errors being remediated are no longer adversely impacting workers.

While there have been reviews performed that would indicate that the situation has improved and the PIAWE calculation requirements have been simplified, it is not clear that the risk of PIAWE error has been sufficiently managed and is low enough to not warrant extending the scope of the program beyond October 2019.

In the EY report in respect of the Nominal Insurer and Quarter 1 2020 claims²³, commissioned by SIRA, it was found that, in 65% of files reviewed, weekly benefits were paid at the appropriate rate.

In the EY report in respect of the Nominal Insurer and Quarter 2 2020 claims²⁴, also commissioned by SIRA, it was found that:

- In 78% of the files reviewed, it was considered that weekly benefits were paid at the appropriate rate. One of the concerns raised included “evidence of conflicting PIAWE amounts on file that did not appear to have been resolved.”
- In 90% of the files reviewed, in respect of one scheme agent, the PIAWE amount appeared reasonable.
- In 100% of the files reviewed, in respect of another scheme agent, the PIAWE amount appeared reasonable.

The EY report did not specifically look into whether issues created a financial detriment for workers.

Without an understanding of the current rate of error leading to financial detriment, the end date of October 2019 may mean that there is a substantial number of workers post October 2019 being adversely impacted by undetected PIAWE errors.

Recommendation 1: Targeted analysis

icare should undertake targeted analysis to identify whether remediation issues are still occurring post October 2019. The analysis should be based on a representative sample of claims since October 2019 and look to address:

- the frequency that PIAWE errors were continuing from October 2019; and
- the frequency that such errors led to an underpayment of weekly benefits.

The outcome of that specific review should inform the decision on whether to retain October 2019 as the end date for the period in scope.

²³ https://www.sira.nsw.gov.au/__data/assets/pdf_file/0004/876568/EY-Report-Nominal-Insurer-2020-Quarter-1-claims-file-review.pdf

²⁴ https://www.sira.nsw.gov.au/__data/assets/pdf_file/0007/968011/EY-Report-Nominal-Insurer-2020-Quarter-2-claims-file-review.pdf

This analysis may be supplemented by a risk assessment examining the controls in place to manage the risk of PIAWE errors and subsequent testing of these controls. This risk assessment may help inform the decision to extend the remediation program and help identify improvements for reducing the risk of PIAWE errors going forward.

Finding 2: Workers at greatest risk of financial detriment may not be selected for proactive assessment

icare selected its workers to proactively assess based on the duration that weekly benefits were paid. The rationale being that these workers were more vulnerable to suffering from material financial detriment, should a PIAWE error have occurred.

We observed that, despite being available, the total weekly benefits paid was not used as an indicator for proactive assessment selection and could also be used to identify those at greatest risk of financial detriment, in addition to the duration that weekly benefits were paid.

While there will be an overlap between the claims with the largest weekly benefits paid and the claims with the longest duration paid, there may be additional workers identified as warranting a proactive review. For example, the top 1,000 claims based on weekly benefits paid, may include claims that have not been included in the proactive review assessment.

Recommendation 2: Additional threshold

A threshold based on total weekly benefits paid should be established by icare for determining additional workers to proactively assess. Consideration should initially be given to icare's ability to respond in a timely manner to the reactive assessments in setting the threshold. The most recent data should be used for this purpose, acknowledging that the Program is still running and the time that has elapsed since the proactive cohort was first determined.

This threshold may be revisited as a result of further data analysis conducted over the Program (refer to finding 4).

Finding 3: Proactive assessments can be concluded without regard to the information available on file

Where there is incomplete information on file to assess if the PIAWE was correct, a letter will be issued to the worker advising them that there is insufficient information available. Where the worker provides more information, i.e. information not already on file, an assessment will be completed.

However, if the worker does not respond to the letter, no further work will be performed. This may be unfair to workers, particularly in situations where the information on file suggests that financial detriment may have occurred as a result of a PIAWE error (i.e. a non-compliant process was followed to determine PIAWE, and that this led to an underpayment of weekly benefits). In testing performed by icare of the Proactive Review in respect of NI, there were 2,018 files with sufficient information examined as at 16 July 2021 and 216 were found to have PIAWE errors that required financial remediation based on the information on file. For TMF the figures were 242 and 4 respectively.

Recommendation 3: Message and communications

We would recommend that open claims should be followed up (even to confirm that no further information is available). This would provide confidence that open claims significant enough to warrant a proactive assessment are being paid correctly today and that any historical issues have been addressed based on the information on file. It is acknowledged that open claims may have a natural review event in the future, and with robust process and controls it may be possible to circumnavigate the need for following up as part of the PIAWE Program.

In these communications it should be made clear that there is a risk that weekly benefits may be increased and decreased as a result of any new information. This will provide confidence that those open claims are being paid correctly today.

We would recommend that workers of closed claims who have not responded to the insufficient information letter receive another letter reminding them of the opportunity to have their claim reviewed upon their request, subject to them providing additional wage information.

Finding 4: Ongoing analysis of remediation outcomes should continue to inform future methodology enhancements

We did not identify the ongoing use of data analytics as a way of identifying segments of workers at greatest risk of error. We were advised that no obvious themes had been identified to date that would select a particular group as being of substantially higher risk than another. We were also advised that there have not been any indicators identified that would be able to accurately identify a worker as having an error.

Our experience is that indicators for identifying specific individuals or groups may evolve as more information is processed through the Program and that over time reliable indicators may identify certain groups that warrant further consideration (e.g. including them for proactive assessments, making payments without assessment, future targeted campaigns).

Recommendation 4: Ongoing data analysis

We would recommend that the Methodology should be enhanced to include an ongoing commitment to perform data analysis of the remediated claims versus the claims assessed that did not lead to remediation in order to identify if any strong indicators emerge that would point to certain workers or groups that require special consideration.

Focus should be on identifying those workers who have received remediation payments and identifying if there is any attributes within the data that would help identify other workers in the broader population at risk. This may, for example, be based around occupations or industries that have experienced remediation rates far greater than the average.

Where groups or individuals are identified in the data as being at greater risk, consideration can then be made as to whether the appropriate response is to include them in the proactive assessment segment, performing additional activities to increase their response rates (e.g. using other available contact details such as email, social media, phone calls/text messages), or making payments without assessment.

Finding 5: Data could be used to reduce the effort assessing workers who would not be eligible for financial remediation based on them receiving the maximum weekly benefits

We observed that workers who receive the maximum weekly benefits allowable have not been excluded from consideration despite not being eligible for financial remediation. As a result, such workers may be included in the Proactive Review and receiving letters to advise them of their ability to request a review.

Recommendation 5: Inclusion of a data check to identify and exclude maximum weekly benefits

Based on the data sets observed during our review, it appears that the data required to identify such workers includes the weekly benefits, the date that these were paid and potentially the dependants at the time of payment.

Where they can be identified through the data, and where such data has been appropriately validated, there should be consideration to exclude them from assessment or communications to increase the timeliness that other workers can achieve an outcome and reduce the likelihood of a negative experience for the workers who are already receiving the maximum allowed.

Finding 6: The Methodology should be documented in its entirety and approved through an appropriate consultation process

During the course of our work we identified that there was no single document which appropriately detailed the end-to-end Methodology. The lack of a documented end-to-end Methodology that has been specifically reviewed and shared with key stakeholders may create potential future risks to icare, particularly if questions around the approach are raised or if there is inconsistency between various artefacts describing the intended approach.

Recommendation 6: Create a single end-to-end methodology document

Once all key aspects of the Methodology have been decided on, we would recommend that icare creates a single end-to-end methodology document capturing the key areas of the remediation approach. This specific document should be shared with key stakeholders (e.g. SIRA and scheme agents) and officially endorsed through appropriate governance forums to ensure that all relevant parties are aware of the approach in its entirety.

5.3 icare's consideration of proactive payments to injured workers

We acknowledge the challenges faced by icare with its PIAWE Program to date, such as the quantum of remediation payments made to date, the costs incurred by the Program and the time that has elapsed since the issue was identified.

We are aware that icare is considering making proactive payments (and accepting a risk of over-compensation) to a selected group of workers in addition to the activities that are outlined in the Methodology.

From our observations, this approach has been adopted by some remediation programs within the financial services sector. While there is a risk that such an approach may lead to questions of fairness (e.g. as a result of segments of workers being included/excluded from receiving the payment), will lead to over-compensation risk and/or may have unintended consequences, we would acknowledge that a well-designed proactive payment approach could provide benefits.

Wage underpayments: a useful comparator?

A useful reference point in considering fairness and appropriateness in remediations is the approach adopted with respect to unpaid or underpaid wages under the Fair Work Act framework (the framework made up of the FW Act, awards EBAs and other instruments that determine lawfully enforceable minimum entitlements). The Fair Work framework underpins employees' average weekly earnings which is the basis of calculating PIAWE.

Under the Fair Work framework, the onus is on the employer to ensure it has paid employees correctly. Obligations include keeping employee records for 7 years and providing payslips to employees for each pay period.

It is not uncommon in wage remediations that records have not been sufficient to accurately calculate entitlements which were owed.

In the absence of sufficient information to inform a calculation about the obligations/extent of underpayment, the regulator, the Fair Work Ombudsman, has historically requested that assumptions to be framed which take a favourable approach to the employee e.g. an if in doubt, assume that longer hours were worked, or the higher of the possible wage rates is payable.

It is a not uncommon scenario that potential overpayments or overcompensation may arise as a result of adopting this approach.

We observe that the approach adopted in the PIAWE Program is that accurate recalculation of the initial PIAWE can only occur if sufficient earnings information is available, otherwise the original PIAWE will be retained. This reflects the legislative framework under which the scheme is administered. However, it also places the onus is on the worker to produce relevant information they may not have or no longer have. Workers' understanding of the nature of their entitlements and what might be considered 'ordinary earnings' may not be high.

The default approach of retaining the original payment in the absence of information to inform an accurate calculation puts the onus entirely on the employee to 'disprove' that the original assessment was correct.

The current methodology may leave open the question as to whether the approach is fair, particularly given the size of the cohort for whom further information is/was required to complete a review.

Given the circumstances a potential overcompensation to an injured worker may be considered by the community to be a fair, appropriate and reasonable outcome, and preferable to a potential underpayment.

Should icare opt for making a proactive payment to a group of workers, consideration could be made to the following exclusion and inclusion factors:

Factors for exclusion:

- Whether they have already been reviewed through the proactive or reactive processes. Such workers may be excluded given that work has been performed to provide them a correct outcome, subject to whether they responded to requests for further information;
- Expected error rates being lower in particular groups of workers (e.g. by industry and/or occupation). This could be identified through data analysis or workshops to identify groups that may be at lower risk, based on the likelihood of PIAWE errors being lower (e.g. because fixed salaries are more common);

- Workers where the expected potential benefit they could be entitled to (based on average remediation payments as a percentage of total weekly benefits paid) is below the cost of assessing a claim;
- Future complexity that may arise as a result of making a proactive payment (e.g. impact on ongoing weekly benefits should they require a further PIAWE assessment, logistics of making a proactive payment); and
- Workers who may be least impacted financially given:
 - the weekly benefits received;
 - the duration that those weekly benefits were paid;
 - the weekly benefit rate being higher than average; and/or
 - the titles of the occupation (e.g. general managers, managing directors) based on expectations of salaries being higher than average.

Factors for inclusion:

- Expected error rates, in particular groups of workers expected to have higher error rates than the average or median. These do not currently exist but may arise over time (e.g. occupations, industries and/or employers with higher than average error rates leading to remediation);
- The accuracy of contact details and available account details (e.g. claims where payments have been made recently);
- If workers did not respond to requests for further information, consider proactive follow up; and
- Workers who are most vulnerable given consideration to factors such as the nature of injury, socio-economic indicators and age. Some vulnerability factors (e.g. mental conditions, physical conditions, language barriers) have already been considered in selecting the claims for Proactive Review, so additional vulnerability factors would need to be applied. Additional vulnerability factors could include those referenced in the General Insurance Code of Practice, including:
 - Workers who may be at greatest risk of suffering from economic disadvantage/financial distress based on weekly benefit rates (e.g. weekly benefit is under a determined poverty line), industries they operate in (e.g. workers in industries that are most impacted by the COVID-19 pandemic) and/or workers living in areas with higher than average economic disadvantage (e.g. based on ABS Population and Housing Census – Survey of Income and Housing);
 - Age (e.g. those beyond the retirement age); and/or
 - Aboriginal or Torres Strait Islander status.

Consultation should occur with the regulator and other key external parties, (e.g. the Steering Committee and relevant stakeholder group) to mitigate external stakeholder risk with such an approach.

6 Limitations of our work

6.1 General Use Restriction

This report is solely for the internal use of icare. Deloitte understands that icare will provide a copy of this report to State Insurance Regulatory Authority (“SIRA”) and NSW Treasury. We agree that a copy of our report can be provided to SIRA and NSW Treasury, and also released publicly on the basis that it is published for general information only and that we do not accept any duty, liability or responsibility to any person (other than icare) in relation to this report. Recipients of this report should seek their own independent expert advice. The report has been prepared for the purpose set out in the Engagement Letter dated 14 May 2021

6.2 Limitations

Deloitte assumes that any information provided by icare in relation to inquiries for this report are true, complete and not misleading. Deloitte has not performed any audit, testing or verification of the information supplied. However, if based on Deloitte’s professional experiences, Deloitte identified a deficiency or gap in the information provided to Deloitte by icare, Deloitte has raised this with icare to see whether icare has the missing information. If the information provided is untrue, incorrect or misleading then the report may be incorrect or inappropriate for its purpose. The decision-making responsibility in response to any findings in this report reside solely with icare.

We believe the statements made in this report are accurate, but no warranty of completeness, accuracy, or reliability is given in relation to the statements and representations made by, and the information and documentation provided by icare.

We have not attempted to verify or test the completeness and accuracy of any data sources independently unless otherwise noted within the report.

Deloitte was appointed under the Standard Form of Agreement icare Assurance Review Services Contract 4600002099. The procedures that we performed did not however constitute an assurance engagement in accordance with Australian Standards for Assurance Engagements, nor did it represent any form of audit under Australian Standards on Auditing, and consequently no assurance opinion or conclusion is provided. The procedures performed were high level in nature.

Our work was performed on a sample basis, we did not examine the entire content of the relied upon documents, every activity or procedure, nor can we be a substitute for management’s responsibility to ensure adequacy of the charters, policies and maintenance of adequate controls over all levels of operations and their responsibility to prevent and detect irregularities, including fraud.

Our assessment is based on the relevant legislative and compliance obligations as identified within the Engagement Letter and information provided by you at a point in time which are subject to change and hence cannot be relied upon to meet the future compliance needs.

We do not provide any legal advice or opinion as part of our services.

Our services cannot be relied upon to disclose irregularities, including fraud, other illegal acts, or errors which may exist; however, Deloitte agreed to inform icare of any such matters as they come to Deloitte’s attention in the performance of the Services. No matters have been identified.

Our work is not binding on the courts and it is not a representation, warranty, or guarantee that the courts will agree with our work.

Appendix A: Key artefacts

The key artefacts outlined below have been relied upon during our review.

Document Name	Document Date / Date provided by icare
PIAWE Scheme Agent Potential Miscalculation Review Remediation Plan - 22 June 2020_DRAFT	22/06/2020
Overview of the PIAWE Review and Remediation Program	21/04/2021
15 PIAWE RR Program - Steer Co - 08.06.21 - Papers	08/06/2021
EY-Report-Nominal-Insurer-2020-Quarter-2-claims-file-review	22/02/2021
PIAWE RR - Training Materials - Handbook	17/11/2020
Stage 2 PIAWE RR - Pilot (Phase1a) File Review Tracker_GIO	17/11/2020
NI open claims approach email 1 Jul 2021	1/07/2021
NI PIAWE PowerBI Data - Apr21 CDR for Deloitte	21/04/2021
PIAWE RR - NI Program QA Framework - V3 20210503	15/07/2021
NI open claims approach email 1 Jul 2021	1/07/2021
PIAWE RR - Weekly Report, 23 July 21.	23/07/2021



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