

SUBMISSION (To be submitted by COB 05 July 2019)

To: consultation@sira.nsw.gov.au

From: [REDACTED]

Business Address:

[REDACTED]

[REDACTED]

Contact Person

[REDACTED]

Contact Number

[REDACTED]

Contact Email

[REDACTED]

I

- X – yes but de-identified to protect privacy
- do not

Please tick one

wish to have our submission published.

1.0 PREMIUMS

1.1 Please rate your experience with workers compensation premiums issued by the Nominal Insurer (icare) from 5 (excellent) to 1 (poor)

1 (Poor)	2 (Fair)	3 (Neutral)	4 (Good)	5 (Excellent)
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>

1.2 What has been your experience with workers compensation premiums issued by the Nominal Insurer (icare)?

Premium invoices and renewals are issued late. This makes it hard for a business to budget for premium costs.

There appears to be no transparency around how claims experience, new premium ratio's

1.3 What should the Nominal Insurer (icare) be doing *more* of?

- provide accurate and transparent information on premium ratio's
- send premium renewal packs out on time.
- provide a portal of claims costs so employers can keep on top of these and know and monitor how individual claims are financially tracking.
- I think ICare should take feedback on board instead of deferring back on employers.
- increase transparency with businesses and regulatory agencies. There are rumours that there is no data sharing with SafeWork NSW and SIRA which sets a poor tone and decreases trust in the scheme.

1.4 What should the Nominal Insurer (icare) be doing *less* of?

1.5 Are there any improvements you would like to suggest regarding premiums?

- improve the claims complaints process. I have written to ICARE about claims that had been accepted and my concerns around this. ICARE responded by saying that there was no break down in the current system, it was caused by our safety culture, which I think is a poor response. They were not open to having a constructive conversation to seek more information before making a decision.

2.0 CLAIMS MANAGEMENT

2.1 Please rate your experience with the management of claims by the Nominal Insurer (icare) and/or its scheme agents EML, Allianz and GIO from 5 (excellent) to 1 (poor)

1 (Poor) 2 (Fair) 3 (Neutral) 4 (Good) 5 (Excellent)
X

2.2 What has been your experience with the management of claims by the Nominal Insurer (icare) and/or its scheme agents EML, Allianz and GIO?

- Claims management has overall been poor. Response times have increased, as I fear that claims managers caseloads are too big.
- GIO have expressed concerns around the legitimacy of a claim and have not allowed surveillance and desktop searches [REDACTED]
- When reporting concerns of fraud, instead of being transferred through to GIO's fraud department, I was instead transferred to the claims manager and reporting of concern was blocked. The claims manager disclosed that she knew the claim was not work related and said there was nothing she could do about it because the specialist and doctor kept signing off on treatment. We are a non for profit and this claim has cost a lot of money over 3 years. I feel these costs would have reduced significantly with better claims management. There is an attached spreadsheet of information on this case and [REDACTED] has spoken directly with SIRA about this claim [REDACTED]. [REDACTED] I also lodged a complaint with ICARE on this claim several times and asked for a refund of premium costs which was declined. ICARE stated this is because the injury occurred due to failures in our safety management system. I am not denying the cause of injury, however have raised concerns about the barriers delaying recovery due to this gentleman's outside of work activities and concerns around him working outside his prescribed lifting restrictions, which I believe has exacerbated the injury.
- I am still waiting on a liability decision for a claim that was lodged on the 21 December 2018 [REDACTED]. The liability decision was due on the [REDACTED]. This person is still unfit and receiving wages, which is adding to [REDACTED] premium costs. As I said we are a not for profit which budget constraints and do not feel it is fair to be penalised financially because of this. The injured worker has put in a claim due to the investigation and disciplinary process and we have claimed an 11A exemption for this.

- I am still waiting a liability decision on claim [REDACTED]. The injured worker and doctor are interested in upgrading this workers hours but haven't been able to because the insurer has not made been in contact with the injured worker, referrals to rehabilitation management or organised the case conference. So therefore the doctor has told me she is not upgrading. Again this is premium impacting and this worker is receiving the cap of wages. I don't feel it is appropriate the [REDACTED] should pay for these delays.
- A psychological claim [REDACTED] accepted because there was no 11A exemption from a worker suffering a psychological injury from attending a medical appointment in 2017. The claim was accepted on the basis that attending medical appointments is not included in one of the 7 criteria on the 11a exemption legislation in the 1987 workers compensation act (I was told this directly by the lawyer assessing liability of the claim). I believe the legislation needs to be updated to correspond to changes to the fair work act (which sending staff to medicals on the basis of safety is considered reasonable management action) and the WHS act, where there are section 19 duty of care obligations. I don't feel that it is fair that [REDACTED] should have to pay for this claim on the basis that the claim was only accepted because the 11a exemptions do not cover medical appointments.

2.3 From your perspective, what impact has icare's new claims management processes had on return to work outcomes and the customer experience?

- There has been a negative impact on return to work outcomes. Return to work is slower, liability decisions are slower and outcomes poorer. Workers are also reporting frustration as claims managers are not getting back to them.
- I am concerned about claims managers welfare, as they would be working with a lot of unhappy employers, which would be challenging for them.

2.4 What should the Nominal Insurer (icare) and/or its scheme agents EML, Allianz and GIO be doing *more* of?

- Recruit claims managers with the right experience and ensure they have a reduced case load, so they can stay on top of their cases. I worry about the health and wellbeing of the case managers. Isn't the regulator supposed to set the tone for health and well-being in the workplace.

2.5 What should the Nominal Insurer (icare) and/or its scheme agents EML, Allianz and GIO be doing *less* of?

- Micro managing IME approvals, liability decisions, surveillance etc. I feel like the employer is being treated as though they do the wrong thing by injured workers. Most of us support our workers and work with them to return them to work. I feel like we are all being penalised.

2.6 Are there any improvements you would like to suggest regarding claims management?

I think this project to reduce nominal insurers was rushed and has had a negative impact on all stakeholders of the scheme, which is very disappointing.

3.0 OTHER QUESTIONS

3.1 Are there any other matters or areas you would like to comment on?

I am concerned about the reduced access to IME appointments. It seems that the insurer is too scared to order an IME to determine ongoing liability of claims – due to ICARE committees passing requests

3.2 Are there any improvements you would like to suggest in these areas?

I think in exceptional cases that surveillance and desktop searches should be made available when there are concerns around the legitimacy of a claim. WHS managers have worked hard to run a scheme based on honesty and integrity. This has gone out the window because every claim is accepted and workers are watching this, especially when a claim has a lot of red flags, which is counterproductive.

I think the changes to provisional liability and reasonably excusing claims is encouraging industrial matters back into the workers compensation system and increasing the employer's premiums. I don't feel that this change was transparent as a lot of employers were unaware when it was introduced and this had had a large impact on our premiums.

If a matter is industrial then it should not be encouraged by being accepted and the worker being entitled to wages while liability is being investigated and determined. This is setting the wrong tone for the system.

I think doctors are a major barrier in the return to work process. I think they should train and be certified like a RTW coordinator before being allowed to work in the scheme. They don't know enough about the scheme, identifying red flags, having difficult conversations or employment law which can lead to poor decision making. I feel like they do what the injured worker tells them in some cases.

3.3 Do you have any other issues or ideas about the Nominal Insurer (icare) that you want to share?