

# Submission 22

Question	Answer
Agreement	I have read the SIRA submission procedure *
Can we publish your submission?	Yes, but I prefer to remain anonymous
Name of organisation or individual making this submission	[REDACTED]
Authorised delegate/contact person	[REDACTED]
Position	RTW Coordinator
Organisation	[REDACTED]
Postal address	[REDACTED]
Email	[REDACTED]
Phone number	[REDACTED]
Policy number (if applicable)	
Claim number (if applicable)	

Question	Answer
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Insurer (icare, Allianz, EML, GIO)

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

Please attach any evidence to support your statements.

No file uploaded

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

Please attach any evidence to support your statements.

No file uploaded

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

Please attach any evidence to support your statements.

No file uploaded

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

Question	Answer
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Please attach any evidence to support your statements.

No file uploaded

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

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

Not applicable

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

The most positive change that has been introduced is the portal to lodge a claim. It is a fantastic tool that saves time and can accessed anytime, anywhere. Great improvement.

Other than that, my experience of claims management has been a lot worse since we ceased having QBE as our insurer.

Please attach any evidence to support your statements.

No file uploaded

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

- Delayed return to work outcomes due to lack of involvement & actions by the insurer when it is needed and delays in approving, or non-approval of workplace rehabilitation provider support when it is needed.

- When we were with QBE, we were consulting with on all aspects of the claims management process. This does not happen with EML, I find the only proactive

## Question

## Answer

contact I get is when a new claim is lodged, for the initial employer contact. Beyond that, decisions are made without consultation with us (or against the suggestions or recommendations we make). I struggle to get in contact with case managers and often calls are not returned.

- EML are not challenging Doctors when return to work is being delayed without clear evidence why. For example we have a current claim where the GP referred the worker to a Specialist who advised the worker was fit to return to work. The GP issued a fully unfit certificate against the advice of the Specialist. I have asked EML to challenge this on multiple occasions, however to date it has not been. The reason I have been given by EML is that the Dr is known to them and is too hard to challenge. This is not acceptable to us considering the premium impact we experience.

- I was told by EML on one occasion that their focus is less on getting workers back to work now since employers cover that cost through premiums and rehab/medical costs are covered by insurer so these need to be minimised. This is against what the scheme promotes and is disappointing.

Please attach any evidence to support your statements.

No file uploaded

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

- Quick approval for workplace rehabilitation provider involvement in complex claims

- Continuing to approve rehab provider involvement once established when clear plans are in place and progress is being made.

- More consulting with the employer about decisions on the claim.

## Question

## Answer

- training new case managers more thoroughly before they take calls on complex claims. I have received a lot of incorrect information and therefore delays when speaking with inexperienced EML staff.
- Actioning items that have been agreed by EML verbally on the phone, without continued reminders and prompts by employer.

Please attach any evidence to support your statements.

No file uploaded

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

1. Less difficulty accessing case managers by phone. Currently long wait times on hold, followed by detail checks and updates to the person who answers, then to be told the case manager is not available. When I have to call EML multiple times in a day this is a big waste of time that I never experienced when QBE was our insurer and we had a dedicated claims manager with a direct phone line. I often experience trying to contact a claims manager who I later find is on leave, however the person answering the phone does not know that, so I am waiting for calls to be returned by someone who is not even at work that day/week etc.
2. Please stop ceasing approval of ongoing rehab in the middle of a claim (presumably to save costs) and therefore halting effective return to work plans and outcomes.
3. Acting independently from other key parties, such as the employer.
4. Less claims per case manager possibly? When I am able to get through to a case manager, they often have forgotten all the details of the claim. We may have previously spoken though our action plan for the claim, yet when I call back next time that plan has been unactioned, forgotten.

Question	Answer
Please attach any evidence to support your statements.	No file uploaded
Are there any improvements you would like to suggest regarding claims management?	I have not attached evidence as they relate to individual claims and have personal information contained, which I do not feel comfortable posting online. I can refer to individual claims to back up my statements above if required in a more confidential way.
Please attach any evidence to support your statements.	No file uploaded
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).	Not applicable
Are there other matters or areas you would like to comment on?	
Please attach any evidence to support your statements.	No file uploaded
Are there any improvements you would like to suggest in these areas?	Please consider dedicated case management teams for larger business. The model we had with QBE worked effectively. The team knew our business and how we can support RTW, they consulted with us on decision making processes rather than determining independently actions that will or won't be taken.

Question	Answer
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	Getting the worker back to work always took priority over reasonable costs to enable that.
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Please attach any evidence to support your statements.

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Do you have any other issues or ideas about the Nominal Insurer (icare) that you want to share?	<p>The online portal is great, it would be good to build on this and have a claim file that employers can also access to see documents on file, approvals actions etc in real time.</p> <p>Customisable consolidated reporting would also be great.</p> <p>Thank you for the opportunity to provide feedback.</p>
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Please attach any evidence to support your statements.

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From: [REDACTED]  
To: [consultation](#)  
Subject: [REDACTED]  
Date: Tuesday, 11 June 2019 10:09:08 AM

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[REDACTED]

Claim number [REDACTED]. GP certifying against advise of Specialist. I have been asking multiple times for EML to conduct independent medical and/or capacity assessments, but nothing is happening. I have been told the GP is too difficult to challenge.

Claims [REDACTED] and [REDACTED] – Liability accepted although performance management was clear factor. Claims didn't seem to be effectively managed, I struggle to contact claims manager who seems to be on leave very often, huge premium impact to our company on these claims and I feel they could have been more actively managed. Claim [REDACTED] is more recent but following similar path.

Claim [REDACTED] – Rehab provider not receiving approvals, we were getting good outcomes and interventions. This claim is looking like it could have permanent impairments however rehab has been integral to getting her back to work. We have hit a wall with progress and the plans in place have been halted because on non-approval by EML. Employer wishes do not seem to be considered or discussed. Cost seems to be bigger priority to EML even though we are aiming to accommodate this person on full hours even with ongoing symptoms. The knowledge of our preferred rehab is needed to continue his influence re medical intervention to support this worker for a long term successful RTW.

Thank you

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[REDACTED]

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