

25 May 2018

Claims Administration Manual and Guidelines Review Consultation

██████████
McKell Building
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By Email: policydesign@sira.nsw.gov.au

Dear ██████████

RE: CLAIMS ADMINISTRATION MANUAL AND GUIDELINES REVIEW CONSULTATION

The Shop Distributive and Allied Employees Association, New South Wales Branch supports the production of a claims administration manual in order to have an efficient and effective claims handling process.

The SDA seeks to have the following key problem areas and concerns taken into consideration:-

- Employers not notifying their insurers of a reported work injury as per the workers compensation.
- Employer and insurer representatives intruding upon private consultations between injured workers and nominated treating doctors.
- Injured workers not being aware that a case conference is required to have all relevant parties present. Uncertainty as to the criteria to have a case conference. What is the procedure to organize a case conference?
- Case managers who maintain poor levels of communication with injured workers. The manual needs to state when case managers need to contact injured workers. What are the compulsory trigger points?
- Case managers bullying or intimidating workers.
- Having a complaints review procedure in place in relation to complaints about case managers.
- Injured workers not knowing that they can engage a rehabilitation provider nor that they can change their rehabilitation provider.
- Injured workers not being contacted within one week after a significant injury.
- Medical treatment not being approved within 21 days.

Branch Secretary
Bernie Smith



Shop Distributive and Allied Employees' Association NSW Branch

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- Insurers not sending a section 74 notice when medical treatment request is declined.
- Insurers finding ways of delaying the approval of medical treatment.
- Provisional payments not commencing on time.
- No letter from insurer explaining how provisional payments work. Workers not receiving a letter explaining how their weekly benefits are paid.
- No injury management plan sent to worker.
- Injured workers not knowing their entitlements with respect to medical benefits. What is the procedure for injured workers to claim medical reimbursements? What is the time frame in which an injured worker can expect to be reimbursed?
- Injured workers not being given a claim number. When exactly does the insurer issue a claims number and how is this communicated to the injured worker?
- Uncertainty as to when a claim is closed. What are the criteria? This needs to be communicated to the worker in writing.
- Uncertainty regarding whether medical appointments should be in or out of work time.
- Uncertainty as to whether time lost in attending medical appointments during work time should be paid by the employer as earnings.
- Guidance as to the procedure in respect of an injured worker wanting to have a closed claim reopened.
- Indexation of payments – workers need to be advised that their weekly benefits are indexed and how this will affect their weekly benefits.
- Injured workers are made to attend independent medical examinations without a sufficient reason.

We are able to provide examples of many of the above points on request, on a confidential basis.

Enquiries concerning this submission should be referred to the SDA's Workers Compensation Officer, Michael Babic on [REDACTED].

Yours faithfully,

[REDACTED]

Bernie Smith

BRANCH SECRETARY-TREASURER