Table of key changes

Standards of practice: expectations for insurer claims administration and conduct (October 2019)

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Key changes		
Glossary	ILARS (Independent Legal Assistance and Review Service) was added to the Glossary.	ILARS references in the Standards required a Glossary listing.
About the Standards	Under 'Scope', the reference to practice guidance in Appendix 2 has been removed. We clarified that the additional information in Appendix 1 is to provide context and explain the rationale.	SIRA's online claims management guide (CMG) includes insurer guidance. The information previously contained in Appendix 2 is now available through the insurer guidance.
About the Standards	Under 'Commencement', the paragraph about the transitional period on page 6 has been removed.	The introduction to the Standards confirmed that a transitional period would apply to the expectations, to ensure insurers' systems, claims processes and procedures were updated to support implementation. It was also noted that further consultation on and refinement of those expectations would be undertaken during the transitional period.
Standard of practice principles	Updates were made to the principle for: • Standard 7: Interim pre-injury average weekly earnings calculations	The principle was updated to reflect the amendments to the individual Standard (further detailed below)
General	Minor amendments were made under 'Expectations' for all Standards to read the 'insurer will' or 'insurers re to', instead of the 'insurer must'.	The minor changes reflect SIRA's expectations for claims handling and conduct, rather than mandatory requirements (in the absence of a direction to comply).
General	Some other minor Plain English changes to wording were made	Further simplification of language includes for example, the substitution of 'before' for prior to' throughout the document.
General	Changes to word-order were made in some of the 'expectations' within standards to emphasise the key action(s) required from insurers.	Key actions required from the insurer precede the chronology of actions.

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Standard 2: Worker access to personal information	A minor amendment was made to the Benchmark at S2.3 to provide a written response within 10 working days from receipt of the request.	Insurer feedback identified the potential to interpret the commencement date as being from the date of the request, rather the date the request was received by the insurer.
Standard 3: Initial liability decisions – general, provisional, reasonable excuse or full liability	A minor amendment was made to the expectations at S3.2 and S3.4 to refer to the notice requirements in section 269 of the 1998 Act. Numbering for expectations from 3.5 onwards has been updated. A minor amendment was made to the expectations at S3.7 (previously S3.8) to note that if information cannot be lawfully provided to the employer, the reasoning should be clearly documented on the claim file.	Minor amendments have: • corrected references at S3.2 and S3.4 • corrected numbering • addressed insurer feedback on S3.7 about the relevant privacy and workers compensation laws protecting a worker's personal and health information.
Standard 7: Interim pre-injury average weekly earnings	The Standard was substantially revised, with changes to: • the name of the Standard • the principle, expectations and benchmarks The changes reflect that the employer and worker may also reach an agreement as to PIAWE.	The amendments support the commencement of the simplified PIAWE methodology from 21 October 2019.
Standard 8: Insurer making weekly payments	A minor amendment was made to the expectations at S8.2.	The amendments clarified that S8.2 relates to weekly payments.
Standard 10: Payment of invoices and reimbursements	The Benchmark has been amended at S10.1 so it now reads 'payment no later than 10 working days from receipt of a valid invoice for approved treatment, or within providers terms, whichever is the later'. A new S10.2 states insurers must review service provider invoices before payment and ensure details are correct. Note also that numbering has been altered to account for the new S10.2.	Insurers raised the difficulty of processing payments within 10 working days. The Benchmark now allows for payment 'within provider's terms' in recognition that these timeframes may be different Insurers are required to check service provider invoices and ensure that: • rates and items billed align with approvals • rates do not exceed the maximum amount prescribed and invoices contain all relevant

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		information, including application of GST where appropriate.
Standard 14: Referral to an Injury Management Consultant	The Standard has been amended to reflect the IMC's role as a facilitator who can mediate between parties. S14.1 now includes the requirement that attempts have been made to resolve the issue (previously in S14.2). S14.2 outlined that an insurer is to contact the worker prior to the IMC and what should be discussed for both a face-to-face and IMC file review. SIRA clarified the S14.4 distinction between file IMC reviews and appointments.	Changes were made to emphasise the IMC's role in assisting all parties and more clearly differentiate their role from IMEs. IMCs provided feedback that the respective requirements for file reviews and in-person or telephone appointments with workers were unclear.
Standard 15: Approval and payment of medical, hospital and rehabilitation services	There was a minor amendment to the benchmark at S15.2 to enable consideration of other operational documents or agreements to ensure workplace rehabilitation providers services are consistent with the Nationally Consistent Approval Framework for Workplace Rehabilitation Providers and the NSW Supplement.	Insurer feedback has requested consideration be given to evidence generally, as opposed to evidence specific to the claims file.
Standard 17: Section 39 notification	A minor amendment was made to S17.1 to refer to WIRO.	The insurer should be notifying the worker who to contact for further information. It is important this notification includes the contact details for WIRO
Standard 18: Retiring age notification	A minor amendment was made to S18.1 to refer to WIRO.	As above
Standard 19: Section 59A notification	A minor amendment was made to S19.1 to refer to WIRO.	As above
Standard 24: Factual investigations	A minor amendment to S24.2 clarifies each interview should not exceed two hours. A minor amendment was made to the Benchmark at S24.2 to read, 'If a shorter time is required because	Feedback indicated some workers needed more than two hours for an interview. Additional interview time should be scheduled over separate days, if required.

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	of exceptional and unavoidable circumstances, a reduced timeframe is to be agreed by all parties.'	Insurer feedback suggested that if shorter time was required, it could be reduced if the parties agreed.
Standard 25: Surveillance	Minor amendment to the benchmark at S25.2 to enable consideration of other operational documents / agreements to ensure that all relevant information is considered when considering whether surveillance investigations adhere to SIRAs expectations.	Insurer feedback requested the benchmark be amended to include evidence generally that identified surveillance investigations are to comply with these requirements, rather than evidence specific to a claim file.
Standard 26: Arrangement for payments to Medicare Australia	The expectations in S26.1 now requires the insurer to consider whether a notice of past benefits from Medicare is required.	This recognises that it may not be required in all circumstances.
Standard 31: Death claims	In S31.3 under 'Benchmarks', we clarified that liability is to be determined within 21 days after becoming aware of the death, unless not reasonably practicable, in which case the insurer is to clearly document the reasons on file. In S31.4, a new paragraph requires insurers to write to all those who may have an entitlement, advising them: • they may be able to claim in relation to the lump sum death benefit • of the need to lodge an application to the Commission for apportionment of the lump sum • of the nature of proceedings in the Commission and the availability of legal advice.	The amendments to the Benchmarks in S31.3 reflect that the insurer may not be in a position to determine liability within 21 days. The changes clarify that the insurer should not just investigate whether there are potential beneficiaries but take steps to notify them of their potential entitlement and the steps they need to take.
Appendix 2	Insurer guidance for a number of claims management topics published under Appendix 2 forms part of the broader suite of insurer guidance material available online in SIRA's new Claims Management Guide.	Some of the insurer guidance material published in December 2018 with the Standards of practice addressed recommendations from the Legislative Council's First Review of the Workers Compensation Scheme. This information was made publicly available as the first tranche. It forms part of the comprehensive insurer guidance material

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		available online in SIRA's new Claims Management Guide.