

# Submission 26

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	
Authorised delegate/contact person	[REDACTED]
Position	WHS Manager
Organisation	[REDACTED]
Postal address	[REDACTED]
Email	[REDACTED]
Phone number	[REDACTED]
Policy number (if applicable)	
Claim number (if applicable)	
Insurer (icare, Allianz, EML, GIO)	

Question	Answer
<p>What has been your experience with workers compensation premiums issued by the Nominal Insurer (icare)?</p>	<p>Generally good, icare premiums people are personable and helpful. They try hard to answer my questions at all times. Sometimes responses are not prompt enough.</p>
<p>Please attach any evidence to support your statements.</p>	<p>No file uploaded</p>
<p>What should the Nominal Insurer (icare) be doing more of?</p>	<p>In terms of premiums, We'd like to see the calculation formulas for the LPR premiums in full. More prompt responses would be appreciated. Much quicker calculation of premiums would be appreciated. Premium calculations take far too long to complete. This compromises a businesses ability to close off the books for each financial year. Would like to see some regional based training in relation to Premium calculation.</p>
<p>Please attach any evidence to support your statements.</p>	<p>No file uploaded</p>
<p>What should the Nominal Insurer (icare) be doing less of?</p>	<p>LPR premiums have increased dramatically over the last 3 years with further increases again for the 2019/20 policy Year. Changing Adjustment factors has a combined adverse effect on an LPR policy holder, effective increasing premiums and reducing Claims cost thresholds. If Premiums are to increase perhaps not reducing the claims cost threshold would help Employers. Current method of increase is not fair to policy holders, i.e. paying higher premium in the first instance and then being penalised earlier on adjustment.</p>
<p>Please attach any evidence to support your statements.</p>	<p>No file uploaded</p>

## Question

## Answer

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

As above;

# Revise calculation increases so that Employer does not suffer a combined adverse effect on their business. Given that the Claims management in the scheme is ineffective and as is therefore increasing claims costs as a result, it is only fair that Employer premiums are considered in fairness.

# Much, much faster calculation of premiums to enable Employers to better understand and cater for the financial burden of W/Comp.

# W/comp Premiums are a significant burden on Employers AND are the most difficult to forecast for and accrue sufficient funds in order to meet our obligations.

# Prompt calculation of adjustments and return of RPA as soon as possible. Currently takes months with funds sitting in icare's bank account collecting interest and not the Employer's. This is not fair or acceptable.

# Cease providing interim premiums, which then change on calculation. Employer can provide actual and forecast Wage declaration quite quickly, therefore premium calculation should be correct immediately. Interim premiums with an amended premium provided later is messy, hard to track and creates issues with annual financial audits. Also create more work for the Employer both in Setting up payments and in providing sufficient and appropriate information to CPAs on audit.

Please attach any evidence to support your statements.

No file uploaded

What has been your experience with workers compensation premiums

## Question

## Answer

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 Support Centre service is an absolute failure. Management of claims is pretty much non-existent at the most critical time in the claim, i.e. the first 7 days. This results in ineffective claims triage and early intervention from the outset of the claim.

Our experience once they have been given to a case manager is better, as we at least have a point of contact. Note: our allocated case manager at EML is the only aspect of the transition that has been positive. Our EML Case Manager is the only reason that we have given a 2 above.

Our Experience with GIO has been absolutely terrible; Constant changing of case managers, no contact, no direct contact details for them. No ownership of claims, failure to respond to our queries.

At EML, it appears that Case Managers must follow instructions from Injury Management Specialists and/or Technical Specialists. Our experience with Injury Management Specialists and Technical Specialists at EML has been sour at best. Our concerns are still often overlooked, or not taken seriously. Timeframes to responses are poor resulting in ill-considered decisions at the last moment.

Please attach any evidence to support your statements.

No file uploaded

## Question

## Answer

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

Since the commencement of the transition to EML & GIO, claims management has gone backwards. Return to work outcomes have been significantly impacted. Employees are not receiving prompt treatment due to the time it takes to obtain approvals. As the employer we have been forced to pay for diagnostic procedures upfront, (Xrays, MRI, Dr's appointments and medical aides). Approvals are just not happening fast enough. As an employer I have asked for rehab to become involved with claims whereby approval again has taken too long. As the Employer, we have been forced to take action and engaged them ourselves. As an Employer the majority of our time when a significant new claim occurs is spent chasing approvals and fighting for the claim to be escalated to a case manager promptly.

The recent move to not provide case managers contact details is also a step backwards. If an Employee does eventually get assigned to a case manager, how are they to contact them? Also as an Employer, not being able to directly contact a case manager is extremely frustrating and inefficient. Whilst hold times to the support centre have improved, there is still a lot of wasted time on hold.

PIAWE calculations outside of 7 day timeframe are common, in some cases we are receiving PIAWE calculations 19 days after lodgement. This creates confusion with Payroll and the Employees and also creates further unnecessary work for payroll.

On occasion, correspondence has arrived with no identifying information.

On occasion, Injury management plans have arrived containing no information or plan.

In our experience the workload of the our RTW Coordinator has increased dramatically.

## Question

## Answer

In relation to GIO there is often no response to our queries after multiple attempts. Then when a response finally does come we are advised that the claim has been moved to another team or person with a generic email address. We then must start over again with our query. Time consuming ineffective and costly.

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?

icare need to communicate with Dr's/other medical providers more. We are having people turned away from getting initial diagnostic xray's because they don't have an approval letter. Education needs to be given to advise providers there is an automatic approval for these types of services. A lot of health care providers don't know who EML/icare are.

A complete education program for Medical Practitioners and Health care providers is required. Medical Practitioners should be made to understand W/Comp and at least be made to complete WorkCover Medical Certificates correctly.

Case managers should be empowered to challenge service providers in order to obtain correct and proper diagnosis and to challenge practitioners when there is ambiguity about the legitimacy of the claim.

Incorrectly completed WorkCover Medical Certificates should incur a penalty to the medical practitioner.

Please attach any evidence to support your statements.

No file uploaded

Question	Answer
<p>What should the Nominal Insurer (icare) and/or its scheme agents EML, Allianz and GIO be doing less of?</p>	<p>Accepting liability without applying proper process and due diligence.</p> <p>Accepting incorrect WorkCover medical certificates.</p> <p>Accepting poor provision of service from medical practitioners.</p> <p>Accepting lack of cooperation from injured workers.</p>
<p>Please attach any evidence to support your statements.</p>	<p>No file uploaded</p>
<p>Are there any improvements you would like to suggest regarding claims management?</p>	<p>Abolish the Support Centre. Move back to an allocated/dedicated case manager and fast track team per Employer. Employer dedicated case with a direct contact number. Case managers and fast Track team to be required to understand their allocated employer. Provide the Employer a point of contact for quick escalation of any issues or approvals of medical treatment. Employees will also benefit in having one point of contact who is aware of and understands their claim and current status. Employees are currently required to repeatedly explain their claim to different support centre staff.</p>
<p>Please attach any evidence to support your statements.</p>	<p>No file uploaded</p>
<p>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).</p>	<p>Not applicable</p>

Question	Answer
<p>Are there other matters or areas you would like to comment on?</p>	<p>Since the transition, it appears that all claims are accepted without question. This has resulted in increased levels of fraud, perpetuated by the scheme.</p> <p>Some liability decisions are dubious at best. This has perpetuated a culture within workplaces that fraudulent claims will not be challenged.</p> <p>The introduction of the Medical Support Panel has stalled progress to IMC and IME. EML are reluctant to refer MSP, IMC, IME. This has also helped to facilitate and perpetuate fraudulent claims.</p> <p>The Quality and consistency of Claims reports has diminished dramatically. This adversely affects the Employers ability to manage claims and accrue sufficient funds for premiums/adjustment purposes.</p> <p>Claim estimates on lodgement are ridiculous, inconsistent and do not appear to follow any methodology or formula despite there being a comprehensive claims estimation manual. Re-estimate of claims is supposed to occur within 7 days of lodgement. This often does not occur.</p>
<p>Please attach any evidence to support your statements.</p>	<p>No file uploaded</p>
<p>Are there any improvements you would like to suggest in these areas?</p>	<p>Abolish the Support Centre. Move to a model that supports early intervention in order to triage claims quickly and provide for rapid diagnostics resulting in rapid provision of care and more timely return to work.</p> <p>Move more readily to challenge the liability of claims. Empower EML and GIO to challenge uncooperative claimants.</p>



## Question

## Answer

Empower EML and GIO to challenge ambiguous diagnoses, incorrect WCMCs, incongruent medical evidence, etc. Prior to transition, access to reports was instantaneous via a client portal, please reinstate this ASAP. in QLD the client portal provides for all our needs AND a dedicated case management team is readily available. Calculation and provision of Premiums in QLD occurs within minutes of wage declaration, please can we have some quicker premium calculations.

Please attach any evidence to support your statements.

No file uploaded

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

It appears that icare and EML are working within a system that simply does not work. GIO are just horrible. We have always found that icare people attempt to assist us with our queries. Our dedicated Case Manager at EML should be commended on his efforts to provide a good service in a system that clearly has major issues.

As an LPR policy holder we will never accept and challenge at every turn:

# Dubious liability decisions where EML has not applied due diligence.

# Uncooperative claimants & Medical Practitioners

# EML/GIO/icare's inability or lack of desire to challenge uncooperative claimants & medical practitioners.

# Service that is below our expectation which results in decreased support for our injured workers, longer RTW timeframes, increased claims costs and therefore increased premiums.

Note: We have multiple examples and evidence however have chosen not to provide this. There's

**Question****Answer**

simply too much to choose from. I am happy to receive communication from you regarding our comments. Please do not let our decision to not provide evidence diminish the validity of our comments. The issues have been ongoing and have continued since transition to EML/GIO began. There have been some glimmers of improvement and hope however these have been fleeting with our overall experience being simply horrible and unsatisfactory.

Please attach any evidence to support your statements.

No file uploaded