

[REDACTED]

[REDACTED]

[REDACTED]

6 February 2019

Dear [REDACTED]

**SIRA Review into ICare**

Please find attached some comments we thought relevant to raise as part of the SIRA Review into the NSW Workers Injury system.

Should you have any questions please feel free to contact me directly

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## 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)

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

Not enough direct exposure to premium related processes.

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

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?

## 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?

We have only had the one claim and our experience of this has been poor.

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

It has had poor outcomes, with poor communication and we believe poor claim management from the insurer for whatever reasons (resources/competency etc. ?).

Also, while we operate nationally and look at trying to align all of our Worker injury insurance policies with the one insurer (based on their claim management and performance) to make it easier for us in managing policies, premiums and claims we are forced in NSW to deal with a completely different insurer.

This adds complexity for smaller/medium sized businesses and we believe poorer outcomes due to a weaker employer/insurer relationship.

This is despite larger organisations having some limited ability to deal with other insurers in the state (i.e. Allianz and GIO).

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

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

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

- Better Communications re the claim status.
- Establishing specialist management teams for high complexity claims such as psychological injury
- Opening up the scheme again to a range of insurers to offer 'customers' a choice and to drive competitive improvement.

### **3.0 OTHER QUESTIONS**

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

Why can a worker lodge and have accepted a psychological injury claim after a formal and document performance management process had been initiated by the company?

How can a Permanent Impairment Claim be accepted if there has never been any work injury claim lodged/accepted?

We would like to know why the insurer hasn't followed up that the worker refused to undertake any RTW offers or provide their ongoing Certificates of Currency. The insurer's comment is that despite there being an acceptance of a permanent impairment claim, as there is no 'general' work injury claim it sits outside of what they can do.

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

That there should be a specialist team established to manage Psychological Injury claims and clear guidelines established as to what constitutes a work related psychological injury.

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

We had a psychological injury claim lodged in 2017 by an employee after formal performance management steps were taken.

Our understanding is that while no claim for weekly compensation etc. was lodged at the time the worker only lodged WCC proceedings for a permanent impairment claim which was accepted and said the worker had more than 15% whole body impairment.

For 2 years the worker refused any offer of Return to Work by ourselves despite the alleged person who was nominated as the 'cause' of the injury leaving the business.

Over this period the worker didn't regularly submit Certificates of Capacity and the insurer (EML) did not follow up with the worker or pay any weekly entitlements (they claim as no weekly compensation claim was lodged).

When contacting the insurer to follow up on this claim in May 2019 the comment from the insurer was to 'just let it run another 6 months and if there is no response we will just close the claim'

The worker has just recently lodged a Pre-Filing Statement and based on comments made by the insurer if they were to lodge a claim for weekly compensation (2 years + after the claimed incident) then they would be entitled to back pay.

We are also told that as the worker has not lodged any 'general' claim that they don't fall under any of timeline provisions of a claim and subsequently we are only able to approach their ongoing employment from an IR perspective.