# **Licence Conditions**

Licence Conditions: - Version 5 – 1 January 2021

# **Injury Management Program**

Guidelines for Developing Injury Management Program Guidelines – Version 3 - 2019

# **Claims Management**

Including Audit Tool

Contents

[Introduction 3](#_Toc43458489)

[Links to information/resources 3](#_Toc43458490)

[WorkCover’s audit process 4](#_Toc43458491)

[Audit planning: timeline 4](#_Toc43458492)

[Audit scope and sample size 4](#_Toc43458493)

[Pre-audit: Licensed insurer preparation 5](#_Toc43458494)

[Audit sample size 5](#_Toc43458495)

[Conducting the audit 5](#_Toc43458496)

[Audit tool 5](#_Toc43458497)

[Evaluation of findings 5](#_Toc43458498)

[Report 6](#_Toc43458499)

[Corrective action plans and progress reports 6](#_Toc43458500)

[Auditor travel 6](#_Toc43458501)

[Licensed insurer self-audit 7](#_Toc43458502)

[Licence Conditions Audit Tool 8](#_Toc43458503)

[How to use the licence conditions audit tool 9](#_Toc43458504)

[Injury Management Program Audit Tool 26](#_Toc43458510)

[How to use the injury management program audit tool 27](#_Toc43458511)

[Claim File Audit Tool 46](#_Toc43458528)

[Corrective Action Plan Template](#_Toc43458529) 51

# Introduction

As part of the WorkCover Tasmania Board’s regulatory framework, licensed insurers (insurers) are subject to a regime of audit activities to assess compliance with licence conditions, legislation, claims management and approved injury management programs.

Unless otherwise directed, insurers undergo a two yearly cycle involving a WorkCover Audit and an insurer self-audit.

This document:

* describes the process for WorkCover Audits and insurer self-audits.
* provides an audit tool that may assist insurers when conducting their self-audits.

When developing the audit tool, the following factors were considered:

* a focus on improvement and compliance instead of non-compliance
* consistency with legislation, compliance with licence conditions and application of approved injury management programs.

Please note that this document contains workers rehabilitation and compensation information. It includes some of your obligations under the legislation that WorkSafe Tasmania administers. It cannot be used as evidence in respect of any alleged breach of the legislation. To ensure you comply with your legal obligations you must refer to the appropriate legislation, which you can find at [www.legislation.tas.gov.au](http://www.legislation.tas.gov.au/). If there is any inconsistency between this document and any legislation the legislation prevails to the extent of the inconsistency.

# Links to information/resources

* [*Workers Rehabilitation and Compensation Act 1988*](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004?query=((PrintType%3D%22act.reprint%22+AND+Amending%3C%3E%22pure%22+AND+PitValid%3D%40pointInTime(20180315000000))+OR+(PrintType%3D%22act.reprint%22+AND+Amending%3D%22pure%22+AND+PitValid%3D%40pointInTime(20180315000000))+OR+(PrintType%3D%22reprint%22+AND+Amending%3C%3E%22pure%22+AND+PitValid%3D%40pointInTime(20180315000000))+OR+(PrintType%3D%22reprint%22+AND+Amending%3D%22pure%22+AND+PitValid%3D%40pointInTime(20180315000000)))+AND+Title%3D(%22workers%22+AND+%22%22)&dQuery=Document+Types%3D%22%3Cspan+class%3D'dq-highlight'%3EActs%3C%2Fspan%3E%2C+%3Cspan+class%3D'dq-highlight'%3EAmending+Acts%3C%2Fspan%3E%2C+%3Cspan+class%3D'dq-highlight'%3ESRs%3C%2Fspan%3E%2C+%3Cspan+class%3D'dq-highlight'%3EAmending+SRs%3C%2Fspan%3E%22%2C+Search+In%3D%22%3Cspan+class%3D'dq-highlight'%3ETitle%3C%2Fspan%3E%22%2C+All+Words%3D%22%3Cspan+class%3D'dq-highlight'%3Eworkers%3C%2Fspan%3E%22%2C+Point+In+Time%3D%22%3Cspan+class%3D'dq-highlight'%3E15%2F03%2F2018%3C%2Fspan%3E%22)
* [Injury Management Program Guidelines](https://worksafe.tas.gov.au/__data/assets/pdf_file/0008/545777/Guidelines-for-IMP.pdf)
* [Licence Conditions](https://worksafe.tas.gov.au/topics/compensation/workers-compensation/information-for-licensed-insurers/license_conditions_for_licensed_insurers)
* [WorkSafe Tasmania](https://worksafe.tas.gov.au/home)

# WorkCover’s audit process

Generally insurers must submit to a WorkCover audit every two years. The following outlines the audit process and activities.

## Audit planning: timeline

* The insurer will nominate a date/s suitable for the audit and liaise with the WorkCover auditor (auditor) to confirm.
* The auditor provides written confirmation including scope of audit, location and duration.
* At a minimum of five business days before the audit, the auditor will advise the insurer of the details of the claim files to be audited. The insurer is to make every effort to ensure that files are available and/or access to software systems, including support staff to assist the auditor, is available.

## Audit scope and sample size

The scope of the audit will include:

* Interview with staff responsible for compliance with the insurer’s licence conditions
* Review of policies and procedures related to the insurer’s compliance with licence conditions
* Review of data and information submitted to WorkCover’s Workers Compensation Information System (WIMS) in the 12 months preceding the audit
* Review of the insurer’s underwriting policies and procedures as they relate to licence conditions. This will include but not be limited to:
	+ Review of a sample of underwriting files
	+ Interview with staff responsible for underwriting and issuing information required by licence conditions
	+ Review of underwriting policies and procedures as they relate to licence conditions
* Review of the insurer’s workers compensation claims and injury management systems. This will include but not be limited to:
	+ Review of claims and injury management policies, procedures and supporting documentation
	+ Review of claim files, records, letters, medical certificates, rehabilitation reports, medical reports
	+ Review of claims and injury management information contained in the insurer’s claims and injury management system/database
	+ Review of early and ongoing activities including but not limited to:
		- initial and ongoing communication with injured workers and other key parties
		- appointment of Injury Management Co-Ordinators (IMC)
		- appointment of Workplace Rehabilitation Providers (WRP)
		- Development of return to work/injury management plans
		- Systems for medical management
		- Systems and application of policies and procedures for complex claims and claims for psychological injuries (initial and secondary), including claims for post-traumatic stress disorder
	+ Interviews with workers compensation management personnel including claims/case managers
	+ Interviews with IMCs

WorkCover may choose to limit the scope of an audit to specific criteria. The insurer will be advised of the audit scope during the audit planning stage.

## Pre-audit: Licensed insurer preparation

* To ensure that all documents are available when the auditor attends, the insurer should review previously submitted self-audits and ensure that evidence supporting compliance with each licence condition criteria and injury management program obligation is available at the time of the audit (for example, copies of policies, procedures, access to computer systems).
* The insurer may choose to provide documentation to the auditor before the audit. This can help minimise the time taken for the audit and the impact on the insurer’s resources. Insurers should contact the auditor to discuss appropriate methods of submission noting that all information must clearly reference to the criteria it relates to.

## Audit sample size

* The details and number of claim files to be audited will be provided to the licensed insurer at a minimum of 5 business days before the scheduled audit.

## Conducting the audit

**Opening meeting**

* Introductions
* Any housekeeping, health and safety or other location based information that the auditor or other parties should be aware of
* Outline of the audit process
* Role of the auditor

**Audit**

* Review of systems, policies and procedures
* Review of underwriting/claims database, claim files
* Interviews with relevant management/staff/case managers/injury management co-ordinators

**Closing meeting**

* Summary of compliance/opportunities for improvement
* Discussion about any corrective action or progress reports that may be required

## Audit tool

* The audit tool contains the criteria that the auditor will follow

## Evaluation of findings

* During the audit, the auditor will assess whether the criteria/obligations have been met.
* Assessment will be based on available evidence, compliance with licence conditions, legislation, injury management programs and workers compensation claims management systems in place at the time the audit was conducted.
* Audit of compliance with licence conditions will note findings of compliance, non-compliance or opportunity for improvement.
* Audit of injury management programs and individual claim files will note findings of compliance, non-compliance or opportunity for improvement.
* Where a non-compliance or opportunity for improvement has been identified, it will be clearly stated and discussed during the closing meeting.
* A preliminary report on claim file findings will be submitted prior to issue of the auditor’s final report. This will provide the insurer with the opportunity to submit evidence that may have not been available at the time of the audit or that may have been contained in alternative databases or locations.

## Report

* The results of the audit and an audit report will be provided within 15 working days of the last day of the audit unless otherwise stated.
* The report will detail any further action required by the insurer; for example, submission of a corrective action plan and the time frame for providing this.

## Corrective action plans and progress reports

As required by Licence Condition 11.6, where opportunities for improvement or non-conformances are identified during Board audits, the insurer must:

* within 60 days of being provided with the Board’s audit report confirm that any opportunity for improvement has been addressed, or
* if the opportunities for improvement cannot be addressed within 60 days, provide the Board with a corrective action plan within 28 days of being provided with the report, detailing the action which will be taken and the time frame in which the action will be taken, or
* if any opportunities for improvement cannot be addressed, make a submission to the Board detailing the reasons within 28 days of being provided with the report.

The audit is not considered complete until all corrective actions have been addressed. WorkCover will actively monitor progress of corrective actions.

## Auditor travel

* In accordance with licence condition 11.7, where an insurer manages its claims from an interstate location, it will be required to contribute to the cost of surveillance audits conducted by the Board.
* Costs include (but are not limited to) air travel and accommodation in excess of one night.
* Travel will be arranged by WorkCover in accordance with Tasmanian Government travel policies and procedures.
* The insurer will be required to pay any unrecoverable costs in the event of their initiating a cancellation or postponement of an audit.

Results of Board audits will be provided to the Board. The Board will continue to be informed of compliance with the submission of corrective action plans and progress reports.

In circumstances where the audit process may require amending, WorkCover will ensure that appropriate consultation occurs with the insurer during the planning phase.

# Licensed insurer self-audit

Insurers are required to conduct and submit self-audits of licence conditions, injury management programs and workers compensation claims management systems every two years. These self-audits will be conducted in the alternate year to the scheduled WorkCover audit.

Insurers are encouraged, but not required, to use the audit tool which has been developed by WorkCover Tasmania. Using the tool will help ensure that:

* a comprehensive assessment of compliance with licence conditions, application of injury management programs, claims management systems and specific legislative requirements is conducted
* insurers are prepared for WorkCover audits by being able to readily access and reference systems, policies, procedures and other relevant documents.

An insurer using the tool to conduct the self-audit may modify the audit tool to suit their individual circumstances and submit it in a format that complies with their internal reporting or document standards.

If the Board’s audit tool is not utilised and/or modified, the insurer must ensure that the self-audit is a comprehensive review of compliance with each licence condition, application of the approved injury management program, claims management systems and compliance with legislation.

Results of individual claim file audits **must** be submitted with the Injury Management Program/Workers compensation claims management systems self-audit.

Before conducting the self-audit, the insurer should review previous WorkCover audits or self-audits, to ensure that previously identified non-conformances or opportunities for improvement have been addressed.

As required by licence condition 11.2, where the insurer identifies opportunities for improvement in a self-audit, it must:

* within 60 days of being provided with the Board’s audit report confirm that any opportunity for improvement has been addressed, or
* if the opportunities for improvement cannot be addressed within 60 days, provide the Board with a corrective action plan within 28 days of being provided with the report, detailing the action which will be taken and the time frame in which the action will be taken, or
* if any opportunities for improvement cannot be addressed, make a submission to the Board detailing the reasons within 28 days of being provided with the report.

Licence Conditions 11.3 and 11.4 require self-audits to be conducted by a competent person able to demonstrate independence of the system being audited and the report/s must be signed by the insurers authorised senior manager.

The self-audit is not considered complete until all corrective actions have been addressed. WorkCover will actively monitor progress of corrective actions.

# Licence Conditions Audit Tool

Licence Conditions: - Version 5 – 1 January 2021

# How to use the licence conditions audit tool

The licence conditions audit tool contains the following sections:

## The criteria

The criteria contained in the audit tool are the same as those contained in the licence conditions imposed by the Board in the licenses issued to insurers.

The criteria clearly state the requirements. Some examples have been provided in order to assist in identifying the types of evidence that you may be able to provide to support conformance. This information is for guidance only.

## Evidence/Opportunities for improvement

In this section, the nature of the evidence sighted to support conformance should be clearly documented.

Where the evidence is available on a website, has a document number or other reference number it should be stated.

Examples of the types of evidence that may be provided include policies, procedures, manuals, claims files, document management systems, website publications, letters, file notes, medical certificates, return to work plans, injury management programs, interviews with key staff including case managers, injury management co-ordinators, workplace rehabilitation providers and return to work co-ordinators.

Where a non-conformance or opportunity for improvement is found, it should be detailed in full and transferred to the corrective action plan template together with information on how the opportunity will be addressed and the time frame in which it will be addressed. See ‘Corrective action plans and progress reports’ on page 7.

## Conformance Yes/No

In this section, indicate conformance with either yes or no.

# **Licence Conditions**

| **Number** | **Licence Condition**  | **Evidence/Opportunity for Improvement****(Details of evidence eg record number/document reference to included)** | **Conformance Yes/No** |
| --- | --- | --- | --- |
| 1. **General Requirements**
 |
| ***Compliance*** |
| 1.1 | The licensed insurer must have documented procedures for ensuring compliance with all licence conditions and legislative obligations. |  |  |
| 1.2 | The licensed insurer must provide a declaration of compliance in the approved format no later than 31 August each year. The declaration must be signed by the licensed insurer’s authorised senior manager.  |  |  |
| 1.3 | The licensed insurer must comply with any directives from the Board in respect to their activities as a licensed insurer. |  |  |
| ***Solvency and APRA requirements*** |
| 1.4 | At all times during the continuation of the licence the licensed insurer must be authorised under section 12 of the Insurance Act 1973 (Cwlth) to carry on business in Australia, including the business of insuring against the liabilities referred to in section 97 of the Act.  |  |  |
| 1.5 | The licensed insurer must notify the Board in writing if the Australian Prudential Regulation Authority (APRA):1. revokes the licensed insurer’s authorisation under section 12 of the Insurance Act 1973 (Cwlth)
2. takes, or threatens to take, any action in relation to the authorisation
3. imposes, or threatens to impose, any conditions, or additional conditions, or varies or revokes any conditions on the authorisation including any change in the licensed insurer’s supervisory level
4. commences or conducts any investigation in relation to the licensed insurer, any related body corporate of the licensed insurer, any person who is a prescribed person in relation to the licensed insurer or any related body corporate of the licensed insurer.

The notice in respect of each of the above matters must be given to the Board not later than 24 hours after the licensed insurer becomes aware of the matter. |  |  |
| 1.6 | In addition to the obligations imposed in item 1.5, if a licensed Insurer’s supervisory level is elevated by APRA, the licensed Insurer must, within 7 days of becoming aware of the change in stance:1. provide the Board, in writing, a detailed description of the issues identified by APRA
2. provide the Board, in writing, details of the actions it is taking to comply with any APRA intervention and how such action may impact on Tasmanian operations
3. provide the Board, in writing, advice as to how it proposes to keep the Board informed in respect to progress.
 |  |  |
| 1.7 | The licensed insurer agrees that the Board may exchange information regarding its prudential status, including relevant documentation with APRA.  |  |  |
| ***Notification of Corporate Changes*** |
| 1.8 | The licensed insurer must, as soon as practicable, but no later than 14 days, notify the Board in writing if any of the following things occur:1. any change, or any proposal to change, the licensed insurer’s name
2. any change to the licensed insurer’s status under the Corporations Act, or any proposal to make such a change
3. any change in the directors or secretary of the licensed insurer
4. the licensed insurer becoming a subsidiary (as defined in the Corporations Act) of another body corporate (as defined in the Corporations Act)
5. the licensed insurer ceasing to be a subsidiary of another body corporate
6. any change in the control (as defined in the Corporations Act) of the licensed insurer
7. any change in the management personnel responsible for the management of the licensed insurer’s Tasmanian business
8. any other change that may affect the ability of the licensed insurer to perform its obligations as a licensed insurer.

In addition, wherever practicable, the licensed insurer must give at least 30 days prior notice of the change.  |  |  |
| ***Organisational Changes*** |
| 1.9 | The licensed insurer must submit to the Board any proposal in respect to planned significant changes to the manner in which it manages its claims and injury management functions. |  |  |
| ***Action to ensure compliance with the Workers Rehabilitation and Compensation Act 1988*** |
| 1.10 | If the licensed insurer becomes aware of any substantial breach of the Act by any person, the licensed insurer must:1. bring the breach to the attention of that person
2. if the breach continues or is not rectified, notify the Board in writing of the breach.
 |  |  |
| ***Clarification of Obligations*** |
| 1.11 | Where the Act imposes an obligation on both the insurer and the employer, the licensed insurer must identify who will be responsible for satisfying the required obligation and communicate this to the employer.  |  |  |
| 1. **Exit Provisions**
 |
| 2.1 | The licensed insurer must apply to the Board to cease being a licensed insurer. An application to cease being a licensed insurer must:1. be made in accordance with any guidelines issued by the Board
2. be received by the Board no later than 90 days prior to the date on which the licensed insurer wishes to cease being a licensed insurer.
 |  |  |
| 2.2 | Before ceasing to be a licensed insurer, a licensed insurer must enter into a deed, in a form and substance satisfactory to the Board, pursuant to which the licensed insurer enters into obligations regarding:1. ongoing claims management
2. ongoing provision of workers compensation data for existing claims and future claims.
 |  |  |
| 1. **Provision of Information**
 |
| 3.1 | The licensed insurer must establish and maintain systems to ensure that the information it provides to employers, workers and the Board is current and accurate. The systems must be established and maintained in accordance with any guidelines issued by the Board.  |  |  |
| 3.2 | The licensed insurer must provide information to the employers it indemnifies and their workers in accordance with the requirements set out in Schedule 1 or as directed by the Board.  |  |  |
| 3.3 | The licensed insurer must, as directed by the Board, provide information in writing, on any changes to the Act to:1. the employers it indemnifies
2. to injured workers with an active claim at the time of any legislative amendment.

Information may be provided by letter or by email. |  |  |
| 3.4 | The licensed insurer must provide to the employers it indemnifies any information the Board directs.  |  |  |
| 3.5 | The licensed insurer must provide an approved workers compensation claim form to a worker who requests a form if the employer of that worker is indemnified by the insurer and that employer:1. no longer exists, or
2. cannot be found, or
3. has refused to provide a claim form.

The claim form must be provided not later than 3 business days after the request. |  |  |
| 1. **Information and Records Management**
 |
| 4.1 | The licensed insurer must establish and maintain a documented records management system in respect to the management of records pertaining to its activities as a licensed insurer.  |  |  |
| 4.2 | The licensed insurer is responsible for ensuring the security of all information relevant to their activities as a licensed insurer. The licensed insurer must:1. establish and maintain systems and controls to ensure the security of information and compliance with relevant privacy legislation
2. ensure than any third parties have appropriate systems and controls in place to ensure the security of information and compliance with relevant privacy legislation.
 |  |  |
| 1. **Disputes/Complaints handling**
 |
| 5.1 | The licensed insurer must establish and maintain documented policies and procedures for the management of disputes and complaints arising from its activities as a licensed insurer.  |  |  |
| 1. **Conflict of Interest**
 |
| 6.1 | The licensed insurer must:1. have documented policies and procedures in place to identify and manage conflict of interest.
2. as soon as practicable, but no later than 14 days, following the identification of a conflict of interest, either real or perceived, relating to the Insurer’s activities as a licensed insurer, notify the Board in writing of the conflict and what action is being taken to manage it.
 |  |  |
| 1. **Injury Management Program**
 |
| 7.1 | The licensed insurer must:1. ensure that there is an Injury Management Program in respect of each employer it insures
2. ensure that it complies with the approved Injury Management Program
3. ensure that employers are provided with sufficient information in respect to the approved Injury Management program to ensure the employer’s knowledge of and compliance with the Injury Management Program.
 |  |  |
| 7.2 | The licensed insurer must establish and implement a system to conduct an annual review of its approved Injury Management Program to ensure consistency with legislation, Injury Management Program Guidelines issued by the Board and the insurer’s current claims and injury management practices. |  |  |
| ***Return to Work*** |
| 7.3 | The licensed insurer must ensure the policies, procedures and systems documented in the approved Injury Management Program are applied equitably and transparently to ensure that in all instances its primary aim is the recovery of, and return to work of injured workers and that all decisions made relating to injury management are made in the best interests of the worker. |  |  |
| 7.4 | The licensed insurer must apply the Return To Work Hierarchy when assisting an injured worker to return to work:1. **Return to work, same employer, same job**
2. **Return to work, same employer, different job**
3. **Return to work, different employer, same job**
4. **Return to work, different employer, different job**
 |  |  |
| ***Injury Management Co-Ordinator*** |
| 7.5 | The licensed insurer must not impede, obstruct or prevent an appointed injury management co-ordinator from performing his or her functions under the Act. |  |  |
| 7.6 | The licensed insurer must develop and implement an internal dispute management procedure to manage internal disputes concerning the work or recommendations made by an injury management co-ordinator. Such procedures must be available and communicated to any appointed injury management co-ordinator. |  |  |
| 1. **Claims Management**
 |
| 8.1 | The licensed insurer must establish and maintain documented policies and procedures for the management of claims. The policies and procedures must be established and maintained in accordance with any guidelines issued by the Board. |  |  |
| ***Changes in entitlements*** |
| 8.2 | The licensed insurer must provide a written explanation to employers and claimants when step down provisions are applied to weekly payments. The explanation must be provided at least 14 days prior to the change occurring. |  |  |
| 8.3 | Where an insurer intends to take any action to reduce, suspend or terminate a workers entitlement to weekly compensation the insurer must, in addition to any action required by the Act:1. ensure the decision is reviewed by a senior manager (for example: team leader, manager, supervisor), and that the senior manager has considered whether the action is reasonable having regard to the relevant provisions of the Act and the individual circumstances of the worker
2. ensure that the reason(s) for the action have been documented
3. ensure the employer has been consulted
4. ensure the worker has been notified verbally of the decision, unless there is a reasonable basis for not doing so
5. ensure the worker has been notified in writing of the decision, unless service of documentation is required
6. provide the worker with information in respect to the insurer’s dispute resolution process
7. provide the worker with information in respect to dispute resolution options available under the Act. For example, referral to Tasmania Civil and Administrative Tribunal (TASCAT).
 |  |  |
| ***Lump Sum Settlements***  |
| 8.4 | The licensed insurer must establish and maintain documented policies and procedures to manage the settlement of claims. The policies and procedures must be established and maintained in accordance with any guidelines issued by the Board. |  |  |
| ***Accredited Service Providers*** |
| 8.5 | The licensed insurer must not engage any person or organisation to perform a prescribed service unless such person or organisation is accredited in accordance with the Act.  |  |  |
| 1. **Premium Setting**
 |
| 9.1 | The licensed insurer must set premiums that reflect the employer’s:1. industry risk rating
2. claims experience
3. commitment to work health and safety
4. commitment to provide alternative duties
5. size of business.
 |  |  |
| 9.2 | The licensed insurer must inform the employer of the extent to which the criteria detailed in condition 9.1 was incorporated into the policy premium. The information must be provided at the time of providing a policy quote.  |  |  |
| 9.3 | The licensed insurer must provide details of the currency of a policy to an employer at the time of policy inception and on each renewal. |  |  |
| ***Wage Audits*** |
| 9.4 | The licensed insurer must develop a policy for the undertaking of wage audits of the employers it indemnifies. The policy must be provided to the Board no later than 30 days after the granting of a licence. The licensed insurer must notify the Board in writing of any proposed material modification of the policy at least 30 days before the modification is implemented.  |  |  |
| 9.5 | The licensed insurer must forward the results of any wage audits it conducts to the Board. The results must be forwarded to the Board in accordance with any guidelines issued by the Board and, in any event, no later than 30 days following the completion of the audit.  |  |  |
| 1. **Data Reporting Requirements**
 |
| 10.1 | The licensed insurer must provide data as determined by the Board in accordance with Section 114 of the Act. |  |  |
| 10.2 | If any data provided to the Board is incorrect, corrupt or deficient, the licensed insurer must notify the Board within 3 business days of the error being identified. |  |  |
| 10.3 | The licensed insurer must take measures to rectify any errors or omissions identified in any data provided to the Board. |  |  |
| 10.4 | The licensed insurer must forward to the Board a signed End of Year Reconciliation Certificate in a form approved by the Board. The Certificate must be received by the Board no later than 31 August in each year or as determined by the Board. |  |  |
| 10.5 | If the Certifier does not certify the accuracy of all of the data, the licensed insurer must give the Board revised data and obtain and forward a revised Certificate. The revised data and Certificate must be provided to the Board within 14 days following identification of the errors.  |  |  |
| 1. **Audit Requirements**
 |
| ***Self-Audits*** |
| 11.1 | The licensed insurer must:1. perform a self-audit of its management systems (licence conditions, claims and injury management) at intervals determined by the Board
2. forward an audit report by the date specified by the Board
3. not conduct the audit any earlier than 60 days prior to the date specified by the Board.
 |  |  |
| 11.2 | Where the licensed insurer identifies opportunities for improvement in its self-audit it must:1. within 60 days of submitting the self-audit report, confirm that any opportunity for improvement has been addressed, or
2. if the opportunities for improvement cannot be addressed within 60 days, provide the board with a corrective action plan within 28 days of being provided with the report, detailing the action which will be taken and the time frame in which the action will be taken, or
3. if any opportunities for improvement cannot be addressed, make a submission to the Board within 28 days of being provided with the report, detailing the reasons.
 |  |  |
| 11.3 | The annual self-audits of the management systems must be conducted by a competent person who must be able to demonstrate independence of the system being audited.  |  |  |
| 11.4 | The licensed insurer’s self-audit report is to be signed by the licensed insurer’s authorised senior manager. |  |  |
| ***WorkCover Tasmania Board Audits*** |
| 11.5 | The licensed insurer must submit to, and facilitate an audit in respect to its management systems (licence conditions, claims and injury management), conducted by the Board’s Auditor. Audits may be conducted at such times as determined by the Board.  |  |  |
| 11.6 | Where opportunities for improvement are identified by the Board’s Auditor, the licensed insurer must:1. within 60 days of being provided with the Board’s audit report confirm that any opportunity for improvement has been addressed, or
2. if the opportunities for improvement cannot be addressed within 60 days, provide the Board with a corrective action plan within 28 days of being provided with the report, detailing the action which will be taken and the time frame in which the action will be taken, or
3. if any opportunities for improvement cannot be addressed, make a submission to the Board detailing the reasons within 28 days of being provided with the report.
 |  |  |
| 11.7 | The licensed insurer agrees that it will contribute to the cost of audits conducted by the Board in accordance with any policy approved by the Board. |  |  |
| 11.8 | The licensed insurer must provide any additional information requested by the Board following Board audits or self-audits. |  |  |

##

## Schedule 1

The information required to be provided in this schedule may be provided via electronic link in correspondence however the parties must be provided with an option to request a hard copy.

|  |  |
| --- | --- |
| Information to be provided to Employers at Policy Inception  | 1. Details of the Insurer’s approved Injury Management Program as per licence condition 7.1
2. WorkCover Tasmania publication – “Workers Compensation Handbook – The Basics” Document ID GB010
 |
| Information to be provided to Employers at Policy Renewal  | 1. WorkCover Tasmania publication – “Workers Compensation Handbook – The Basics” Document ID GB010

Insurers may determine the frequency of the provision of information on renewal based on:* + the employers claims history
	+ whether the information has been reviewed and updated since it was last distributed
	+ the date the publication was last forwarded to the policy holder
 |
| Information to be provided to Workers on Receipt of a Claim | 1. WorkCover Tasmania Publication – “Injury Management Making it Work” – Document ID GB197
2. WorkCover Tasmania Publication – “Workers Compensation Handbook – The Basics” – Document ID GB010
3. WorkCover Tasmania Publication – “The Benefits of Returning to Work” – Document ID IS083
 |

# Injury Management Program Audit Tool

Guidelines for Developing Injury Management Program Guidelines – Version 3 - 1 September 2019

# How to use the injury management program audit tool

The injury management program audit tool contains the following sections:

## The criteria

The criteria contained in the tool are the same as those contained in the Injury Management Program Guidelines issued by the Board. A copy of the Guidelines is available on the WorkCover Tasmania website at www.workcover.tas.gov.au under the licensed insurers tab.

An explanation is provided at the start of each section of the injury management program guidelines. **Please read the explanations in full before starting the audit.**

The criteria clearly state what is required to satisfy each criteria. However, some examples have been provided below in order to help identify the types of evidence that you may be able to produce to support conformance or identify opportunities for improvement. This information is for guidance only.

## Evidence/Observation/Opportunity for improvement

Each section should be clearly documented with the nature of the evidence sighted to support conformance with the criteria.

Where the evidence is available on a website, has a document number or another reference number, it should be stated.

Examples of the types of evidence that may be provided include policies, procedures, manuals, claim files, document management systems, website publications, letters, file notes, medical certificates, return to work plans, injury management programs, interviews with key staff including case managers, injury management co-ordinators, workplace rehabilitation providers and return to work co-ordinators etc.

Where a non-conformance or opportunity for improvement is found it should be detailed in full and transferred to the corrective action plan template together with information on how the opportunity will be addressed and the time frame in which it will be addressed. See ‘Corrective action plans and progress reports’ on page 7.

## Conformance Yes/No

In this section, indicate conformance with either yes or no.

**Examples**

The following examples provide guidance in respect to the types of evidence that may be provided to satisfy compliance with criteria. This information is for guidance only. There may be other forms of evidence that may be provided.

| **Criteria 4.2 (iii) Communication Management**  | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- |
| The insurer is to define how it will:Ensure that roles, activities and/or services that are to be delivered by external providers are clearly identified and communicated to key parties. | * Communication policy
* File notes, evidence of initial and ongoing contact with key parties
* Standard letters and procedures
* Claim file audits where workers have been provided in writing with the name, contact details and information in respect to the nature and scope of externally appointed providers, including their role and responsibility.
* Are workers advised who to contact if they have any queries or have a dispute with an externally appointed provider?
* How many claim files were audited where external providers (eg IMC/WRP) were appointed? Was the worker provided with the information above?

***Opportunity for Improvement:*** *Where there is an opportunity for improvement it should be noted against each criteria. It can later be transferred to the corrective action plan template with details of the nature of the corrective action to be taken and the time frame in which the action will be completed.*  |  |
| **Criteria 5.1 Role of the IMC** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| The insurer is to define how it will:Manage the role, responsibilities and duties of an IMC (including quantity requirements and IMC activities that are overseen rather than performed) | * General overview of how the IMC is incorporated into the licensed insurer’s structure. For example, is the role performed by an internal staff member, an external IMC or an accredited Workplace Rehabilitation Provider?
* Statement of duties for the appointed IMC. If the IMC is external how are expectations communicated and performance monitored?
* Who is responsible for the management of IMC performance? Evidence of performance management discussions?
* Interview with an IMC – Is the IMC aware of the requirements of the role, their statement of duties and have they discussed their performance of the role with their manager/supervisor?
* Where possible document references should be noted with details of when the document was last reviewed and when it is scheduled for next review.

***Opportunity for Improvement:***  |  |

| **Criteria 9.2 (iii) Medical Management** | * **Evidence/Observation/Opportunity for Improvement**
 | **Conformance****Yes/No** |
| --- | --- | --- |
| The insurer is to define how it will:Manage the provision of information including but not limited to:a. Notifying the injured worker of the reasons for seeking a review.b. Providing copies of the review report to the IMC and the PTMP | * Description of the process for arranging an IME
* What process is in place to ensure the worker is notified of the reasons for seeking a review?
* Evidence that a system is in place to ensure that the reasons for the review are discussed with the PTMP.
* Evidence that copies of the IME report have been provided to the PTMP and the IMC within 7 days. How many claim files were audited where an IME was arranged and how many complied with the requirements of s90 of the Act?

***Opportunity for Improvement:***  | Yes/No |
| **Criteria 10.2 (i) Return to Work** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| The insurer is to define how it will:Ensure the development and implementation of plans when required | * From the injury management program approved by the Board what is the licensed insurer’s time frames for the development and implementation of return to work and injury management plans following a worker sustaining a significant injury?
* What system is in place to ensure that the time frames are adhered to?
* What corrective action is taken where the time frames are not complied with?
* Are the plans two documents or are they combined?
* Are there templates for the plans and where are they located?
* Are IMCs and those responsible for the development of plans using the templates?
* Where plans are developed by external parties what evidence is available that the licensed insurer’s standards have been communicated to the external parties, are the time frames monitored and are external providers contacted when they are not meeting the time frames?
* How many claim files were audited where return to work and injury management plans were required, how many were developed within the time frames required?

***Opportunity for Improvement:***  |  |

# **Injury Management Program** ([Guidelines for Developing an Injury Management Program](https://worksafe.tas.gov.au/__data/assets/pdf_file/0008/545777/Guidelines-for-IMP.pdf) – Version 3 – 1 September 2019)

* This Tool should be used when developing, amending or conducting the self-audit of injury management programs to ensure that the systems, policies and procedures that support the criteria contained in the Guidelines are accurate and are supported by procedural documents eg claims manuals.
* WorkCover Audits will be conducted on the currently approved version of the insurer’s injury management program.

## **Injury Management Policy**

**Explanation:** The policy should reflect the insurer’s commitment to injury management and should form the basis upon which the injury management program is developed. The policy should be consistent with applicable legislation and guidelines and promote continuous improvement. The policy should address but not be limited to the following principles:

* should be easily understood, and capable of being implemented in the workplace
* should be consistent with the rehabilitation policy of the workplace
* should be developed in consultation with all parties
* should be supplemented by adequate written procedures that are readily available, and that identify key support roles and responsibilities for implementing the policy
* should be readily available in the employer’s workplace where the workers can readily refer to it
* should be consistent with the provisions of the Workers Rehabilitation and Compensation Act 1988 and supporting legislation
* should be reviewed regularly (annually).

| **Number** | **Criteria** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 1.1 | Statement of commitment and objectives including but not limited to the following:1. To promote behaviours and attitudes that underpin a positive workplace culture that supports injured workers
 |  |  |
| 1. To promote the health benefits of work
 |  |  |
| 1. To support the principles of the Clinical Framework for the Delivery of Health Services
 |  |  |
| 1.2 | Statement of roles and responsibilities of all parties |  |  |
| 1.3 | Policy to be appropriate to nature and scale of organisation |  |  |
| 1.4 | Consistent with relevant injury management legislation |  |  |
| 1.5  | Policy to be reviewed regularly |  |  |

## **Policy for the Management of Employer Injury Management Programs (licensed insurers only)**

**Explanation:** Employers may choose to have an injury management program in place, in which case it should be consistent with the insurer’s injury management program. The insurer must develop procedures that define its arrangements for dealing with policy holders who choose to implement their own injury management program. These procedures should identify how the insurer will co-ordinate and manage the process and should include but not be limited to:

* roles and responsibilities of key personnel
* how the insurer will communicate with employers
* how the insurer will manage information transfer and document exchange
* how the insurer will monitor and review employers’ injury management programs
* review timeframes
* how the insurer will address employer non-conformance with the process.

| **Number** | **Criteria** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 2.1 | **The insurer is to define how it will:**Assist employers to develop injury management programs  |  |  |
| 2.2 | Ensure employers operate within injury management programs  |  |  |
| 2.3 | Manage the assessment and approval of injury management programs  |  |  |
| 2.4 | Ensure employers educate and promote injury management programs  |  |  |
| 2.5  | Ensure employers regularly review and maintain injury management programs  |  |  |

## **Information Management**

**Explanation:** Procedures should be developed that identify how information will be provided and managed. The focus should be on ensuring access to information and support in order for all parties to clearly understand their roles, rights and responsibilities at the level that is required and deemed appropriate, including provision of the information in a language and format that all employers and workers can understand.

Responsibility for management of the information should be delegated to personnel with the appropriate level of authority to ensure that accurate and relevant information is available in a timely manner.

A document control system should be established.

| **Number** | **Criteria** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 3.1 | **The insurer is to define how it will:**Ensure full disclosure of and access to accurate and consistent information, including the provision of information in other languages when necessary |  |  |
| 3.2 | Ensure accurate and consistent information |  |  |

## **Communication Management**

**Explanation:** An effective injury management program relies upon the provision of timely and accurate information. All communication should be conducted in a non-threatening manner. Procedures should be developed that identify the mechanisms for communication, including how it will be both managed and facilitated.

The procedures should include but not be limited to:

* identifying key contacts, specifying timeframes for establishing initial contact and ongoing contact
* documenting recording requirements for all contacts
* identifying methods for the provision of information including informing workers of all relevant organisational procedures relevant to the injury management and return to work processes
* identifying and communicating the roles and responsibilities of all parties in the communication process
* identifying an issue resolution process that sets out the means by which an injured worker can progress an issue or matter of concern
* where appropriate, identifying the involvement of any external body if an issue cannot be resolved within the organisation
* where an injured worker has difficulty understanding or reading English the information should be translated or directly explained to individuals in a language and format that can be clearly understood.
* The insurer should seek to regularly engage with injured workers and employers, in particular they should:
* encourage and foster good relationships between those involved in the injury management process
* manage and change injured worker and employer perceptions for the better of key principles such as the health benefits of work
* foster and encourage a productive working relationship between key stakeholders involved in the injury management process
* involve and seek feedback from injured workers and employers
* seek buy-in from injured workers and employers to assist in decision making
* ensure the early detection and resolution of potential barriers, issues and conflicts
* encourage injured workers to take ownership of their recovery.

| **Number** | **Criteria**  | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 4.1 | **The Insurer is to define how it will:****Communication:**1. Promote open and honest communication
 |  |  |
| 1. Ensure the timeliness of communication
 |  |  |
| 1. Ensure the correct application of both oral and written communication
 |  |  |
| 1. Ensure communication is clear and in plain English
 |  |  |
| 1. Ensure communication is non-threatening
 |  |  |
| 1. Ensure interpreting services are made available when necessary
 |  |  |
| 4.2 | **Communication with key parties:**1. Manage contact points and formal channels of communication between all parties
 |  |  |
| 1. Ensure that employee obligations are described and communicated effectively
 |  |  |
| 1. Ensure that roles, activities and/or services that are to be delivered by external providers are clearly identified and communicated to key parties.
 |  |  |

## **Role of the Injury Management Co-Ordinator (IMC)**

Explanation: The role of the IMC is to co-ordinate and oversee the entire injury management process. The insurer should identify the number of IMCs based on the need of the organisation. The IMC should be provided with adequate resources to enable them to effectively carry out their duties including performance and/or oversight of:

* making contact with the worker, the employer and the worker’s primary treating medical practitioner, as soon as practicable after the worker is assigned to the IMC
* developing, reviewing, modifying and implementing injury management plans and return to work plans as agreed with the worker or determined by TASCAT.
* regularly reviewing the work capacity of the worker and investigating and arranging options for the worker’s retraining or redeployment
* making arrangements for the rehabilitation of the worker so that the worker returns to work as soon as is possible and appropriate
* involving the following persons in the management of the worker’s injury and return to work:
* the worker, the worker’s employer and the employer’s insurer
* the primary treating medical practitioner and other treating medical practitioners; and
* if necessary or desirable, workplace rehabilitation providers, return to work coordinators, supervisors and line managers, allied health professionals
* collating medical information
* maintaining relevant documentation
* making attempts to resolve disputes in relation to injury management in respect of the worker
* providing information on injury management to the worker and the worker’s employer
* any other duties that are prescribed.

The insurer should have procedures in place that identify the IMC role within the injury management program. The key components of the IMC role should be formally identified, documented and communicated. Procedures may address but should not be limited to the following components:

* Role statement, responsibilities, obligations, authority to act, accountability, key performance indicators, minimum competency/training requirements.

| **Number** | **Criteria** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 5.1 | **The insurer is to define how it will:**Manage the role, responsibilities and duties of an IMC (including quantity requirements and IMC activities that are overseen rather than performed) |  |  |
| 5.2 | Manage the skill and knowledge requirements |  |  |
| 5.3 | Ensure the identification and provision of training requirements |  |  |
| 5.4 | Manage the appointment process |  |  |
| 5.5 | Manage and monitor the IMC role or activities that are to be delivered by an external IMC including but not limited to clearly identifying and communicating the roles or activities that are to be delivered |  |  |

## **Role of the Workplace Rehabilitation Provider (WRP)**

**Explanation:** A WRP is accredited by the Board and has the qualifications, experience and expertise appropriate to provide timely intervention with services based on the assessed need of the worker and the workplace. A WRP identifies and addresses the critical physical, psychological, social, environmental and organisational risk factors which may have an impact on a worker’s ability to successfully return to work. A WRP achieves this through delivering workplace rehabilitation services.

Workplace rehabilitation services are prescribed under the Act as:

* initial workplace rehabilitation assessment, assessment of the functional capacity of a worker, workplace assessment, job analysis, advice about job modification, rehabilitation counselling, vocational assessment.

Workplace rehabilitation does not include:

* work conditioning, treatment (including therapeutic counselling), overseeing/monitoring of an injured worker’s treatment, determining a worker’s ongoing entitlements, claims management, assessment of daily living.

While providers have the skills to perform some or all of these services, they are not considered workplace rehabilitation services. The insurer should have procedures in place that identify the WRP role within the injury management program.

The key components of the WRP role should be formally identified, documented and communicated. Where external WRPs are engaged the specific types of service and standards of service should be detailed. At relevant periods of time the services delivered should be reviewed for conformance with any agreements. The insurer should have procedures in place to:

* consult with the injured worker, employer and nominated treating doctor when referring to a workplace rehabilitation provider
* advise the injured worker that they can choose a rehabilitation provider
* inform the injured worker of the process to be followed when changing a rehabilitation provider.

| **Number** | **Criteria** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 6.1 | **The insurer is to define how it will:**Manage the role, responsibilities and duties of a WRP |  |  |
| 6.2 | Manage the skill and knowledge requirements |  |  |
| 6.3 | Manage the selection process for external WRPs |  |  |
| 6.4 | Manage the referral process of an injured worker to an WRP |  |  |
| 6.5 | Manage and monitor external WRPs including but not limited to clearly identifying and communicating the services that are to be delivered |  |  |

## **Mechanisms to Facilitate Early Reporting and Intervention of Injuries/Claims**

**Explanation:** Employers should be encouraged to report all work related injuries to the insurer that may lead to a claim for workers compensation. Early reporting and intervention will assist in the injury management and return to work process and enhance the likelihood of positive return to work outcomes.

* Advising employers of their obligations to record and report injuries
* Identifying the expected reporting timeframes
* Identifying key parties, roles, responsibilities and timeframes for establishing and maintaining contact
* Ensuring that information provided on the claim form is complete and accurate
* Identifying a process for managing late reporting, including advising employers of the consequences of failure to report within the specified timeframes
* Ensuring persons with responsibilities under the injury management program receive appropriate instruction/training to enable them to undertake the tasks they have been allocated

| **Number** | **Criteria** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 8.1 | **The insurer is to define how it will:****Early Reporting:**1. Implement a variety of mechanisms to facilitate early reporting
 |  |  |
| 1. Manage timeframes for early reporting
 |  |  |
| 1. Manage employer training and educational requirements
 |  |  |
| 1. Administer any early reporting incentive scheme
 |  |  |
| 1. Manage corrective action for late submissions
 |  |  |
| 8.2 | **Early Intervention:**1. Analysis of incoming data
 |  |  |
| 1. Development and implementation of intervention strategies
 |  |  |
| 1. Manage key contact points with key parties
 |  |  |
| 1. Administer provisional payments
 |  |  |

## **Medical Management**

**Explanation:** The procedures should recognise the central role the Primary Treating Medical Practitioner (PTMP) plays in the injury management process. The PTMP usually should have ongoing contact with the injured worker throughout the injury management and return to work process and plays a key role in the communication between the injured worker, the employer and the insurer.

Procedures should be developed that include but are not limited to:

* the injured worker’s right to choose their PTMP
* the role and responsibilities of the PTMP and specialist service providers
* the process for monitoring medical treatment, consultations, referrals and specialist care
* requirements for access to medical records and the provision of information
* the process for the management of communication between the parties including identifying the preferred means of contact and expected reporting timeframes.
* Independent Medical Reviews:
* Independent medical opinions or medical reviews may be sought when there are concerns about issues such as the diagnosis, proposed treatment, certified level of incapacity etc. Where multiple, opinions/reviews are sought, this can result in stress for the injured worker, delays, and increased costs to the insurer. Procedures should be developed that include but are not limited to:
* the process for obtaining an independent medical review
* the process for informing the injured worker of the reasons for seeking such a review
* the process for discussing matters of concern with the injured worker and the injured worker’s PTMP
* the process for the management of medical records and the provision of information
* the process for the management of communication between the parties including identifying the preferred means of contact and expected reporting timeframes
* the process for conciliation where the injured worker **objects to an independent medical review.**

| **Number** | **Criteria** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 9.1 | **The insurer is to define how it will:****Primary Treating Medical Practitioners (PTMP):**1. Monitor the timeliness of appointments for injured worker medical consultations and treatment.
 |  |  |
| 1. Manage the provision of information, including but not limited to:
2. Facilitating notification of a change to the injured worker’s PTMP and
3. Subsequent authorisation to release relevant medical records.
 |  |  |
| 1. Manage contact points between involved parties – in particular with the PTMP
 |  |  |
| 1. Ensure systems are in place for the management of medical certificates. This may include but is not limited to monitoring and reporting on the quality of medical certificates.
 |  |  |
| 1. Ensure systems are in place for the management of medical reports.
 |
| 9.2 | **Independent Medical Reviews:**1. Manage the process for seeking and undertaking reviews
 |  |  |
| 1. Manage consultation requirements – in particular with the PTMP
 |  |  |
| 1. Manage the provision of information including but not limited to:
2. Notifying the injured worker of the reasons for seeking a review.
3. Provide the worker with a copy of, or access to, any information published by the Board in respect to independent medical examinations
4. Providing copies of the review report to the IMC and the PTMP
 |  |  |
| 1. Manage contact points between involved parties.
 |  |  |
| 1. Monitor the use of independent medical reviews.
 |  |  |
| 1. Ensure that the independent medical practitioner is aware of their role and responsibilities and have been provided with a copy of, or access to, the Board’s Guidelines for Independent Medical Examinations.
 |  |  |
| 1. Ensure that the independent medical practitioner is fully informed of all necessary information prior to undertaking an independent medical review. This may include but is not limited to arranging communication between the independent medical practitioner and the primary treating medical practitioner prior to undertaking the independent medical review.
 |  |  |

## **Return to Work**

**Explanation:** The injury management program should encourage full and open communication between all parties involved in the injury management and return to work process. Poor communication can lead to delays, confusion and misunderstanding and is recognised as presenting a major barrier to effective injury management. Proper planning and co-ordination of the injury management process will facilitate effective communication between the parties, eliminate duplication of effort and confusion, and ensure that the injury management process runs smoothly and results in positive outcomes for the injured worker.

* Return to Work Plans – A simple plan for co-ordinating and managing the treatment, rehabilitation and return to work of an injured worker.
* Injury Management Plans – A comprehensive plan for co-ordinating and managing the treatment, rehabilitation and return to work of an injured worker.

If a worker suffers a significant injury an injury management plan is to be prepared within the time frame nominated by the insurer/employer in the Injury Management Program approved by the Board.

Injury management programs should specify the time frame in which return to work and injury management plans will be developed following becoming aware that a worker has sustained a significant injury (5 days or more of total or partial incapacity). For example “A return to work plan will be developed within 5 days of a worker sustaining a significant injury”. This would mean that the plan is developed and implemented within 10 days.

If the injury management plan is not incorporated in the return to work plan the program should also specify the time frame in which an injury management plan will be developed and implemented. For example “an injury management plan will be developed within 5 days of a worker being partially or totally incapacitated for 28 days”.

Where plans are developed, at a minimum both the injured worker and the employer are to agree to cooperate and comply with the plan. Plans are to be signed by both parties, wherever possible, however other mechanisms for obtaining agreement (i.e. via email) may be used in circumstances where it may not be practicable to pursue signatures. Plans must be realistic, achievable, tailored to the individual’s circumstances and developed as soon as practicable in consultation with the relevant parties. Plans must be reviewed regularly by the relevant parties and modified where necessary.

| **Number** | **Criteria** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 10.1 | **The insurer is to define how it will:**Co-ordinate those involved in the injury management process including but not limited to:1. Injury management co-ordinators
2. Workplace rehabilitation providers
3. Return to work co-ordinators
 |  |  |
| 10.2 | Manage Injury Management Plans and Return to Work Plans. This should include but not be limited to the following:1. Documenting time frames within which return to work and injury management plans will be prepared.
 |  |  |
| 1. Ensure the development and implementation of plans in accordance with the time frames detailed in the approved Injury Management Program.
 |  |  |
| 1. Manage consultation requirements between key parties
 |  |  |
| 1. Ensure the assessment of return to work options is completed thoroughly
 |  |  |
| 1. Ensure the return to work hierarchy is applied
 |  |  |
| 1. Ensure workplace visits are undertaken when necessary
 |  |  |
| 1. Ensure the identification and modification of suitable and meaningful alternative duties where practicable
 |  |  |
| 1. Recognise limitations during return to work
 |  |  |
| 1. Ensure the regular review, monitor and modification of plans when necessary
 |  |  |
| 1. Regularly assess outcomes for all parties involved
 |  |  |
| 10.3 | Reflect and promote the health benefits of work |  |  |
| 10.4 | Ensure all activities support the principles of the Clinical Framework for the Delivery of Health Services |  |  |
| 10.5 | Application of evidence based guidelines:1. Identify optimal return to work outcomes based on evidence based guidelines
 |  |  |
| 1. Monitor progress against target outcomes
 |  |  |
| 1. Take appropriate action where cases exceed evidence based guidelines.
 |  |  |

## **Management of Alternative Duties**

**Explanation:** The employer has an obligation to provide suitable and meaningful alternative duties at the workplace while the injured worker recovers from injury. The insurer should have procedures in place that ensure injured workers are consulted and given the opportunity to participate in the identification and selection of alternative duties. Injured workers should also actively contribute to and participate in the process of reviewing and providing feedback to the employer or the insurer on the adequacy and appropriateness of alternative duties provided. The insurer should develop procedures that include but are not limited to:

* communicating to employers their responsibility for identifying alternative duties as well as their obligation to compile a list of alternative duties that is to be supplied to the insurer
* assisting employers to identify and provide alternative duties
* monitoring and reviewing an employer’s ability to identify and provide suitable alternative duties
* advising employers of the consequences of failure to identify and provide alternative duties
* managing employer non-compliance
* notifying employer non-compliance to the Board.

| **Number** | **Criteria** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 11.1 | **The insurer is to define how it will:****Alternative duties:**1. Ensure that where an injured worker is certified as having work capacity that alternative duties are considered
 |  |  |
| 1. Ensure alternate duties are both suitable and meaningful
 |  |  |
| 1. Ensure employers provide notification of alternative duties that are available (facilitated by a list of general duties to be supplied by the Board)
 |  |  |
| 1. Ensure matters relating to employers unwilling and/or unable to provide alternative duties are handled in accordance with internal policies and procedures. Where such matters are unable to be resolved through internal processes they are to be referred to the Board
 |  |  |
| 11.2 | **Retraining and Re-deployment:**1. Ensure the early identification of injured workers who require retraining and/or redeployment
 |  |  |
| 1. Establish and maintain arrangements and/or incentives for retraining, skill enhancement and redeployment opportunities of injured workers that have some work capacity.

In the case of licensed insurers this may include but is not limited to enabling workers with work capacity to be placed with employers to which the insurer insures. |  |  |

## **Management of Psychological Claims (primary and secondary)**

**Explanation:** This element is included in addition to the key elements above as the Board recognises the significant impact psychological injuries have on workers, employers, insurers and the scheme in general.

The Board recommends that Insurers/Employers consider the Safe Work Australia publication “Taking Action: A best practice framework for the management of psychological claims in the Australian workers’ compensation sector” when developing and implementing systems for the management of psychological claims.

| **Number** | **Criteria** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 12.1 | **The insurer must have systems and procedures in place to identify and manage claims for psychological injuries.** **As a minimum systems and procedures should:**Ensure that senior managers and claims staff are appropriately trained in the identification and management of psychological claims, including post-traumatic stress disorder (PTSD) and the biopsychosocial approach.  |  |  |
| 12.2 | Ensure the early identification of psychological claims including claims for PTSD. |  |  |
| 12.3 | Ensure the early identification of psychological claims secondary to injury claims. |  |  |
| 12.4 | Identify key stakeholders in the management of the worker’s injury including the claims and injury management process eg workers, employers, primary treating medical practitioner, IMC/WRP.  |  |  |
| 12.5 | Ensure the early appointment (no later than the time frame required by s143B of the Act) of an injury management co-ordinator with appropriate skills, experience and/or qualifications in respect to the management of psychological injuries. |  |  |
| 12.6 | Ensure the early appointment of appropriate providers who have the appropriate skills, experience and/or qualifications in respect to the management of psychological injuries. |  |  |
| 12.7 | Ensure early and ongoing regular contact with key stakeholders to identify barriers to return work and discuss and develop action plans.  |  |  |
| 12.8 | Ensure timely access to treatment. |  |  |
| 12.9 | Ensure systems are in place to facilitate a timely decision regarding liability and that the worker is informed and updated in respect to progress at regular intervals.  |  |  |
| 12.10 | Ensure systems are in place to identify claims where mediation or other dispute resolution mechanisms (other than TASCAT) may be utilised.  |  |  |
| 12.11 | Ensure procedures are in place to comprehensively communicate adverse decisions, the reasons for adverse decisions and provide information in respect to appropriate dispute resolution mechanisms. |  |  |

## **Management of Complex Claims**

**Explanation:** What constitutes a complex claim should be defined by the insurer.

For example a complex claim may be a claim where a worker has sustained a physical and psychological injury, has more than one physical injury, has a significant injury, has required surgery of a particular type, has co-morbidities or other significant health and return to work barriers. It may also include matters where liability determination affects ongoing injury management.

| **Number** | **Criteria** | **Evidence/Observation/Opportunity for Improvement** | **Conformance****Yes/No** |
| --- | --- | --- | --- |
| 13.1 | **The insurer must have systems and procedures in place to identify and manage complex and potentially complex claims at the earliest opportunity.**Define a complex claim  |  |  |
| 13.2 | Ensure the early identification of complex and potentially complex claims. |  |  |
| 13.3 | Identify key stakeholders in the management of the worker’s injury including the claims and injury management process eg workers, employers, primary treating medical practitioner, IMC/WRP.  |  |  |
| 13.4 | Ensure the early appointment (no later than the time frame required by s143B of the Act) of an injury management co-ordinator and/or workplace rehabilitation provider with appropriate skills, experience and/or qualifications in respect to the nature of the worker’s injury.  |  |  |
| 13.5 | Ensure regular contact with identified key stakeholders. |  |  |
| 13.6 | Ensure systems are in place to regularly monitor and review complex claims. |  |  |

# Claim File Audit Tool

**Application of approved Insurer Injury Management Program (IMP) / Compliance with Legislation (**[**the Act**](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004?query=((PrintType%3D%22act.reprint%22+AND+Amending%3C%3E%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000))+OR+(PrintType%3D%22act.reprint%22+AND+Amending%3D%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000))+OR+(PrintType%3D%22reprint%22+AND+Amending%3C%3E%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000))+OR+(PrintType%3D%22reprint%22+AND+Amending%3D%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000)))+AND+Content%3D(%22workers%22+AND+%22rehabilitation%22)&dQuery=Document+Types%3D%22%3Cspan+class%3D%27dq-highlight%27%3EActs%3C%2Fspan%3E%22%2C+Search+In%3D%22%3Cspan+class%3D%27dq-highlight%27%3ETitle%3C%2Fspan%3E%22%2C+Any+Words%3D%22%3Cspan+class%3D%27dq-highlight%27%3Eworkers+rehabilitation%3C%2Fspan%3E%22%2C+Point+In+Time%3D%22%3Cspan+class%3D%27dq-highlight%27%3E28%2F07%2F2017%3C%2Fspan%3E%223)**)**

***Note:*** *\* IMP Guide Reference in this tool refers to the Guidelines criteria not the Insurer’s IMP Guide reference. For accuracy insurers should consider updating the tool to reflect their IMP references.*

|  |  |  |
| --- | --- | --- |
| **Claim Number:**  | **Date insurer notified of injury** [**(s143A):**](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004?query=((PrintType%3D%22act.reprint%22+AND+Amending%3C%3E%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000))+OR+(PrintType%3D%22act.reprint%22+AND+Amending%3D%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000))+OR+(PrintType%3D%22reprint%22+AND+Amending%3C%3E%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000))+OR+(PrintType%3D%22reprint%22+AND+Amending%3D%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000)))+AND+Content%3D(%22workers%22+AND+%22rehabilitation%22)&dQuery=Document+Types%3D%22%3Cspan+class%3D'dq-highlight'%3EActs%3C%2Fspan%3E%22%2C+Search+In%3D%22%3Cspan+class%3D'dq-highlight'%3ETitle%3C%2Fspan%3E%22%2C+Any+Words%3D%22%3Cspan+class%3D'dq-highlight'%3Eworkers+rehabilitation%3C%2Fspan%3E%22%2C+Point+In+Time%3D%22%3Cspan+class%3D'dq-highlight'%3E28%2F07%2F2017%3C%2Fspan%3E%22#GS143A@EN)***(notice must be given within 3 working days)*** | **Date Claim form given to employer:** |
| **Date of Injury:**  | **Date Employer notified Insurer of claim [(s36):](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004%22%20%5Cl%20%22GS36%40EN)*****(notice must be given within 3 working days of receiving a claim)*** | **Date claim form and medical certificate received by Insuer** |
| **Employer:** | **Case Officer Name:** | **IMC Name:** |
| **IMP Guide****Ref \*** | **Section of the Act** | **Criteria** | **Comment** | **C/NC** |
| ***Claim and Notice*** |
| 9 | [33A](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS33A@EN) | Is evidence available that the worker was provided the [prescribed s33A notice](https://www.legislation.tas.gov.au/view/html/inforce/current/sr-2011-069#JS1@EN) of right to claim within 14 days of informing the employer of the injury?**If no:**What steps were taken to ensure that the employer is aware of their obligations to provide the notice? |  |  |
| 9 | 143A | If the worker suffered an injury that resulted in them being partially or totally incapacitated for work, or was required to be reported under the insurers approved IMP, was the insurer notified of the injury within 3 working days? |  |  |
| 9 | [36](http://www.thelaw.tas.gov.au/print/index.w3p;cond=;doc_id=4%2B%2B1988%2BGS36%40EN%2B20170710000000;histon=;rec=;term=) | Was the claim received within 5 working days of the employer receiving it? |  |  |
| 9, 4 | [36](http://www.thelaw.tas.gov.au/print/index.w3p;cond=;doc_id=4%2B%2B1988%2BGS36%40EN%2B20170710000000;histon=;rec=;term=) | If the employer was not compliant with [s36](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS36@EN), s143A and/or [s33A](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS33A@EN), was contact made with the employer to remind them of their obligations and is evidence available of the contact? |  |  |
| ***Communication*** |
| 4, 5, 9, 12, 13 |  | Was contact made with key stakeholders upon receipt of the claim (worker, employer, PTMP, others) within the time frames prescribed in the insurer’s IMP? If no time frame prescribed was the contact made within a reasonable time frame? |  |  |
| 4, 5, 6, 9, 12, 13 |  | Is evidence available of ongoing and regular contact with key stakeholders?  |  |  |
| 4, 5, 6, 9, 10,11, 12,13 |  | Is communication with stakeholders documented in an appropriate manner eg (file note) on the claim file/database? |  |  |
| 4, 12, 13 | [39](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004%22%20%5Cl%20%22GS39%40EN)[81A](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004%22%20%5Cl%20%22GS81A%40EN)[77AB](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS77AB@EN) | Was receipt of the claim acknowledged in writing and did the letter contain appropriate information in respect to time frames for making decisions in respect to liability, provisional payments and key contact information?  |  |  |
| 4 | [39](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004?query=((PrintType%3D%22act.reprint%22+AND+Amending%3C%3E%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000))+OR+(PrintType%3D%22act.reprint%22+AND+Amending%3D%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000))+OR+(PrintType%3D%22reprint%22+AND+Amending%3C%3E%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000))+OR+(PrintType%3D%22reprint%22+AND+Amending%3D%22pure%22+AND+PitValid%3D%40pointInTime(20170728000000)))+AND+Content%3D(%22workers%22+AND+%22rehabilitation%22)&dQuery=Document+Types%3D%22%3Cspan+class%3D%27dq-highlight%27%3EActs%3C%2Fspan%3E%22%2C+Search+In%3D%22%3Cspan+class%3D%27dq-highlight%27%3ETitle%3C%2Fspan%3E%22%2C+Any+Words%3D%22%3Cspan+class%3D%27dq-highlight%27%3Eworkers+rehabilitation%3C%2Fspan%3E%22%2C+Point+In+Time%3D%22%3Cspan+class%3D%27dq-highlight%27%3E28%2F07%2F2017%3C%2Fspan%3E%223#GS39@EN) | If a decision in respect to liability was not made within 28 days was the worker notified in writing of the reasons (non-generic) why and the steps being taken to progress the decision? |  |  |
| 4 | [81A](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004?query=((PrintType%3D%22act.reprint%22+AND+Amending%3C%3E%22pure%22+AND+PitValid%3D%40pointInTime(20200129000000))+OR+(PrintType%3D%22act.reprint%22+AND+Amending%3D%22pure%22+AND+PitValid%3D%40pointInTime(20200129000000))+OR+(PrintType%3D%22reprint%22+AND+Amending%3C%3E%22pure%22+AND+PitValid%3D%40pointInTime(20200129000000))+OR+(PrintType%3D%22reprint%22+AND+Amending%3D%22pure%22+AND+PitValid%3D%40pointInTime(20200129000000)))+AND+Title%3D(%22Workers%22+AND+%22Rehabilitation%22+AND+%22and%22+AND+%22Compensation%22+AND+%22Act%22+AND+%221988%22)&dQuery=Document+Types%3D%22%3Cspan+class%3D%27dq-highlight%27%3EActs%3C%2Fspan%3E%2C+%3Cspan+class%3D%27dq-highlight%27%3EAmending+Acts%3C%2Fspan%3E%2C+%3Cspan+class%3D%27dq-highlight%27%3ESRs%3C%2Fspan%3E%2C+%3Cspan+class%3D%27dq-highlight%27%3EAmending+SRs%3C%2Fspan%3E%22%2C+Search+In%3D%22%3Cspan+class%3D%27dq-highlight%27%3ETitle%3C%2Fspan%3E%22%2C+All+Words%3D%22%3Cspan+class%3D%27dq-highlight%27%3EWorkers+Rehabilitation+and+Compensation+Act+1988%3C%2Fspan%3E%22%2C+Point+In+Time%3D%22%3Cspan+class%3D%27dq-highlight%27%3E29%2F01%2F2020%3C%2Fspan%3E%22#GS81A@EN) | Was a final decision in respect to liability made within 84 days? Was the worker advised in writing of the decision ie acceptance or referral to TASCAT? |  |  |
|  |  | Was any action taken to reduce, suspend or terminate a workers entitlement to weekly compensation? If yes, were the following requirements complied with? |  |  |
|  |  | 1. ensure the decision is reviewed by a senior manager (for example: team leader, manager, supervisor), and that the senior manager has considered whether the action is reasonable having regard to the relevant provisions of the Act and the individual circumstances of the worker. Is there evidence of this review?
 |  |  |
|  |  | 1. ensure that the reason(s) for the action have been documented.
 |  |  |
|  |  | 1. ensure the employer has been consulted. Who, when and is there a file note?
 |  |  |
|  |  | 1. ensure the worker has been notified verbally of the decision, unless there is a reasonable basis for not doing so.

Is there a file note of the discussion? If verbal notification did not occur what was the reason? |  |  |
|  |  | 1. ensure the worker has been notified in writing of the decision, unless service of documentation is required
 |  |  |
|  |  | 1. provide the worker with information in respect to dispute resolution options available under the Act. For example, referral to TASCAT.
 |  |  |
|  | Schedule 1Licence Conditions | Was the worker provided with the documents required in Schedule 1 of Licence Conditions? * GB197 - Workplace Culture (Injury Management - Making it Work)
* GB010 - Workers Compensation Handbook: The Basics
* IS083 - The benefits of returning to work
 |  |  |
| ***Injury Management Co-Ordinator*** |
| 5 | [143B](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143B@EN) | Is the worker’s injury significant ie more than 5 days incapacity whether partial or total? |  |  |
| 5, 12, 13 | [143B](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143B@EN) | Was an IMC appointed as soon as practicable?  |  |  |
| 5 | [143B](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143B@EN) | Has the Insurer’s appointed IMC completed the [modules of training](https://www.worksafe.tas.gov.au/topics/compensation/workers-compensation/injury-management-co-ordinators-imcs) required by the WorkCover Tasmania Board and is evidence available? |  |  |
| 4, 5, 12, 13 | [143C](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143C@EN) | Was appointment of the IMC communicated to the worker, employer and PTMP? |  |  |
| 4, 5, 12, 13 | [143C](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143C@EN) | Did communication with/to the worker, employer, PTMP contain appropriate information in respect to contact details and the role and responsibilities (including dispute resolution) of the IMC? |  |  |
| ***Workplace Rehabilitation Provider*** |
| 4, 6 |  | If a WRP was appointed is there evidence that communication occurred with the worker regarding their right to choose a provider? |  |  |
| 4, 6, 12, 13 |  | Upon appointment of the WRP was the worker advised of the name, contact details and the role and responsibilities of the WRP? Was the worker provided this information in writing? |  |  |
| 4, 6 | [77A](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS77A@EN) | If a WRP was appointed was the [WRPs accreditation](https://www.worksafe.tas.gov.au/topics/compensation/workers-compensation/information-for-workplace-rehabilitation-providers/list-of-accredited-wrps) by the Board confirmed? |  |  |
| ***Return to Work/Management of Alternative Duties*** |
| 10, 11 | [143E](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143E@EN) | If the worker’s injury was significant was a return-to-work plan developed in accordance with the time frame set out in the IMP approved by the WorkCover Tasmania Board post 1 September 2019? |  |  |
| 10, 11 | [143E](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143E@EN) | If the worker’s injury was significant was an injury management plan developed in accordance with the time frame set out in the IMP approved by the WorkCover Tasmania Board post 1 September 2019?  |  |  |
| 10, 4, 5, 6, 9 | [143E(2)](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143E@EN) | Are the return-to-work and injury management plans signed by all parties ie worker, employer, PTMP or alternatively is there evidence of consultation and agreement to the plans? |  |  |
| 10 | Licence condition 7.4 | Has the return to work hierarchy been applied? |  |  |
| 10, 5, 12, 13 | [143E(5)](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143E@EN) | Is there evidence that return to work/injury management plans are regularly reviewed/monitored by the IMC? |  |  |
| 5, 6, 10, 11 |  | Is there evidence of consecutive return to work and injury management plans? |  |  |
| 5, 6, 10, 11 | [143F](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143F@EN) | If incapacity has exceeded 6 months is there evidence of:* assessment of the worker’s capacity for work
* consideration of amending the injury management plan
* consideration of re-training/re-deployment options
 |  |  |
| 10 |  | Is there evidence of reference to evidence based Guides in identifying optimal return to work outcomes? |  |  |
| 11 | [143M](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143M@EN) | If there is evidence of an employer’s unwillingness to provide suitable alternative duties, is there evidence of subsequent insurer intervention or alternatively a report to the Board? |  |  |
| 12 |  | If the claim was in respect to a psychological injury have the systems and procedures documented in the Insurer’s approved IMP been applied?  |  |  |
| 12, 13 |  | If the claim is identified as a complex claim, as defined in the Insurer’s approved IMP, have the systems and procedures documented in the IMP been applied?  |  |  |
| ***Medical Certificates/Independent Medical Examinations***  |
| 9, 10, 11 |  | Are medical certificates completed appropriately? |  |  |
| 9, 10, 11 | [143H](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143H@EN) | If the medical certificate was provided for a more than 28 days incapacity does it contain reasons and a date for review? If no, is there evidence of follow up with the PTMP? |  |  |
| 9 | [143G](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS143G@EN) | Was there a change in PTMP? If so, was the worker requested to provide authorisation to the previous PTMP to release medical records to the new PTMP? |  |  |
| 9 |  | Are medical certificates consecutive? If there are gaps have they been followed up? |  |  |
| 9 | [90A(3)(a)](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS90A@EN) | Has an independent medical review been required? If so, was the reason for the review **discussed** with the PTMP? If discussion with the PTMP was not able to occur is there evidence of the attempt and subsequent notification in writing.  |  |  |
|  | [90A(3)(b)](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS90A@EN) | Was the worker notified in writing of the reasons (non-generic) why the review was required? |  |  |
| 9 |  | Was the independent medical practitioner fully informed and provided with a copy of, or access to, the Board’s Guidelines for Independent Medical Examinations?  |  |  |
|  | [90A(4)](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS90A@EN) | Was the worker notified of a reasonable time and place for the review? |  |  |
| 9 |  | Was the worker provided with a copy of, or access to, information published by the Board in respect to independent medical examinations? |  |  |
|  | [90B(3)](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS90B@EN) | Was the IME report sent to the IMC and the PTMP within 7 days of receiving it? |  |  |
| ***Medical Expenses/General*** |
|  | [77AA](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS77AA@EN) | Have medical expenses been paid within 28 days?  |  |  |
|  | [77AA](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS77AA@EN) | If a medical expense has been disputed, has the worker and service provider who rendered the account been notified in writing? |  |  |
| 8 | [77AB](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS77AB@EN) | Were payments during pending liability stage paid up to $5,000 as required by 77AB? If not, was an appropriate referral made to TASCAT? |  |  |
|  | [69B](https://www.legislation.tas.gov.au/view/html/inforce/current/act-1988-004#GS69B@EN)Licence condition C(2)(i) | Was the worker’s weekly payment stepped down in accordance with s69B? If so, was the worker notified 14 days prior to the step-down occurring? |  |  |
|  |  | **Other Observations** |  |  |

# Corrective Action Plan Template

| **Opportunity for Improvement** | **Corrective Action Proposed** | **Proposed Completion Date** |
| --- | --- | --- |
| **Item**  |  |  |
| **No.** |  |  |  |
| **Item**  |  |  |
| **No.** |  |  |  |
| **Item** |  |  |
| **No.** |  |  |  |

Add more rows as required.

##

 **1300 366 322**

 www.worksafe.tas.gov.au

For more information contact

Phone: 1300 366 322 (within Tasmania)

 (03) 6166 4600 (outside Tasmania)

Fax: (03) 6173 0206

Email: wstinfo@justice.tas.gov.au

