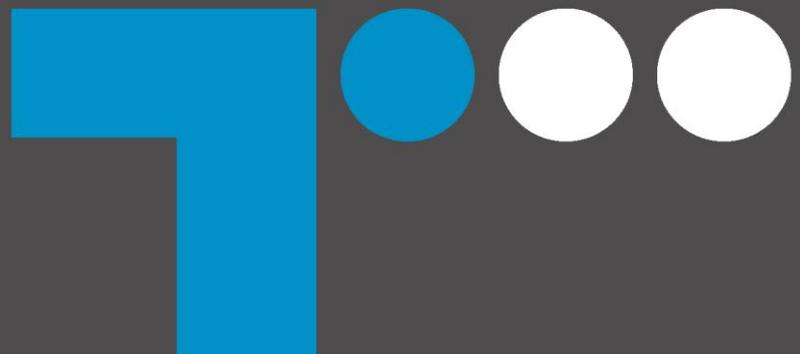


TRINITY INSURANCE INJURY MANAGEMENT PROGRAM

SEPTEMBER 2024

we help people get their lives back



Legal disclaimer

This document is provided by Employers Mutual Limited trading as Trinity Insurance, for use by Trinity Insurance (Trinity) Employees and customers.

This Injury Management Program is designed to provide information to assist injury management and provide general guidance in relation to Employer obligations in accordance with those set by the State Insurance and Regulatory Authority (SIRA) and the workers compensation legislation.

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Amendments

Authority to Amend:

Only the Divisional Manager of Trinity Insurance with agreement of the Chief Executive Office of Trinity Insurance can amend this Injury Management Program (IMP).

Schedule of Amendments/Updates:

Version	Effective Date	Issue Date	Comments
Version 1	30 June 2023	30 June 2023	Adoption of IMP to apply to Trinity Insurance.
Version 2	5 March 2024	8 March 2024	General Update
Version 3	25 September 2024	25 September 2024	Annual general update

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1 WORKING WITH TRINITY INSURANCE

1.1 ABOUT TRINITY INSURANCE

We Help People Get Their Lives Back

Employers Mutual Limited trading as Trinity Insurance (Trinity) are a specialised insurance provider for the Catholic Church and its institutions in NSW. Throughout the organisation, from the board down, Trinity has a risk management culture, and we focus on delivering exceptional case management and customer service with a team of trained claims specialists (a high proportion with a health background).

Our Injury Management Program is in keeping with EML's overarching aim of being the leading Provider of Personal Injury Claims Management in Workers Compensation. It is Trinity's objective to provide our policy holders with industry best practice service. Rewarding them with a safe, timely and durable return to work for workers, industry specific Work Health and Safety (WHS) and competitively priced premiums.

Trinity Insurance have developed this Injury Management Program to ensure our injury management approach and practices are structured, integrated and consistent to achieve best practice outcomes for all stakeholders. Our program utilises the State Insurance Regulatory Advisor (SIRA) requirements and integrates these into our internally developed strategies and processes, which are designed to assist us in achieving our overall business purpose "we help people get their lives back".

1.2 OUR CASE MANAGEMENT APPROACH

Trinity's service model is designed to provide unsurpassed levels of customer satisfaction. It aims to deliver industry-leading return to work rates and provide support to reduce the cost of claims, expert advice and member benefits which minimise WHS risk.

Primary functions are supported by all Trinity staff, and include:

- One point of contact - your case manager, one person responsible for all aspects of a worker's claim(s), which improves the effectiveness and efficiency of communication
- Skilled and specialised case managers, providing employers and workers with personalised advice
- A unified claims management model to support consistency, best practice and operational efficiencies
- An integrated account management team with a principal point of contact
- An intermediary service centre to help manage and support broker relationships
- Net promoter score (NPS) – an automated management tool to measure customer satisfaction and find opportunities for continuous improvement
- Multi-level client contacts – our customers have multiple contacts in our organisation, from our case managers to our CEO and even our board of directors
- Trinity risk management specialists – a dedicated team providing additional support and expertise when managing complex or high-risk claims
- WHS specialists – providing expertise through site visits, reports, seminars and educational articles; and

Industry knowledge – as specialists, we have generated a profound understanding of our industry.

1.3 OUR CUSTOMER PROMISE

Our customer promise details our commitment to our customers and how our people are committed to providing all our customers with exceptional levels of service at all times.

Our promise to you is:

We will listen to understand your needs

We will work collaboratively with you to achieve the best outcomes

We will keep you updated and informed

We will treat you with dignity and respect

We will take responsibility and deliver promptly on our promise to you

We will always be open and honest in our dealings.

We set clear service standards and continuously improve them by valuing the feedback we receive and working constructively with our professional partners.

We provide training and ongoing support to our people, ensuring that they do the best job they can.

1.4 OUR INJURY MANAGEMENT PROGRAM

As a specialised insurer, Trinity is required to develop and implement an injury management program pursuant to section 43 of the Workplace Injury Management and Workers Compensation Act 1998 (WIMWCA 1998).

Section 42 of the WIMWCA 1998, defines an injury management program as ‘a coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, claims management and employment practices) for the purpose of achieving optimal results in terms of timely, safe and durable return to work for workers.

This program details our approach to claims and injury management and will serve as a guide to enable our employers to align their own return to work programs with the obligations and best practice processes outlined in this document.

This Injury Management Program focuses on:

- Assisting our employers to provide a safe workplace and promote the health, safety and welfare of their employees

- Ensuring workers receive individual, prompt, proactive and effective treatment and management of their injuries to ensure a sustainable return to or recovery at work
- Ensuring compliance with the legislative and specialised insurer requirements issued by SIRA.

The Trinity team is trained on our specific obligations from a legislative and SIRA Guidelines perspective and is familiar with the specialised insurer audit tool and its requirements.

2 HOW WE ASSIST OUR POLICYHOLDERS

2.1 OUR CONSULTATIVE, COLLABORATIVE AND TRANSPARENT APPROACH

At Trinity, we work with our stakeholders using a consultative, collaborative and transparent approach in order to achieve successful return to work outcomes. We do this by working towards common goals; ensuring all parties are aware of their obligations, expectations and accountabilities.

In addition to cost effective management of workers compensation claims, our aim is to provide a superior level of service to all our customers by using evidence-based information in injury management and taking a holistic approach to work health and safety.

This is facilitated by the Trinity Insurance Service Level Commitment (SLC). The SLC outlines to our policyholders the level of service they will receive from us and highlights how we can work together to ensure their service requirements are met and positive outcomes are achieved for all stakeholders. Our SLC outlines responsibilities and expectations of both parties and is tailored to suit the needs of individual clients.

Our experience has taught us that in addition to a holistic and tailored claims and injury management processes, to achieve the best return to work outcomes and maximise the support we provide to our customers, we also need to integrate WHS services. These services include education, accident prevention, systemic risk management and incident investigation. This is supported by our WHS specialists and electronic WHS management tools ('TrinitySafe' & 'TrinityLearning') tailored for the Catholic Church and associated institutions.

Strong partnership between employers and Trinity Insurance is the cornerstone of our case management model and is essential in achieving positive claims outcomes. The account manager and case manager are responsible for facilitating this 'employer partnership'.

We achieve and maintain partnership with our employers through:

Providing 'New Starter Kits' to employers with information on early notification of injury, legislative rights and responsibilities, key injury management processes, our injury management program, an example return to work program and details of support we provide.

Collaborating and consulting with employers to ensure the strategies and approach to the worker's recovery and return to work are tailored to the industry and specific needs of the employer.

Actively engaging with employers at all levels to identify and assess issues and develop controls and solutions to address these issues.

Conducting regular claim reviews - informally, over the telephone during regular file reviews and/or formal face to face claim reviews. This is tailored to meet the needs of each client and assists in ensuring a collaborative strategic plan is achieved for each claim.

Risk management - through utilisation of our WHS officers as well as our TrinitySafe system. We provide advice in WHS consulting, benchmarking, education and training to assist with prevention of injuries and workplace risk reduction.

Education to employers regarding legislative/ scheme changes and internal processes. We provide access to free online E-Learning modules in addition to information seminars developed in-house such as weekly payments or effective management of psychological Injuries.

2.2 INJURY DATA ANALYSIS AND WHS POLICY AND REVIEW PROCEDURES

Trinity undertakes regular analysis of all injury data to identify injury trends and high-risk activities. Trinity assists its employers with strategies to minimise and address these high risks.

All employers insured with Trinity have access to industry specific WHS management system tools, TrinitySafe WHS to assist them with legislative compliance, as well as self-serve assessment, training and education. This tool provides employers with a mechanism to undertake internal review of their policies and procedures.

3 WORKING WITH YOU

3.1 TRINITY INSURANCE OBLIGATIONS

Trinity Insurance has responsibilities and obligations when managing claims in line with the Workers Compensation Legislation (*Workers Compensation Act 1987 (WCA 1987) and WIMWCA 1998*).

Our obligations and actions we take to meet them are listed below.

3.1.1 DEVELOPING & MAINTAINING OUR INJURY MANAGEMENT PROGRAM

Establishing this injury management program and keeping it up to date in accordance with legislative and regulatory requirements.

3.1.2 INFORMING EMPLOYERS OF THEIR OBLIGATIONS

We ensure our policyholders are aware of their obligations under our injury management program by:

- Providing a copy of this to all new policyholders.
- Advising policyholders when there is an update.
- Ensuring the injury management program is available via our websites and account management communication.

3.1.3 COMMUNICATING PROACTIVELY AND DEVELOPING AN INJURY MANAGEMENT PLAN FOR SIGNIFICANT INJURIES

- Contacting the employer, worker and (where necessary) the nominated treating doctor within 3 working days of being notified that a worker has sustained a significant injury. A significant injury is defined as a workplace injury that may result in the worker being absent from normal duties for a continuous period of more than 7 days.
- Developing an injury management plan (IMP) in following discussion with the relevant stakeholders outlining the return to work goal, actions taken to achieve the goal, detailing each stakeholder's obligations within 20 working days of a claim being deemed a significant injury.
- Provide the worker, employer and nominated treating doctor as well as any required third-party service providers with a copy of the IMP.
- When new information is received about the injury or treatment, Trinity review the plan and issue a new one if needed as soon as practicable.

3.1.4 INFORMING THE WORKER OF THEIR RIGHTS AND OBLIGATIONS

We inform workers of their rights and obligations and the consequences of failing to meet these obligations. This specifically includes informing the worker of:

- The procedure they must follow to change their nominated treating doctor.
- That a worker with capacity must make reasonable efforts to return to work in suitable work, suitable employment or pre-injury employment.
- That from time to time they may be required to participate in independent medical or factual investigations to support with the assessment of their claim and their capacity for work.
- Their rights in relation to privacy.

3.1.5 COORDINATING A SAFE AND DURABLE RETURN TO WORK

- We consult with the worker, employer and nominated treating doctor to ensure appropriate support is provided to facilitate a timely, safe and durable return to work.
- We ensure vocational programs are used appropriately and provide workers with assistance to obtain employment with a new employer if it is identified that a return to pre-injury duties or provision of suitable employment with the pre-injury employer is no longer possible.

3.1.6 WEEKLY PAYMENT ENTITLEMENTS

- We ensure the accuracy of weekly payments in accordance with the pre-injury wage pattern as advised by the employer and legislative requirements
- We provide workers with information about their weekly payments and entitlements and how they may change over time, providing required notice of changes.

3.2 OBLIGATIONS AS AN EMPLOYER

Immediately after a workplace injury has occurred, we recommend that the employer becomes actively engaged and is supportive of the return-to-work process. Various studies have shown that where an employer is interested and involved in the return to work process the return-to-work outcome will be significantly improved, reducing the cost of claims.

Employers who have a policy with Trinity Insurance need to:

- Ensure the health, safety and welfare of all employees at work.
- Participate and comply with the requirements of Trinity's injury management program.
- Establish a Return-to-Work Program describing the steps they will take if a worker is injured and make details available to all employees.
- Maintain a 'Register of Injuries', which is readily available to all workers in which they can record details of work-related injuries.
- Employers with more than 20 employees must appoint a trained Return to Work Coordinator with the necessary qualifications, authority and resources to negotiate, develop and implement return to work policies and procedures and advise of the contact details of that person. If less than 20 employees the employer should inform Trinity of the employer contact for the duration of the claim.

When an injury occurs, an employer is to:

- Notify Trinity within 48 hours of any work-related injury or illness to a worker utilising online claim notification, phone, fax or hard copy claim form.
- Work with Trinity to develop and provide a return-to-work plan within 5 days of injury notification
- Provide Trinity with the worker's pre-injury average weekly earning (PIAWE) details and supporting documents (pay slip from the week of the injury and wage summaries) to the case manager within 5 days of notifying the claim.
- If necessary, arrange with the worker an 'agreed' PIAWE, and forward this signed and completed form to Trinity for approval within 5 days of notification of the injury. The PIAWE agreement forms are available on our website.
- Ensure the commencement of weekly payments of compensation to workers (where there has been a work-related loss of earnings), within 7 days of claim notification.
- Participate in the development of the worker's IMP, written by Trinity, and comply with the obligations in the plan.
- Provide appropriate and suitable work (as far as reasonably practicable) when a worker is able to return to work, in line with their certified capabilities to assist with recovery at work.
- Collaborate with the worker, Trinity and any other third-party service provider to provide suitable work options in accordance with certified work capacity.

For further information please refer to SIRA's "Workers Compensation guide for Employers" available on the SIRA Website.

Specifically, the Return-to-Work Coordinator (RTWC) is required to:

- Promote a timely and safe return to work through proactive injury management.
- Develop continuous current return to work (RTW) plans for each worker (in consultation as needed with the case manager and nominated treating doctor) and provide copies to all relevant stakeholders.
- Participate actively with the case manager in the regular review of the strategic management plan for the claim, with the goal to assist the worker in achieving the best possible recovery and return to work outcome.
- The case manager will contact the RTWC during key planning phases of the worker's recovery to obtain their input and agreement to the onward RTW plan. The RTWC is encouraged to make proactive contact to discuss the strategic plan or discuss changes at any time. This planning takes place via verbal or written communication.
- Provide updates to the case manager as soon as circumstances change that may impact on the recovery and return to work of a worker.

3.3 OBLIGATIONS AS A WORKER

Workers have a number of obligations under the legislation, which includes however is not limited to:

- Engaging in safe work practices to prevent workplace injuries to themselves and co-workers.
- Notifying their employer of an injury or illness that occurs within the workplace as soon as practicable.

After a workplace injury occurs, workers must comply with their obligations to enable proactive claim management to commence as soon as possible.

Such actions include to:

- Actively engage with Trinity and their employer to facilitate recovery at work.
- Participate and cooperate in the establishment of an IMP and cooperate with their employer in developing a return-to-work plan.
- Nominate a treating doctor to direct medical management and participate in injury management and return to work planning.
- Obtain approval from Trinity prior to changing their nominated treating doctor.
- Authorise the nominated treating doctor to provide all relevant information to Trinity or other key parties.

Throughout the life of the claim:

- Keep Trinity and their employer informed of progress and report changes in capacity for work immediately.
- Adhere to the capabilities listed on the certificate of capacity as recommended by their nominated treating doctor (or appropriately qualified person) both at work and away from the workplace.
- Attend relevant appointments with medical practitioners, treatment providers and workplace rehabilitation providers for any medical examinations or assessments arranged.
- Actively participate and cooperate in assessments for the determination of capacity for work.
- Report any issues with the IMP or suitable employment/work provided, immediately to their employer, \ Trinity, and if involved, the workplace rehabilitation provider.
- Comply with return-to-work obligations and make reasonable efforts to return to work in suitable employment or pre-injury employment at the pre-injury place of employment.
- Seek suitable employment with an alternative employer if there is agreement from all stakeholders that medical information and/or certified capacity does not support a return to work with the pre-injury employer.
- Contact Trinity before starting any new treatment or requesting payment for medical services, to seek approval that it is reasonably necessary if required (noting some services are pre-approved).
- Comply with legislative obligations detailed in their IMP to ensure no disruption to weekly payments of compensation.
- Participate in independent medical or factual investigations to support with the assessment of their claim and their capacity for work as required throughout the life of their claim.

It should also be noted that a failure to reasonably comply with legislative requirements and / or obligations to return to work in suitable employment may result in the suspension of the entitlement to weekly payments of compensation.

3.4 RESPONSIBILITIES OF THE NOMINATED TREATING DOCTOR

Like the worker and employer, the nominated treating doctor has legislated responsibilities which include:

- Provide certificates of capacity that accurately reflect the worker's capacity to work and what they can do.
- Provide updated certificates of capacity in line with legislative requirements and at intervals no greater than 28 days (unless approval is provided by the case manager to exceed this duration)

- To support the worker to return to, and where possible to recover at work, through appropriate clinical intervention and management.
- To contribute to return to work and recover at work planning in collaboration with everyone involved in the worker's return to work. This includes Trinity, the employer, other treatment providers and the workplace rehabilitation provider.
- Actively participate in the responsibilities outlined in the worker's IMP.

3.5 MANAGING NON-PARTICIPATION IN RETURN TO WORK, WORKPLACE REHABILITATION OR JOB SEEKING

Section 48 of the WIMWCA 1998 sets out that a worker who has capacity for work must make reasonable efforts to return to work. Where Trinity considers that a worker is not making reasonable efforts to return to work, our case manager will communicate the return-to-work obligations with the worker and outline them in the IMP. The case manager will also explore the reasons for non-participation with the worker to ensure they have the support they need and are aware of the consequences of continued non-participation.

If non-participation continues, the worker will be advised of the potential impact to their weekly payments of compensation. This may be in the form of a warning, a timeframe to comply with their obligations, a suspension of weekly payments of compensation, or a termination of weekly payments of compensation.

3.6 HOW WE KEEP STAKEHOLDERS INFORMED

The worker, employer and third party service providers are all able to access this injury management program on our website: www.trinityinsurance.au.

All parties are informed of their obligations through the following strategies:

- **For employers** – when commencing a policy with Trinity through the *Policy Welcome Pack* which includes information on obligations and a summary of Trinity Insurance Injury Management Program
- **For workers** – after becoming aware that their injury is significant through a rights and responsibilities letter sent by Trinity
- During completion of 'early contact' following notification of a claim, all parties are informed of how the process works, approval requirements and their obligations
- As part of development of the IMP in the case of a significant injury. The IMP outlines all stakeholders' legislative and specific requirements during the workers compensation claim, recovery and return to work processes.

4 HOW WE HELP YOU MANAGE YOUR CLAIM

4.1 STRATEGIC REVIEW FRAMEWORK

Trinity's strategic review framework is the foundation which forms our approach to case management. The framework consists of prescribed activities and review points throughout the lifecycle of the claim which have been established to assist our case managers to strategically manage a claim. The process captures Trinity's current and proven best practices and is continuously reviewed and refined as these practices evolve and business needs change.

In each step of the process, case managers are supported to ensure necessary information is obtained and key decisions are made. Underpinned by the concept of increasing capacity and wellness to promote early and sustainable return to work outcomes and independence.

Strategically reviewing claims assists us in achieving our purpose of "helping people get their lives back".

Strategic review points support Trinity to:

Deliver exceptional customer experience for workers, employers and regulators.

Tailor strategies that drive early intervention and return to work outcomes.

Systematically identify specific activities through risk assessment to drive wellness and work outcomes.

Our strategic review framework underpins all our claims and injury management processes and procedures and is developed in line with SIRA's claims management principles of:

- Fairness and empathy
- Transparency and participation
- Timeliness and efficiency

4.2 EARLY INTERVENTION, NOTIFICATION AND REPORTING

Trinity recognises that early intervention is critical to achieving positive return to work outcomes. For this reason, we encourage our employers to report all incidents and injuries to Trinity within 48 hours of first becoming aware of the incident or injury.

Early reporting by the employer ensures that critical information is provided to Trinity which can facilitate prompt processing of the claim and enable early decision making. Early commencement of injury management is actively promoted by Trinity to reduce the physical, psychological, psychosocial and financial impact of an injury for the worker, their support network, and the employer.

4.2.1 INITIAL NOTIFICATION

An injury can be notified by the worker, the employer or any person acting on a worker's behalf.

There are many ways in which a notification of injury can be made to Trinity, such as:

- **Online notification:** www.trinityinsurance.au
- **Phone:** 02 8251 9100
- **Fax:** 02 8251 9495
- **Email:** info@trinityinsurance.au
- **Mail:** GPO Box 4143, SYDNEY NSW 2001

To enable the incident notification to be processed quickly, a minimum amount of information about the worker and the injury is required. To assist in the collection of this information, our standardised injury report form (which can be downloaded from our website or completed online) contains all the information that we require. Where the notification is incomplete Trinity will follow up within 3 working days and explain what additional information is required, for the claim to proceed.

4.2.2 PRE-INJURY AVERAGE WEEKLY EARNINGS (PIAWE):

Employers are required to provide the case manager at Trinity with PIAWE details and supporting documents (pay slip from the week of the injury and wage summaries) within 5 working days of notifying the claim.

The case manager will outline the specific information required for each claim during the early contact with the employer.

This information will enable the case manager to calculate PIAWE in accordance with the legislation for each claim. The PIAWE, including information detailing how PIAWE is calculated and full details on steps to request a review of the PIAWE if disagreed with, is communicated in writing to the employer and worker within 7 days of claim notification when provisional liability commences or claim liability is accepted. This allows the employer to commence correct payments to the worker.

The written notice advises the worker of the avenues to request a review of the PIAWE if they do not agree with the rate that has been calculated.

When advising the employer and worker of the PIAWE, they are informed if the rate is a final calculation or an interim rate.

- Case manager is to request PIAWE information during early contacts with the employer if this has not been received at the time of claim lodgement. Once the interim PIAWE is calculated further follow up of outstanding information from the employer and/or worker is completed. If the information is still not available, the case manager will issue the initial eligibility decision with an interim figure outlining what information is required to make a calculated PIAWE work capacity decision.
- We will continue to follow up the outstanding information from the employer and worker every 7 days until the information is received.
- If by 28 days, the information has not been received then the PIAWE will be calculated using the information we have, and this is communicated to the worker and employer.
- If any additional information is received that changes the PIAWE calculation following this, a PIAWE work capacity decision will be issued within 5 working days advising of any changes to entitlement, when changes become effective and whether there is any adjustment payment. Any adjustment payment is to be made within 14 days.

There is also provision for the employer and worker to reach agreement about the PIAWE. An application needs to be made to Trinity in writing within 5 days of the initial notification and must contain supporting relevant information. An application cannot be approved or accepted by Trinity if we have already made the initial work capacity decision to determine the worker's PIAWE.

4.2.3 LATE REPORTING OF INJURY - EMPLOYER EXCESS

If an employer does not report the injury to Trinity within 5 days of being made aware of it, a claims excess payment may be payable. This excess payment will be the equivalent of one week of the injured worker's weekly payments. This will be discussed when the case manager completes early contact with the employer.

4.2.4 TRIAGE

Case managers are aligned to employers as their key contact. The case manager generally retains responsibility for each claim until its conclusion, unless specialist ongoing management by a senior case manager or legal specialist is deemed appropriate.

Upon receiving notification of the claim, it is allocated to the appropriate or aligned case manager and screened for significant risks and barriers. The case manager initiates active management, establishing clear communication with all stakeholders from the notification form. Key factors influencing the worker's recovery and return to work are identified, enabling the case manager to develop and implement tailored strategies, actions, and plans to support successful outcomes.

5 CASE MANAGEMENT

5.1 ACKNOWLEDGEMENT LETTER

Following the receipt of a notification of injury, an acknowledgement letter is automatically generated to the worker and employer, via email addresses provided on the lodgement portal. This letter provides stakeholders with important information early, such as:

- Claim number
- Reported date of injury
- How to contact us
- Confirmation that we will contact stakeholders within two business days
- Information about wages – PIAWE
- Privacy policy
- Pre-approved treatment
- Privacy consent form
- EFT form
- General information about recovery and returning to work

5.2 EARLY CONTACT

In all cases of significant injury, the case manager completes contact with the worker, employer and (where required) the nominated treating doctor within 3 working days of the injury notification being received by Trinity in accordance with the WIMWCA 1998. A significant injury is defined as a workplace injury that may result in the worker being absent from normal duties for a continuous period of more than 7 days.

If contact is not able to be established via the telephone by the third working day, written correspondence (via email or post) is sent requesting the stakeholder to contact Trinity as soon as possible. We will then continue to follow up on a regular basis until contact is established.

We provide a focus on early intervention to enhance stakeholder experience and outcomes. As part of the early contacts, we obtain information to identify key risk factors most likely to affect recovery and return to work outcomes and align an appropriate strategy to address the identified risks.

The purpose of early contact is to:

Establish positive working relationships to aid the workers recovery and return to work

Gather relevant information to assist with liability determination

Commence injury management and return to work planning and where appropriate provide approval of reasonably necessary treatment, services or investigations

Establish a return to work goal to guide the return to work planning

Confirm support and explain the worker's and the employer's claim obligations

We note that direct contact with the nominated treating doctor is sometimes difficult to achieve over the telephone within 3 working days. If we are unable to contact the nominated treating doctor over the telephone in relation to a significant injury, we will send a written request with appropriate questions allowing the nominated treating doctor to assess the case and respond at a time that they are available. The case manager can also book in a case conference to facilitate and support timely decision making, recovery and return to work.

Telephone contact with nominated treating doctor or a case conference is not required if sufficient details have been received from the certificate of capacity; including diagnosis, treatment plan, planned RTW date.

5.3 NON-SIGNIFICANT INJURIES

When a worker has been able to resume their pre-injury duties within 7 days, the injury is considered non-significant. In these circumstances the case manager will contact the worker and employer and confirm the information provided. A liability decision will then be made and communicated to the stakeholders within 7 days of notification.

In some cases, the worker will confirm that there is no further time lost and no further treatment required, which will allow for the claim to be closed once all payments have been made.

Where the initial notification indicates that a workplace incident has occurred however has not resulted in an injury requiring time away from pre-injury duties, nor any treatment, letters to the worker and employer will be sent advising that the incident has been registered and that no further action is needed, and what to do if the situation changes.

5.4 USE OF INTERPRETERS

Trinity has access to a range of providers for documents, telephone and face to face interpreting services.

When working with stakeholders from a non-English speaking background, case managers offer to arrange professional interpreters for all interactions to ensure clear independent communication and understanding is achieved. When engaging the services of an interpreter, we are sure to:

- Engage a NAATI-certified interpreter (for languages where this certification is available).
- Consider whether the communication should be face-to-face or whether using a telephone interpreter is sufficient.
- Ensure there is no conflict of interest.
- Ensure consideration of the workers cultural background.
- Explain the purpose of the communication to the interpreter.

5.5 DETERMINING LIABILITY

Trinity applies a structured approach to determining claim liability, in accordance with the appropriate Acts and Guidelines.

Our approach to liability determination is to ensure all required information is received promptly and reviewed critically to allow a soundly based decision to be made as soon as possible, but no later than 7 calendar days of receipt of a notification. All liability decisions are communicated in writing to all stakeholders, and verbally wherever possible.

At the time the case manager documents the initial liability decision they detail the initial risk assessment they completed with any identified risks and appropriate strategies to manage these.

5.5.1 PROVISIONAL LIABILITY

Provisional liability enables Trinity to commence weekly payment payments of compensation for up to 12 weeks, as well as implement injury management strategies, initiate the collection of additional factual and medical information without making a decision on liability. Under provisional liability a worker also has access to reasonably necessary medical expenses up to a maximum of \$10,000 to assist with their recovery and return to work.

Starting provisional payments does not mean that Trinity or the employer have admitted liability for the injury. It simply allows us to provide the worker with financial assistance by commencing weekly payments of compensation and early intervention whilst we collect additional factual and/or medical information to enable us to make a liability decision before the provisional liability period expires.

5.5.2 REASONABLE EXCUSE

A reasonable excuse to not commence payments can be applied if there is insufficient information available regarding the circumstances surrounding the injury or insufficient details provided in the initial notification.

A reasonable excuse can only be applied in the following circumstances:

- Insufficient medical information).
- The worker is unlikely to be a 'worker' under the WCA 1987.
- Inability to contact the worker.
- The worker refuses access to information (privacy).
- The injury is not work-related.
- No requirement for weekly payments of compensation.
- Failure by the worker to report the injury to the employer within 2 months.

Trinity will provide notice to the employer and worker that a claim has been reasonably excused within 7 days of receipt of injury notification.

If the relevant information is supplied after a reasonable excuse has been applied, Trinity will make a liability decision in consideration of the evidence provided. This will be determined within 7 days of receiving all the required information, or 21 days of the claim being duly made.

5.5.3 ACCEPTING LIABILITY

After the initial notification of a claim, and where the evidence indicates that liability should be accepted, this will be done within 7 days of notification.

If a provisional liability decision was made initially, then, if appropriate, liability will be determined prior to the expiration of the provisional liability period.

The case manager will:

- Communicate a decision to accept liability verbally and in writing to the employer and worker.
- Calculate the worker's PIAWE and how that amount has been calculated.
- Communicate who will pay the worker and when and ensure that weekly payments are commenced within the legislative timeframe unless a reasonable excuse is applicable.
- Provide an avenue for the worker if they disagree with the PIAWE amount or do not receive payment.
- Approve reasonably necessary costs and medical expenses in accordance with legislation.
- Medical expenses are reviewed in accordance with SIRA requirements and gazetted fees.
- Other service provider fees and expenses are reviewed, and approval determined in accordance with SIRA requirements and gazetted fees.

5.5.4 DISPUTING ALL OR PART OF A CLAIM

When liability is to be disputed for all or part of the claim, this decision is reviewed internally to confirm a soundly based decision is applied. If the dispute decision is supported by an appropriately qualified reviewer, the case manager will contact the worker to advise and discuss the decision. The case manager will then issue the worker with a dispute notice pursuant to Section 78 of the WIMCA 1998, which will include the name of the reviewer. If there are concerns regarding the worker's or the community's safety regarding the issuing of a dispute notice, then this notice may be released via a third party such as the nominated treating doctor or legal representative.

The dispute notice will outline the reasons for which liability has been disputed and will include the documents that have been considered in making the decision.

Should a worker require further information or wish to challenge Trinity's decision they can:

Request Trinity internally review the decision (this review will be undertaken by a different person, separate from the two who made the initial decision). Once the review is complete, the outcome will be sent to the worker (or their representative) within 14 days of receipt of the request for review.

Contact the [Independent Review Office \(IRO\)](#) on 13 94 76 if there is any dissatisfaction at any stage throughout the process.

Seek assistance from their union, solicitor or the [Independent Legal Assistance and Review Service \(ILARS\)](#) which provides funding to pay for costs incurred by some workers when disputing decisions made by the insurer. Contact ILARS on 13 94 76 or email them at ilars@iro.nsw.gov.au

Lodge an application with the [Personal Injury Commission](#) or call them on 1300 742 679.

5.5.5 ADDITIONAL OR CONSEQUENTIAL MEDICAL CONDITIONS

When the case manager receives a certificate of capacity which identifies an additional or consequential medical condition not previously reported or diagnosed by the nominated treating doctor they will make a liability decision within 21 days of receiving this new information.

To support the liability decision, the case manager will contact the worker within 5 working days of receipt of the new information to let them know that the certificate of capacity has been received. They will ask the worker if they intend to make a claim for treatment of the new condition and let them know that further medical information is required for us to determine the claim, including information required from them, their nominated treating doctor or other treatment providers. The case manager will usually request this further information via a written request.

The case manager will review and assess the information available and make a liability decision within 21 days. If there is insufficient, inadequate, or inconsistent information to support the consequential condition the case manager may refer for an independent opinion with an appropriately qualified independent medical examiner (IME).

If the worker does not intend to make a claim, a clear file note will be included on the file, and we will discuss with the nominated treating doctor to ensure that the worker receives the treatment and support they require separate to the claim.

5.6 CLAIMS ESTIMATING

Within 7 days of the initial notification of injury, Trinity will apply an estimate to the claim calculated in accordance with Claims Estimation Manual and relevant information available. This estimate will be reviewed 2 weeks either side of the scheduled timeframes (12, 26, 52, 78, 104 weeks and biannually) and at event-based review points. An estimate review will be completed within 14 days of the policy renewal date.

Estimating amounts outside the estimating manual are considered where there is available information to support this action and a corresponding file note will reference this.

5.7 ENTITLEMENT TO WEEKLY PAYMENTS OF COMPENSATION

Once a decision has been made to commence weekly payments of compensation on the claim, timely and accurate payments will ensure workers can focus on their recovery and return to work.

Unless the employer and worker agree on the PIAWE, Trinity, on receipt of the PIAWE details and relevant supporting information, calculate and determine the worker's PIAWE. This calculation will be completed within 7 days of the claim being notified. Where we have incomplete information, we will request the missing information from the employer and/or worker and will apply an interim PIAWE based on the best available information. Once we receive the requested information, the PIAWE will be determined and communicated within 5 working days.

PIAWE is calculated as the gross earnings divided by the relevant earning period (number of weeks) in accordance with Schedule 3 of the WCA 1987 and Section 8 of the Workers Compensation Amendment Regulation 2019. The minimum PIAWE is \$155.

The case manager will then communicate the PIAWE to the worker and employer in writing. This letter will outline the liability decision; the worker’s PIAWE, their current entitlement, how current payments are to be calculated, when payments are to be made and who will make the payment to the worker. This letter outlines the procedure for how to request a review of the PIAWE if the worker does not agree with the PIAWE.

Our payment process is as follows:

Calculation of PIAWE is peer reviewed and verified for accuracy.

- All payments are entered in our claims system. This activates a system automated workflow tool to ensure that payments are made on a regular and timely basis (in line with certificates of capacity).
- Where there is a “Wage Reimbursement Schedule Agreement” in place, the payment is made in accordance with the schedule received from the employer.
- Reimbursement payments to employers are made and authorised within 10 working days from receipt of a wage reimbursement schedule, payslips and associated certificate of capacity.
- Payments made directly to workers are authorised within 5 working days of receipt of the certificate of capacity and payslips where relevant.
- The tasks of generating payments and authorising payments within set authorisation limits are completed by two separate people to ensure accuracy.

In accordance with division 6A of the WCA 1987, a worker’s PIAWE is indexed every 1 April and 1 October.

5.8 REDUCTION IN WEEKLY PAYMENTS OF COMPENSATION

Weekly payments of compensation are subject to legislative step-downs. Workers will be given at least 15 working days’ written notice before any statutory step-down in their weekly payments of compensation. Where payments are being made by the employer to the worker, the employer will also be advised of the step-down.

Entitlement period	Capacity for work	Weekly payments calculation
1 st entitlement period (0-13 weeks)	No current work capacity	The lesser of: <ul style="list-style-type: none"> • PIAWE x 95%, or • MAX
	Current work capacity	The lesser of: <ul style="list-style-type: none"> • PIAWE x 95% minus CWE, or • MAX minus CWE
2 nd entitlement period (14-130 weeks)	No current work capacity	The lesser of: <ul style="list-style-type: none"> • PIAWE x 80%, or • MAX
	Current work capacity and working 15 hours or more per week	The lesser of: <ul style="list-style-type: none"> • PIAWE x 95% minus CWE, or • MAX minus CWE
	Current work capacity and working less than 15 hours per week	The lesser of: <ul style="list-style-type: none"> • PIAWE x 80% minus CWE, or • MAX minus CWE

Weekly payments will cease at 130 weeks unless you are assessed by Trinity as having:		
After 2 nd entitlement period (131-260 weeks)	No current work capacity	No current work capacity and likely to continue to have no current work capacity. You will be entitled to the lesser of: <ul style="list-style-type: none"> PIAWE x 80%, or MAX
	Current work capacity	Current work capacity and meet certain eligibility criteria to continue to receive weekly payments. You will be entitled to the lesser of: <ul style="list-style-type: none"> PIAWE x 80% minus CWE, or MAX minus CWE
After 2 nd entitlement period (261+ weeks)	Weekly payments will cease at 260 weeks unless you meet certain eligibility criteria. As this time approaches, we will be in communication with you about your eligibility to receive weekly payments beyond 260 weeks. Should you be eligible to receive weekly payments beyond 260 weeks, we will advise you of your entitlements leading up to that time.	
Definitions	PIAWE = pre-injury average weekly earnings MAX = maximum weekly compensation amount CWE = current weekly earnings. This is the greater of your actual weekly earnings, or your ability to earn in suitable employment.	

5.9 SECTION 59A

Section 59A of the WCA 1987 limits a worker’s entitlement to medical and related services based on their degree of permanent impairment as a result of the injury.

The limits are displayed in the table below:

Degree of permanent impairment	Period from cessation of weekly payments of compensation, or from date claim made if no weekly payments of compensation paid or payable
Not assessed or less than 10%	2 years
11-20%	5 years
Section 59A does not apply to workers with a degree of permanent impairment of more than 20%	

The case manager will work with the worker, nominated treating doctor, and treatment providers to support the worker to receive the treatment they need and to transition to new arrangements before their entitlement to medical and related services ceases. For example:

- The case manager will communicate and collaborate with these key stakeholders to support them to be independent of treatment by the time the limitation applies (where possible).
- If the worker still requires ongoing treatment beyond the entitlement period, the case manager will work with the worker and the nominated treating doctor to transition them to alternative support.

The case manager will advise the worker in writing 13 weeks before the medical entitlements cease and then a further reminder at 2 weeks prior to cessation.

5.10 SECTION 39

Section 39 of the WCA 1987 outlines that there is a 260-week limit to weekly payments of compensation. This section does not apply to workers whose degree of permanent impairment resulting from the injury is more than 20%.

To ensure that Trinity assesses each worker's claim appropriately to determine whether there is an entitlement following the 260-week point, we are transparent with the limitations of the legislation in our communication.

- From 6 to 12 months prior to the 260-week point the case manager will contact the worker and let them know of the limits of their entitlements and what this might mean for their claim. We will discuss the permanent impairment threshold and arrange an assessment of permanent impairment.
- Where the worker is not considered to have reached the threshold to continue to receive weekly payments of compensation, they will be notified by their case manager in writing 13 weeks prior to the cessation and then again 4 weeks prior to the cessation. This letter will also outline the worker's ongoing entitlement to medical and related services pursuant to S59A of the WCA 1987.

The case manager will be in contact with the worker and the nominated treating doctor to ensure they understand entitlements and timeframes so that alternate plans can be put in place for the worker (for example, seeking Centrelink benefits). We will also continue to assist the worker with workplace rehabilitation (where appropriate) to support them to obtain suitable employment.

5.11 RETIRING AGE NOTIFICATION

Pursuant to Section 52 of the WCA 1987, workers may be entitled to weekly payments of compensation up to their retiring age plus 12 months. Where a worker is injured after their retiring age, they may have an entitlement to weekly payments of compensation for a period of 12 months.

The case manager will discuss this with the worker and their nominated treating doctor to ensure that they are aware of the entitlement and can plan for this. In the lead up to the cessation date, the case manager will advise the worker in writing 13 weeks before the weekly payments of compensation are to cease and then a further reminder will be provided at 4 weeks prior to cessation.

At this time the case manager will also communicate to the worker and the nominated treating doctor the date that their entitlement to medical and related services will cease pursuant to Section 59A of the WCA 1987.

5.12 INJURY MANAGEMENT PLANNING & STRATEGIC PLANS

Once recovery goals are established during early contacts, an action plan is developed that outlines the actions and strategies the case manager will take to help the worker achieve the identified goals.

We maintain contact with the employer, worker, and nominated treating doctor (if needed), and at 3 weeks from the date of notification, if the worker has not returned to work, complete a strategy review to develop a plan, outlining actions to support the worker achieve the injury management goals. The case manager will then establish

an initial Injury Management Plan (IMP) within 20 days of the claim being identified as significant. The case manager distributes the IMP to all relevant stakeholders.

Section 42 of the WIMWC Act defines an IMP as “a plan for coordinating and managing those aspects of injury management that concern the treatment, rehabilitation, and retraining of an injured worker, for the purpose of achieving a timely, safe, and durable return to work for the worker. An injury management plan can provide for the treatment, rehabilitation, and retraining to be given or provided to the injured worker.”

The IMP reflects relevant information that is available at the date the plan is issued, and it includes:

Key participants in the management of treatment and return to work (worker, employer, nominated treating doctor, specialist, workplace rehabilitation provider and other treatment or service providers)

Return to work goals (which will be the most likely goal that can be established given the information available at that point in time)

Any other goals identified by the worker or other stakeholders, including social or wellness goals that the worker is willing to share with their employer

Legislative obligations and responsibilities of each stakeholder

Procedure for changing the nominated treating doctor

Actions aligned with goals

Claims strategy is continuously reviewed throughout the claim's duration as new information emerges or circumstances change. A new plan will be developed when new information is received that changes the goal of the IMP. This process ensures stakeholders remain informed about the current goals and overall approach. The IMP will be updated and communicated to stake holders as required.

Non-significant injuries that do not require an IMP are managed similarly to significant injuries through regular review and monitoring by the case manager. If an injury becomes significant, the case manager will review the strategy, contact key stakeholders, and establish an appropriate IMP as detailed above.

5.13 REASONABLY NECESSARY TREATMENT

Workers can access reasonably necessary expenses relating to medical treatment and services, including hospital and rehabilitation. All medical treatment and investigations provided within 48 hours of the injury are covered without pre-approval. Most funding for future medical treatment requires prior approval from the case manager.

Some treatment modalities considered reasonably necessary such as psychology, physiotherapy, chiropractic or osteopathy will allow for the first 8 treatments without pre-approval.

Trinity takes the following into consideration when determining whether treatment is reasonably necessary:

1. Acceptance of the treatment by medical experts – the treatment is accepted among the medical professions, a recognised form of treatment that has moved beyond the ‘experimental’ stage.
2. Appropriateness of the particular treatment – the treatment must have the capacity to relieve the effects of the injury for the specific Worker. Research evidence would suggest that the treatment is commonly used for treating the injury type.
3. Availability of alternative treatments – consideration must be given to all other forms of treatment and consideration must be given as to why the current or proposed treatment is the best alternative for the specific worker.
4. Actual or potential effectiveness of the treatment – the degree to which the treatment will alleviate the consequences of the injury.
5. Cost of the treatment – there will be a positive cost benefit. Cost benefit analysis also considers other costs to claim such as post-surgery rehabilitation, hospitalisation and time away from work.

Where approval is requested for treatment, services or investigations, the case manager will acknowledge the request within 10 working days of receiving the request. A decision on the request will be made within 21 days of the request. Confirmation of approval is given in writing to the requesting provider and the worker.

A worker (and support person if necessary) who needs to travel for an approved treatment or service is entitled to be reimbursed for fares, travel costs and maintenance, necessarily and reasonably incurred. The worker must gain prior approval from Trinity to cover the travel costs, except if they are using their private vehicle.

Once the worker has received the treatment or service, the service provider will invoice Trinity. The case manager will review the invoices prior to payment to ensure:

- Rates and items being billed are in line with pre-approvals.
- Rates do not exceed the maximum amounts prescribed by any relevant workers compensation fees orders.
- Invoices contain all relevant information, including application of goods and services tax or input tax credits where appropriate.

5.14 USE OF INDEPENDENT OPINIONS

In circumstances where liability and reasonably necessary treatment or medical management needs are not clear, the case manager will initially assess the available information and work in partnership with the treating parties to obtain the required information. If after seeking further information it remains unclear, in accordance with the workers compensation guidelines, the case manager may refer for an independent opinion.

5.14.1 INDEPENDENT MEDICAL EXAMINATIONS

If after requesting further information from the treating parties the information provided is inadequate, unavailable or inconsistent, the case manager may arrange a referral for an independent medical examination (IME) with an appropriately qualified medical specialist with the expertise to provide a professional opinion on the issue.

When an IME is required, we will arrange such an assessment in accordance with the workers compensation guidelines on independent medical examinations and reports. The reason for referral will be explained to the nominated treating doctor, worker and employer and they will be advised of the referral in writing at least 10 working days before the appointment. A shorter period is allowed for exceptional circumstances, if agreed to by all parties.

5.14.2 INJURY MANAGEMENT CONSULTANT

Differences of opinion may arise between the nominated treating doctor, employer, worker and the case manager about issues of return to work such as capacity for work, suitability of work or the workers return to work goal.

The case manager will first attempt to resolve any issues through consultation, collaboration and negotiation with the stakeholders. If the issues remain unresolved, the claim will be referred to an injury management consultant (IMC) in accordance with the SIRA standards of practice to facilitate resolution. This referral can be initiated by Trinity or requested by the worker (or their representative), employer, nominated treating doctor or other treating practitioner. IMCs assist in providing clarification or attempt to mediate a solution about return to work for the worker. The IMC will either undertake an examination of the worker or a file review of the claim documentation.

Before making the referral, the case manager will contact the worker to discuss the referral, reason for referral and role of IMC, we will also advise the nominated treating doctor after the referral is made.

If agreement is achieved, a new certificate of capacity issued which reflects agreed outcomes and updated RTW plan is then implemented. If the issue or dispute remains unresolved further referral to another IMC or an IME may be indicated to seek further medical evidence.

An IMC's functions do not include:

- An opinion on causation or liability.
- Undertaking a functional capacity evaluation or work capacity assessment.

5.14.3 INDEPENDENT CONSULTANTS

The case manager may utilise independent consultants when there are questions regarding the reasonable necessity of ongoing allied health treatment. Independent consultants can provide advice and peer support to

treating practitioners and case managers. SIRA-approved consultants are in the areas of physiotherapy, chiropractic, osteopathy, psychology, and counselling.

5.15 FACTUAL INVESTIGATIONS

Trinity will refer for factual investigations when necessary and when the required information cannot be obtained by another means. The investigation will be undertaken in a fair and ethical manner and the worker will be advised, with at least 5 working days' notice of the appointment if they will be required to participate in the interview. If all parties agree a shorter timeframe can be applied. Trinity will advise the worker in writing and provide the following information:

- The purpose of the investigation and the contact details of the investigator.
- The anticipated duration of each interview, which is expected not to exceed two hours.
- That the worker can nominate the place of the interview and may have a support person (including a union representative) present.
- That they may request an interpreter if required, who does not count as a support person.
- That they will receive a copy of their statement or transcript within 10 working days of the interview.
- That they can nominate witnesses to assist the investigation.
- That they are not obligated to participate in the factual investigation, however the investigation may be used to help determine liability for their claim.

Any information received from the factual investigation concerning the worker or any witnesses that needs to be released to other parties, will be handled with confidentiality and in accordance with our Privacy Policy. All sensitive and/or health information will only be released if we receive specific signed authority from the worker or any other party whose information we receive.

5.16 SURVEILLANCE

Trinity ensures that desktop and optical surveillance will only be used where there is strong evidence that the worker is exaggerating or providing misleading information in relation to a claim, where we believe that the claim is inconsistent with information in our possession, or there is evidence to suggest that fraud may be being committed. We ensure that any surveillance is conducted in an ethical manner, and any information obtained will be stored and used appropriately.

Before instructing surveillance, Trinity ensures that the information cannot be gathered through less intrusive means, and that the benefit of obtaining the information will support the ongoing effective management of the claim.

At all times, we will ensure that any surveillance meets the following requirements:

- The scope and duration of the surveillance is clearly noted.
- It is only conducted in or from places regarded as public.
- Does not interfere with the worker's activities while under observation.
- Does not include any acts of inducement, entrapment or trespass, including the use of social media with the intention to induce, entrap or deceive.
- Is undertaken in a way that protects the privacy rights of children and takes reasonable action to avoid video surveillance of children, and where possible does not show images of children in reports and recordings.
- Where possible, reports and recordings are redacted or censored to minimise the likelihood of other individuals being identifiable.

- Communication is not undertaken with other individuals in a way that may reveal (directly or indirectly) that surveillance is in place.
- Recordings and any other materials collected are securely stored.

Once the information is obtained, if Trinity wish to use the information as part of the claims process, the case manager will disclose the information we have obtained to the worker, and if deemed appropriate, the treating parties prior to relying upon it for any decision making.

We will not provide misleading information to a worker about whether surveillance is in place and if material obtained is sent to a third party they are informed of their confidentiality and privacy obligations.

If the information obtained provides reason to believe that there is fraudulent activity, Trinity will refer this to our fraud department.

5.17 MEDICARE PAYMENTS

Where there is a settlement on a worker's claim that amounts to \$5,000 or where there is retrospective entitlement to compensation, Trinity will request a notice of past benefits/notice of charge (NOC) from Medicare.

In the circumstances that this is obtained, and the worker completes the appropriate documentation the amount in the NOC will be reimbursed to Medicare. Where we do not have a valid NOC and supporting documents from the worker, 10% will be deducted from their settlement amount and paid to Medicare.

Once the further paperwork is received from the worker or Medicare, Trinity will reimburse the worker the appropriate amounts.

5.18 CENTRELINK CLEARANCE

When there is a settlement on a worker's claim that involves weekly payments of compensation, commutation or common law entitlements we will request a Centrelink clearance prior to making any payments for settlement. We will also request Centrelink clearance following reconsideration of a worker's entitlements, for example acceptance of a claim requiring outstanding amounts to be paid to a worker or with late lodgement claims.

The request will be made to Centrelink within 5 days of the relevant event, agreement/determination and the amount of charge owed to Centrelink is deducted from the worker's entitlement.

5.19 DEATH CLAIMS

Death claims can be some of the most challenging claims to determine and manage, requiring a case manager to be both proactive and sensitive in their case management approach.

Our focus at Trinity is to make fair, evidence-based and timely decisions. We will interact respectfully and empathetically with family members, the employers and any other person(s) impacted by the death. Trinity also

offer our employers immediate access to onsite mental health / crisis support to assist them through this difficult time. When we become aware of the death of a worker that may be work related, investigations will commence within 5 working days of the notification to ascertain the circumstances and whether it could be 'work related.'

In determining a claim, evidence is required to establish:

- The cause of death.
- The relationship between death and employment.

Either the worker's family, their legal representative or another appropriate party will be contacted to advise them of our role and the claims management process.

Liability decisions will be made where possible within 21 days of being notified of the death, unless it is not reasonable due to a lack of necessary information. Where there is a delay, all parties will be updated. Documents that assist us determine liability can include:

- Death certificate.
- Postmortem / autopsy results and coroner's reports.
- Accident reports and police reports.
- Information from the employer and any witnesses.
- Any factual investigation or expert reports (which we will procure).
- Treating medical records.
- Ambulance reports and hospital admission records.

For death claims, the concept of dependency is relevant for two separate entitlements:

1. Lump sum death benefit.
2. Weekly compensation payable to dependent children.

A dependant may include a person who had a reasonable expectation of support or financial assistance from the deceased either at that time or in the future.

There are age limits for dependent children to be eligible to receive weekly payments of compensation. Weekly payments of compensation will commence once liability is determined to all dependent children under the age of 16 or if they are full-time students and under the age of 21.

Our approach is to identify all dependants as soon as possible. Where there is more than one dependant, each dependant will be contacted to advise them that they are eligible to make a claim by lodging an application in the PIC or they can seek advice from IRO.

It is usually the case that we will need to commence proceedings in PIC to seek orders for dependency, payment and/or apportionment. Where there are no dependants, the lump sum will be paid to the deceased worker's legal personal representative.

6 RETURN TO WORK PRACTICES AND PLANNING PATHWAYS

6.1 SIRA CERTIFICATE OF CAPACITY

The SIRA certificate of capacity is the regulated tool completed by the nominated treating doctor to convey information such as the diagnosis of the injury, proposed treatment, recommendations and the worker's capacity to work.

The certificate of capacity has been developed to provide a focus on what the worker can do, rather than what they cannot do. The information contained in this document will provide the employer or workplace rehabilitation provider with guidance when it comes to identifying suitable work options for the worker to assist with their recovery at work / return to work.

- The certificate of capacity will outline capacity defined as one of the following:
- Capacity for pre-injury duties – the worker is physically and psychologically capable of performing all aspects of their pre-injury role.
- Capacity for some type of employment - the worker is capable of performing work which is within the capacity outlined in the certificate of capacity. It may mean the worker is able to perform all elements of their pre-injury role, but on reduced hours, or able to perform some, but not all aspects of their pre-injury role.
- No current work capacity – the worker is unable to work at this time.

6.2 ESTABLISHING RETURN TO WORK GOALS

Trinity prefers a collaborative approach, and to work with workers, employers and their treatment teams in order to understand and establish the appropriate return to work goal in order to support recovery and return to work planning.

The goal of returning the worker to the same job at the time of injury is preferable. However, dependent on the diagnosis of the injury or the nature of the work, this may not always be possible. The initial goal is established and agreed to by all stakeholders once the nominated treating doctor has provided a diagnosis of the injury and a prediction of the prognosis. This goal may change in line with the ongoing needs and capacity of the worker.

Where it is established that the return-to-work goal is with a new employer, we will work with relevant parties to identify suitable employment goals and support workers to achieve a timely and safe commencement of suitable employment through appropriate, tailored services such as workplace rehabilitation.

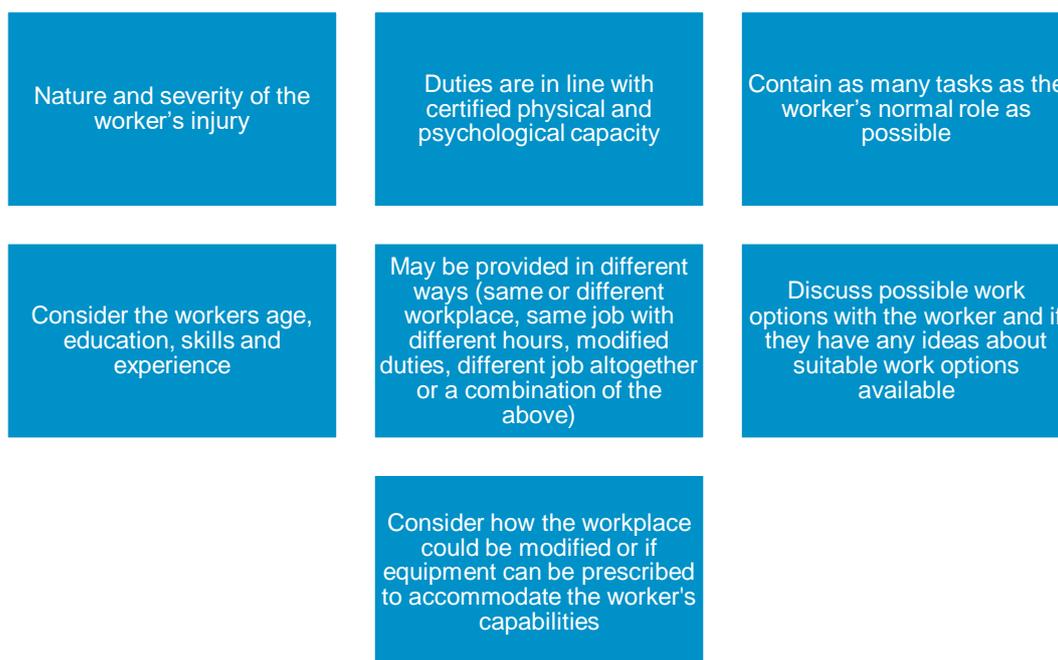
6.3 IDENTIFICATION OF SUITABLE WORK AND /OR SUITABLE EMPLOYMENT

When a worker sustains an injury and they are unable to complete their pre-injury role to their pre-injury capabilities, the employer is required to provide suitable work, so far as it is reasonably practical under Section 49 of the WIMWCA 1998 which is the same as or similar to the worker's pre-injury role.

Suitable work enables the worker to remain active and recover at work. The employer is not required to provide suitable work if the worker voluntarily resigns, or the employer terminates the worker’s employment.

Employers can have a positive impact on health and well-being by ensuring a positive workplace safety culture and accommodating workers recovering from injuries to remain in the workplace where possible.

The following factors should be considered when the employer is identifying suitable work or suitable employment options within the workplace:



A structured and graduated return to work plan will support recovery, a sense of job security and workforce motivation, as well as presenting a clear demonstration of the employer’s support for their workers.

If the employer is experiencing difficulties in identifying suitable work options within the workplace, the employer must contact Trinity as soon as possible for assistance.

6.4 DEVELOPING THE RETURN TO WORK PLAN

The RTW plan is a formal document individualised for the worker which explains the RTW goal, capacity for work and lists the duties in the workplace that the worker has the certified capacity to perform. Employers have a legislative responsibility to facilitate development of an appropriate RTW plan. Our case managers will support the employer in RTW planning through discussing the provision of suitable work to confirm duties provided are in accordance with Section 32A of the WCA 1987 and ensuring the RTW plan is appropriate.

A RTW plan example template can be found on our website, other key points found in this document include:

- Modifications made to the workplace or equipment prescribed to enable return to work.
- Other terms and conditions – workplace support/breaks.
- Work hours and days.
- Often includes a staged progression where duties or work hours are upgraded at regular intervals as the worker recovers to tolerate full duties.
- Type and frequency of treatment to be undertaken.

The worker, their supervisor and nominated treating doctor must all agree with the RTW plan. The RTW plan will need to be updated regularly so that it complies with conditions or changes in capacity outlined in the most recent certificate of capacity.

6.5 MANAGEMENT AND SUPPORT FOR WORKERS WHO ARE JOB SEEKING

Where it has been determined that the worker does not have the capacity to return to pre-injury duties and the employer cannot offer suitable employment, the worker will be required to seek suitable employment with a new employer. In this situation, Trinity will provide the worker with targeted and specific support in job seeking and redeployment.

When it is identified that the employer is unable to provide suitable employment the following is undertaken:

- Support to the worker to identify and obtain ongoing suitable employment.
- Regular follow-up of job seeking evidence is obtained, to continue entitlements to weekly payments of compensation.
- Where there are changes to the actions or service provisions, the IMP is updated and re-issued to the key parties.
- Worker is reminded of their obligations under Section 48 and 48A of the WIMWCA 1998.

The ability to effectively manage the participation of workers in job seeking programs is positively influenced by proactive case management and decision-making to identify potential sources of suitable employment. This also includes engaging an appropriate workplace rehabilitation provider or service provider to undertake targeted return to work services and ensure that a worker has the skills and knowledge to effectively job seek and obtain durable employment in a timely manner.

Key activities that will be reviewed to support a worker include:

- Referral to an accredited workplace rehabilitation provider or service provider.
- Review of the need for vocational assessment.
- Agreement to new suitable employment options (including medical agreement).
- Job seeking skills training.
- Where required, utilisation of SIRA's vocational programs in accordance with Section 53 of the WIMWCA 1998.
- As a specialised insurer, Trinity may approve applications for funding costs that are less than \$2000. Any amount that exceeds \$2000 will need to be approved by SIRA.

6.5.1 RETURN TO WORK ASSISTANCE WITH A WORKPLACE REHABILITATION PROVIDERS AND SERVICE PROVIDERS

There are times when specialist support and services may be required to assist with a worker and employer to return to work. Trinity has service level agreements with a panel of local and national workplace rehabilitation providers and specialist service providers to assist with this task.

Workplace rehabilitation providers are usually allied health professionals such as occupational therapists, physiotherapists or rehabilitation counsellors with expertise in occupational rehabilitation. They are engaged to assist employers to identify suitable employment and provide guidance on the development and management of RTW plans. When workplace rehabilitation is identified as a suitable avenue for a worker and employer, the case manager will discuss this strategy with the employer and worker. In some circumstances, a workplace rehabilitation provider will be engaged without the employer's consent, as it is within the worker's entitlements to request workplace rehabilitation assistance, and if supported by the nominated treating doctor may be deemed appropriate. Case managers make referrals to workplace rehabilitation provider panel members, except in cases where the employer or worker chooses to nominate their own preferred provider.

The workplace rehabilitation provider and case manager will identify and implement targeted and tailored rehabilitation solutions to assess, gain agreement to and obtain suitable employment goals. These solutions, where appropriate, will include utilisation of the SIRA vocational programs.

There may also be circumstances where the case manager will refer to a workplace rehabilitation provider for a discrete service in order to support the progression of the claim. For instance, a referral may be made for a Labour Market Analysis if a worker obtains alternate employment, and we want to ensure that the new role constitutes suitable employment. When making this referral, the case manager is not required to consult with the worker and employer.

6.6 CASE CONFERENCES

Trinity encourages transparent and collaborative communication between the worker, employer, nominated treating doctor and any other relevant stakeholder to support effective injury management and timely return work. One way that the case manager encourages this and creates these relationships is by participating in case conferences with the worker, the nominated treating doctor, the employer and/or workplace rehabilitation provider.

Trinity acknowledges that the case conference is separate to the worker's scheduled medical review with the nominated treating doctor. It is a meeting where the case manager will participate either face-to-face or over the phone to set goals, ensure roles and responsibilities are understood and to agree on timeframes for recovery/return to work.

Prior to the case conference the case manager will:

- Advise the worker they would like to book a case conference and the reasons for the meeting.
- Create an agenda for the case conference and send it to all parties involved.
- Ensure the case conference is scheduled at a separate time to the worker's consultation with the nominated treating doctor.

If there is an impromptu case conference held with a nominated treating doctor, worker and any relevant stakeholders then it is not expected that an agenda is created and sent to all parties if impacted by time shortage.

This is to apply in instances where nominated treating doctor or worker may dial case manager into the review without prior notice, or all parties are in verbal agreeance of the case manager attending the review if it is scheduled with minimal notice, i.e., within the next 48 hours.

6.7 WORK CAPACITY ASSESSMENTS AND DECISIONS

A work capacity assessment is a comprehensive review of all information relevant to a worker's functional, vocational and medical status to determine their ability to work and/or earn in suitable employment.

A work capacity assessment is coordinated by Trinity and may be completed at any point in time throughout the life of a claim. When conducting a work capacity assessment to determine current work capacity, the key first step to a successful decision will always be the determination of what constitutes suitable employment for that worker.

Case managers review suitable employment in line with Section 32A of the WCA 1987. Suitable employment will have been identified during the tailored return to work process.

A work capacity decision is a decision made in accordance with Section 43 (1) of the WCA 1987 on the following:

- The worker's current work capacity.
- What constitutes suitable employment for the specific worker.
- The amount the worker is able to earn in suitable employment.
- The worker's PIAWE amount or current weekly earnings.
- Whether a worker is, as a result of injury, unable without substantial risk of further injury, to engage in employment of a certain kind because of the nature of that employment.
- Any other decision of an insurer that affects a worker's entitlement to weekly payment of compensation, including a decision to suspend, discontinue or reduce the amount of the weekly payment of compensation payable to a worker.

A work capacity decision is a discrete decision that can be made at any point in time. At a minimum, a work capacity assessment is conducted during the last 52 weeks of the second entitlement period (between 78 and 130 weeks of weekly payments).

Should the worker have an ongoing entitlement to weekly payments beyond 130 weeks, further work capacity assessments must be made at least once every 2 years after this point, until such time that:

- The worker's entitlement to weekly payments of compensation ceases.
- They have been assessed with a permanent impairment in excess of 30% whole person impairment (WPI).
- An assessment is pending and has not been made because an approved medical specialist has declined to make an assessment on the basis that maximum medical improvement has not been reached and the permanent impairment is not fully ascertainable.

A work capacity assessment is not required for highest needs workers (those with WPI greater than 30%) unless the worker requests it.

When making a work capacity decision our case managers will:

- Consider a range of information including:
 - Certificates of capacity.
 - Reports from the medical and treatment providers.
 - Independent medical reports.
 - Injury management consultant reports.
 - The worker's self-report of their abilities and any other information they supply.
 - Reports from a workplace rehabilitation provider (e.g., workplace assessment reports, return to work plans, or functional capacity evaluations, job descriptions, vocational assessment reports, work trial documents, job-seeking logs, activities of daily living assessments etc).
 - Information from the employer such as the return-to-work plan.
- Ensure that all reasonable opportunities to maximise the worker's capacity for work have been provided.
- Evaluate all available and relevant evidence and follow a robust and transparent decision-making process.
- Ensure we provide clear and concise information to the worker giving reasons for the decision.
- Provide opportunity for the worker to contribute, especially if the decision may result in reduction or discontinuation of their weekly payments of compensation.
- Ensure decision makers have the appropriate expertise, ability, and support to make decisions.

Work capacity decisions to reduce or cease weekly payments of compensation are communicated to the worker in a section 78 notice and in accordance with the SIRA Workers Compensation Guidelines:

- The information provided to the worker is appropriate to the worker's circumstances.
- Notice is given via telephone conversation and then either in person or via post or email.
- If the notice is sent via post, 7 days postage allowance is made for delivery of documents before commencing notice periods.

6.8 CHANGES IN CAPACITY

On receipt of a certificate of capacity indicating a change in the worker's capacity, if the change in capacity is not expected and in line with other information on the worker's claim, our process is to contact the worker, nominated treating doctor and all other relevant medical professionals to investigate the reason for the change and commence a work capacity assessment as soon as practicable upon receipt of a certificate of capacity. If a work capacity decision is required, it will then be made, and the worker advised of the outcome.

6.9 DISPUTE PROCESS FOR WORK CAPACITY DECISIONS

If a worker does not agree with our work capacity decision, they can:

- Request we internally review our decision (optional review).
- Refer the dispute for determination by the PIC.

The notice also includes a statement that they can seek advice or assistance from a union, a lawyer or IRO.

When we receive a request for internal review, an independent and appropriately qualified person will review the claim and respond to the worker within 14 days. Where the decision is maintained, a notice will be issued under Section 287A of the WIMWCA 1998 in writing, containing:

- All relevant information.
- A concise and readily understandable statement of the reason for the decision and of the issues relevant to the decision.
- Identification of any provision of the workers compensation legislation on which we rely in making the decision.

If a dispute about a work capacity decision is lodged with PIC before the work capacity decision notice period expires, a stay will operate to maintain the worker's current weekly payments, while the review is being undertaken.

7 OTHER CLAIMS PROCESSES AND ADMINISTRATION

7.1 DETERMINATION OF PERMANENT IMPAIRMENT

Permanent impairment involves an assessment of the degree of permanent impairment, also known as WPI, that has arisen from the work-related injury. When a worker has reached maximum medical improvement, they may be assessed by a qualified medical specialist who utilises clinical assessment as well as SIRA and American Medical Association's (AMA) Guides to evaluate the permanent impairment. This impairment is calculated as a percentage loss and equates to a monetary figure.

Workers are eligible to claim for lump sum compensation if:

- The permanent impairment for a physical injury converts to greater than 10%.
- The permanent impairment for a primary psychological injury converts to at least 15%.

Where an assessment of permanent impairment has been received, it will be reviewed by the appropriate person to ensure the assessment is in accordance with the SIRA Workers Compensation Guidelines.

When a claim is received, Trinity consider managing in-house or will refer to our external legal representatives. The claim will be acknowledged within 10 working days and consider if it is consistent with the available medical information on file and that it complies with the Permanent Impairment Guidelines. When it is considered that the assessment is not in accordance with the Guidelines:

- Acknowledge the claim within 14 days of the receipt of the claim, and
- Organise an independent medical assessment.

The claim for lump sum compensation will be determined within the latter of the following timeframes:

- One month of the permanent impairment being fully ascertainable; or
- Two months after all relevant particulars have been supplied.

Upon receipt of the medical report from the independent assessor, Trinity / Trinity's legal representative will assess next steps. This can include, accepting the permanent impairment claim, making a counter offer or issuing a dispute. Where a claim for lump sum compensation has been accepted, an offer will be made in line with the requirements outlined in the SIRA Workers Compensation Guidelines. Where an offer has been accepted, on receipt of a Complying Agreement and the required documents outlined in the SIRA Workers Compensation Guidelines, the worker will be paid their entitlement.

If the permanent impairment claim cannot be resolved, the worker or their legal representatives can apply to the PIC for an assessment by a Medical Assessor, who will issue a Medical Assessment Certificate (MAC). A MAC issued by the Medical Assessor is binding, however either party can make an application for a Medical Appeal Panel to examine the worker, if they can show there is an error at law.

7.2 COMMON LAW CLAIMS AND WORK INJURY DAMAGES

In circumstances where a worker is injured and the employer is negligent, the worker may have a right to claim work injury damages (WID) also known as 'common law'.

A WID claim is limited to compensation for damages in relation to past economic loss due to loss of earnings and future economic loss due to the loss or impairment of earning capacity as a result of the work injury only.

Unlike workers' compensation rights that arise by virtue of statute, the right to sue for damages, derives from a common law right to be compensated for the injury suffered, due to negligence for breach by an employer, of the duty of care owed to the employee.

A worker may have a right to claim WID where:

- Their injury has resulted from the employer's negligence, and
- Their injury has resulted in a degree of permanent impairment of at least 15 % WPI (or the worker has passed away as a result of the workplace injury).

Section 151D of the WCA 1987 requires the worker to commence WID proceedings within three years of the date of the injury (or with the leave of the court). A WID claim cannot be made unless a claim for PI compensation is made before or at the same time as the claim for damages, and permanent impairment compensation needs to be paid to the worker before a claim for WID can be finalised.

To make a claim for WID, a worker, through their legal representatives, will submit the claim via a Section 282 Notice which enables Trinity to assess the claim. Trinity then has 14 days to respond to this claim.

Once a formal claim has been made, Trinity will instruct external legal representatives to act on our behalf. If the claim is unable to be resolved, a pre-filing statement (PFS) is then issued by the worker's legal representative with the draft statement of claim. Trinity's legal representative must respond, within 42 days by either accepting or denying liability. All evidence that the parties seek to rely upon must be submitted at the pre-filing stage.

Trinity will instruct our solicitors to serve a pre-filing defence (PFD) setting out particulars of the defence and the evidence relied on.

Where an Application for Mediation is received, a response to an application for mediation will be made within 21 days which will indicate whether Trinity will participate in the mediation. If the matter progresses to a mediation and is unable to settle, a Certificate of Mediation listing both party's final offers will be issued.

Where a settlement agreement has been reached between the parties, settlement documents will record the terms of the settlement including:

- The amount.
- Whether inclusive of worker's legal costs.
- Whether clear of all previous weekly payments.
- Subject to any Medicare or Centrelink clearances.
- Date weekly payments of compensation will cease.
- Any requirements around previously incurred section 60 expenses.
- Whether the terms of the settlement can be disclosed.

Trinity utilise internal legal specialists to manage and oversee all litigation activity. The case manager retains primary responsibility for management of the claim, and in particular the injury management obligations and stakeholder engagement.

The single most effective way to reduce the size of a WID claim is to maximise a worker's capacity, their capacity to work and earn in suitable employment and/or to secure a sustainable return to work.

If a claim settles by WID:

- They cease to be entitled to ongoing workers compensation benefits, which includes the payment of ongoing medical treatment expenses.
- There may be a preclusion period applied by Centrelink, and this is a matter for the worker to discuss with their legal provider and Centrelink.

7.3 COMMUTATION

A commutation is an agreement made between the worker, employer and Trinity that the worker's entitlement to benefits under the workers compensation Acts is finalised through a lump sum payment.

Workers and employers are under no obligation to enter into a commutation agreement.

SIRA provide guidance on the preconditions for a commutation, the process, and the role of the PIC, and this is clearly set out in Section 87EA of the WCA 1987.

If a case manager believes that a worker would benefit from commutation they discuss this approach with their team leader and proceed to work with the internal legal team in negotiating the commutation with the worker and their legal representative.

Commutation negotiations commence via discussion between the relevant parties to reach an agreement on the amount, and this then requires certification by SIRA and registration of the agreement in the PIC.

Once the commutation is registered, we are required to pay the agreed amount within seven days of the registration, or by the period specified in the agreement.

Payment of a commutation may result in a Centrelink preclusion period, and this is a matter for the worker to discuss with their legal provider and Centrelink.

7.4 RECOVERIES

There are several avenues that Trinity may be able to initiate recoveries for and is responsible for investigating once identified, these include:

- Third party recoveries.
- Overpayments.
- Late reporting excess (detailed in 4.2.3 Late reporting of injury of this Injury Management Program).

Third party recoveries

Section 151Z of the WCA 1987 allows for an employer to recover all or some of the compensation which it pays in relation to workers compensation benefits if they can establish negligence/fault on behalf of another party.

Early screening of new claims is key to identify potential recovery and this also allows us to collect evidence around the circumstances of the accident and parties involved.

Some common scenarios for recovery action include:

- Injury as a result of a motor vehicle accident.
- Worker injured while on third-party premises (e.g., labour hire or multi-party worksites such as those at a construction site).
- Slips, trips and falls e.g., while on an authorised break away from workplace
- Assaults (in very limited circumstances).

Trinity will review all new claims within 15 working days of receipt for potential recoveries. When recovery potential is identified, the case manager works with our legal team to put in place strategies to advance the claim. We commence action for recovery directly against the third-party and may seek legal representation to maximise recovery potential.

A recovery can be included in a claim's estimate when the other party has admitted liability, or where the potential recovery is:

- Clearly apparent.
- Sustainable by law.
- Soundly anticipated.
- Verified by a suitably qualified person.

Section 151Z(1)(b) of the WCA 1987 states that if a worker recovers workers compensation and then later receives damages:

- They must repay out of the damages the compensation received via workers compensation.
- They are not entitled to any further entitlements under workers compensation.

This would bring an end to their workers compensation rights and allow the claim to be closed.

7.5 CLOSING A CLAIM

Finalisation of a claim will occur when the injury is no longer impacting a worker's ability to participate in suitable employment and no further treatment is being undertaken. This may include:

- A return to work to pre-injury duties.
- A return to appropriate suitable employment with no wage loss.
- Retirement or withdrawal of claim.
- Commutation, work injury damages or common law settlement.
- Settlement of a claim for the same injury by another party (e.g. an occupier, motor vehicle insurer).
- Declinature of ongoing liability (3 months after the last weekly payment 'paid to' date, with no indication of the Worker disputing our decision).

Prior to closing the claim all stakeholders will be advised of the intention to close the claim, including the reasons for doing so, to provide opportunity for any outstanding invoices or reimbursements to be paid.

7.6 CLAIM REOPENING

A claim can be re-opened after it was closed for the following reasons:

- Recurrence of original injury.
- Claims administration.
- Further payments or recoveries.
- Claim is litigated.

Where requests are received to re-open or reactivate claims that have been previously closed, we will gather and assess the required information to determine whether re-open is appropriate. This includes determining a worker's entitlement to further benefits in accordance with the legislation, as well as ensuring a clear liability decision is made and communicated appropriately to relevant stakeholders on the claim. When further benefits are deemed payable, the claim is either then paid and reclosed or sent to the appropriate claims segment for ongoing management.

If we are required to re-open a claim for any reason other than administration purposes, we will notify the employer within 7 days of re-opening the claim. A liability decision for any additional compensation benefits will be determined within 21 days of receiving the request to re-open the claim and the worker and employer will be notified of our decision within 2 working days of the decision.

7.7 CLAIM HANDOVER

Where a case handover to a new case manager is required, we have a structured approach to ensure a smooth transition from one case manager to the next appropriate case manager for all stakeholders.

The case manager will complete a review of the history of the claim and discuss the onward claim strategy with the new case manager. The existing case manager will notify all stakeholders that the claim will be transferring, and the receiving case manager will then contact the relevant stakeholders to establish working relationships. Team leaders monitor this process to ensure that stakeholder communication is completed and the overall customer service experience and claims progress is not interrupted by this change.

8 MANAGEMENT OF THE SUPPLIER RELATIONSHIP WITH TRINITY INSURANCE

In our quest of helping people to get their lives back, we are often required to rely on our third-party service providers to provide specialist services. Some of these service providers include WPRs, medical providers, legal providers and investigators. Effective and efficient provider relationships are vital to our success.

We have developed service level agreements in consultation with providers on our panel. The agreement documents service standards include timeliness of service delivery, quality of reporting and communication expectations. All service level agreements include a dispute resolution process which details the escalation process for disputes to the appropriate specialist. If a new client has their own panel of providers, we will work with these providers (across all segments – medical, rehabilitation, legal and investigations) to establish them as part of our provider panels.

Trinity monitors provider performance through regular reviews and general feedback from stakeholders and case managers. Performance is reviewed against the agreed service standards in the service level commitment. Where gaps in performance are identified, we will develop and implement an action plan to address these. Where trends are identified (for example increased costs by a particular provider), we will consult the provider to clarify reasons for these.

Trinity also supports the use of employer nominated service providers, if specifically requested, however superior outcomes need to be demonstrated, otherwise the use of providers on our panel will be discussed with the relevant employer for their use.

Our panel selection process is as follows:

- Establish a need for their service.
- Expression of interest.
- Trial process.
- Provider awareness of the desired outcome of the referrer.
- Referrals and remuneration tied to outcomes.
- Feedback.

8.1 WORKERS' RIGHTS TO CHOOSE THEIR PROVIDER

Trinity acknowledges that the worker has the right to choose their own medical and workplace rehabilitation provider. Trinity is committed to working with all service providers to facilitate a durable return to work outcome for every worker.

Should there be a dispute or dissatisfaction with the choice of workplace rehabilitation provider, Trinity facilitates full discussion with all parties to determine the cause and remedial action.

8.2 PAYMENT OF THIRD-PARTY SERVICE PROVIDERS

Trinity will pay all third-party service provider invoices, as soon as possible but within 10 working days of receiving an invoice with all required information, for approved treatment or within a provider's terms, whichever is the later. Trinity will provide feedback and request clarification of invoices that do not provide adequate detail within 10 working days from receipt of the invoice.

8.3 PAYMENT OF WORKER REIMBURSEMENT

Trinity will pay all worker reimbursements that do not require pre-approval or services for which pre-approval has been given, as soon as possible but within 10 working days of receiving the claim for reimbursement with all required information. Trinity will provide feedback and request clarification of reimbursement requests where insufficient information has been provided, within 10 working days of receipt of the claim for reimbursement.

9 MANAGEMENT OF COMPLAINTS AND COMPLIMENTS

9.1 OUR COMMITMENT

Trinity has a team of dedicated and experienced professionals who are trained to provide advice and guidance for employers, workers and other customers. Any concern or dissatisfaction about a process or service provided should be reported to us, because we are committed to getting things right.

9.2 HOW TO LODGE A CONCERN OR COMPLAINT

Your dedicated case manager, underwriter, or account manager is the first point of contact for all enquiries, concerns or complaints. If the initial response is not satisfactory, we encourage further formal contact using one of the following options:

- **Email:** info@trinityinsurance.au
- **Telephone:** (02) 8251 9100
- **Mail:** Feedback Officer c/- Trinity Insurance GPO Box 4143, SYDNEY NSW 2001
- **Internet:** www.trinityinsurance.au. Click on 'Contact Us'

9.3 WHAT WILL DO WHEN WE RECEIVE A COMPLAINT

We will acknowledge the complaint in writing, within 2 working days of receipt of the complaint. We will also provide the name and contact details of the person managing the complaint.

9.4 HOW WE RESOLVE COMPLAINTS

By phone: We are committed to contact via telephone. One of our feedback managers will take responsibility to resolve the concern.

By email or letter: All complaints received in writing will be followed up with an email or letter; this will confirm that the concern or complaint has been satisfactorily resolved. The email or letter will be sent by the team member responsible for assisting in the resolution of the complaint.

9.5 TIMEFRAMES TO RESOLVE COMPLAINTS

We are committed to making contact within 2 working days on receipt of the complaint to acknowledge and establish a timeframe for resolution. Wherever possible we will aim to satisfactorily resolve a complaint within 10 working days where practicable.

If additional information or time is required due to the nature of the complaint, we will immediately advise the reason as to why it is taking longer and ensure an alternate date is provided by which a resolution can reasonably be expected, and we will provide updates as required.

9.6 HOW WILL WE ASSESS A COMPLAINT?

We will ensure that the complaint is managed:

- Professionally and with a sense of urgency
- In a timely and efficient manner
- Within legal and legislative parameters; and
- Based on sound and objective decision making.

9.7 UNRESOLVED COMPLAINTS

If a complaint cannot be resolved with us the matter can be referred to the following industry bodies who can help:

SIRA

SIRA manages escalated complaints about service if the complaint cannot be resolved with us. The Customer Service Centre contact details are:

Telephone: 13 10 50

Email: contact@sira.nsw.gov.au

Independent Review Office (IRO)

IRO provides an independent complaints solution service for Workers who are unhappy with a decision we make. IRO also provides funding for legal advice. IRO contact details are:

Telephone: 13 94 76

Website: www.iro.nsw.gov.au

Personal Injury Commission (PIC)

The PIC is an escalation option for workers compensation disputes involving liability, work capacity decisions, medical and work injury management. The PIC contact details are:

Telephone: 1300 742 679.

Website: www.pi.nsw.gov.au

New South Wales Ombudsman

Telephone: 02 9286 1000

Toll Free (outside Sydney metro) 1800 451 524

Web: www.ombo.nsw.gov.au

Email: nswombo@ombo.nsw.gov.au

Fax: 02 9283 2911

10 DISPUTE RESOLUTION

Trinity's dispute resolution process is in line with SIRA guidelines. If there is any decision made on a claim and notice required, the worker will be advised formally, in writing. The worker is given the opportunity to provide additional information or evidence; or to request for Trinity to reconsider the decision.

An internal review application form is provided with the written notice, and we encourage the worker to complete this form and return to us with any additional information to be considered. We will complete an internal review within 14 days of receipt.

The worker does also have the right to seek review by any of the following independent options:

Legal/Union Assistance

Seek advice / assistance from your trade union organisation or from a lawyer, however we note that workers are responsible for their own legal costs.

Independent Review Office (IRO)

Seek independent advice from the **Independent Review Office (IRO)**. The IRO has also established the Independent Legal Assistance and Review Service (ILARS). ILARS can facilitate access to free independent legal advice to in circumstances where there is a disagreement regarding entitlements. For more information call IRO on 13 94 76 or visit their website at www.iro.nsw.gov.au.

Personal Injury Commission (PIC)

If a worker does not wish to seek an internal review with Trinity or are not satisfied with the decision after a review, they can lodge an application to resolve the dispute with the **Personal Injury Commission (PIC)**. The PIC can assist with the resolution of disputes between workers, employers and/or insurers, including matters regarding work capacity decisions, permanent impairment, medical disputes, liability disputes, injury management disputes and premium disputes. Matters that may be referred to PIC are limited to matters specified in a dispute notice and they may not allow introduction of any information. If a worker does not wish to seek an internal review with Trinity or are not satisfied with the decision after a review, they can lodge an application to resolve the dispute with the **Personal Injury Commission (PIC)**. The PIC can assist with the resolution of disputes between workers, employers and/or insurers, including matters regarding work capacity decisions, permanent impairment, medical disputes, liability disputes, injury management disputes and premium disputes. Matters that may be referred to PIC are limited to matters specified in a dispute notice and they may not allow introduction of any information not previously notified in the dispute. A dispute can be referred by lodging an application to Resolve a Dispute form to the Registrar of PIC located at Level 20, 1 Oxford Street, Darlinghurst NSW 2010. The email address of is help@pi.nsw.gov.au. More information is available on the website www.pi.nsw.gov.au or by calling 1300 742 679.

Information on dispute resolution can also be found on the SIRA website [at https://www.sira.nsw.gov.au/disputes-and-complaints/workers-compensation-disputes](https://www.sira.nsw.gov.au/disputes-and-complaints/workers-compensation-disputes). Employers, insurers or providers (e.g. health provider) can seek advice / assistance from the regulator by contacting SIRA's Customer Service Centre on 13 10 50.

10.1 LEGAL PROCEEDINGS

In the event of litigation, if the situation warrants, we will obtain legal advice from our nominated solicitors or respond independently. Trinity will discuss recommendations made with the employer and provide reasoning regarding action to be taken. Trinity retain the right to make the final decision regarding litigation and claim settlements.

Where the matters are subject to PIC proceedings, Trinity will ensure that the person/s with the knowledge of the claim with the appropriate authority to make decisions or communicate instructions will do this by attending the proceedings.

11 FRAUD

Trinity has a zero tolerance to fraud and is committed to minimising the likelihood of fraud occurring.

Staff attend regular information and training sessions on fraud awareness. We have a central fraud team with trained investigators who manage the investigation of internal fraud allegations and facilitate the investigation of scheme related fraud. All allegations of fraud will be investigated and, where substantiated, the cases will be pursued thoroughly and reported to the appropriate authorities.

12 PRIVACY AND CONFIDENTIALITY

In the course of claims management, Trinity will handle confidential information about a worker in accordance with the Privacy Act 1988, the Health Records and Information Privacy Act 2002 (NSW) and the workers compensation legislation – WCA 1987 and WIMWCA 1998. Personal and health information relevant to the management of the claim will only be shared with relevant parties after the worker has provided written consent to authorise the release of such confidential and sensitive information.

Furthermore, storage and use of personal and private information is critical and part of the underlying structure and culture at Trinity to ensure that the interests of all customers are respected and protected.

12.1 WORKER CONSENT

The confidentiality of a worker's personal and health information will always be respected and managed in accordance with their consent. This will occur before releasing or requesting personal or health information from a third party.

Workers will be advised of their rights and responsibilities, including their right to modify or withdraw their consent at any time. We will also advise them of the type of information to be released or used, and who is authorised to release, obtain or use the information.

12.2 THE PRIVACY ACT

Trinity is bound by the Privacy Act 1988 and Australian Privacy Principles which govern the collection and handling of personal and sensitive information to ensure that organisations clearly outline what type of information they hold, the reasons this information is held, the way in which it is used and in what circumstances it is disclosed.

In addition to the provision of the Privacy Act, we are also bound by the relevant workers compensation legislation, regulation and guidelines in the collection, use and disclosure of information relating to workers' compensation claims.

Trinity respects the worker's right to privacy and values the trust placed in us to handle personal and sensitive information. Maintaining the privacy of all personal and sensitive information entrusted to us is paramount.

We only collect information that we require to provide a service to a worker. For the purposes of workers compensation premium and claims management services, generally we keep a record of:

- Basic identity information such as name, address, employer details and information concerning employment relationship arrangement.
- Sensitive information directly related to a worker's claim.
- Information provided by other service providers collected for the purpose of assessing and managing a workers compensation claim.
- Banking and taxation details.
- Information in connection with policy or claims management.

Usually, we will collect information directly from the worker. If we need to collect personal or sensitive information from third parties, we seek the workers consent to do so, unless we are otherwise permitted by law to make the collection.

- How we use or disclose personal information provided by the worker:
For the purpose of assessing and managing Workers' compensation claims, including determining liability.
- In providing reasonably necessary clinical services (such as medical treatment, rehabilitation, medical investigations, tests or procedures).
- If we are required or authorised by law to do so.

12.3 STAKEHOLDER RIGHTS

Trinity aims to ensure that the personal information we hold is accurate, complete, relevant, up-to-date and not misleading.

If a worker would like to update any personal information that we currently hold in our systems; access their personal information or have concerns about the way that we have managed the information, we encourage the worker to contact their case manager. Alternatively, they can contact the Trinity Group Privacy Officer via email: info@trinityinsurance.au.

For further information, the Trinity Insurance Privacy Statement's and the Trinity Insurance Privacy Policy are available on request via our website. We have a dedicated Privacy Officer to champion privacy and help ensure compliance with legislation.

13 QUALITY ASSURANCE

Quality assurance is the responsibility of every staff member and is achieved through incorporating the following concepts into key policies and procedures:

Delegation	Provide people with the opportunity to take responsibility in line with their experience and skills.
Review	A formal review process links the manager to their ongoing responsibility for outcomes.
Feedback	A system of continuous improvement requires feeding back lessons learnt to improve practices.
Measures	What gets measured gets managed.

The Injury Management Program is reviewed annually to ensure any legislative or procedural changes are properly reflected.

13.1 AUTHORISATION FRAMEWORK

The Trinity Insurance Authorisation Framework details the authorisation limit and review process for key case management activities including liability, payments, referral to external providers, surgery, disputes, and workplace rehabilitation cost approvals.

This process ensures appropriate control of the decision-making process. Having experienced staff review critical actions and decisions assists to ensure all decisions made are soundly based and in accordance with regulatory and internal requirements.

The authorisation process also provides the opportunity for the reviewer to provide feedback and coaching to the case manager regarding their decision making to assist in their ongoing development.

13.2 REGULAR MONITORING REPORTS

Trinity has a task manager application which provides every case manager with their required case management activities and timeframes. Team leaders have visibility of their team's tasks and any activities that are overdue are escalated to the appropriate team leader. This assists in the management of their team and individual performances as well as ensuring when case managers are absent, relevant timeframes are met by allocation of their tasks to other team members.

Other reports include:

- House-keeping reports – house-keeping reports ensure real-time monitoring and achievement of key result areas.

- Statistical reports - these reports provide information on estimate levels and amounts spent on treatment modalities and rehabilitation. This allows for proactive review to occur on files for management of financial impacts of cases.

13.3 INTERNAL AUDIT

Trinity completes two main types of audits:

A self-audit is conducted annually using the SIRA audit tool and Insurer Claims Management Audit Manual. Once the results of the audits are received, a plan for any improvement measures is developed.

Monthly audits are conducted by the claims team. The results of the audits are collated and sent to the team leaders and individual feedback provided to case managers to ensure continued learning and appropriate application of the legislation and guidelines.

14 REFERENCES

- The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of The Royal Australasian College of Physicians (RACP) Consensus Statement 'The Health Benefits of Work'.
- SIRA Workers Compensation Guidelines.
- SIRA Standards of Practice.
- The Workers Compensation Act 1987.
- The Workplace Injury Management and Workers Compensation Act 1998.
- Workers Compensation Amendment Regulation 2019.
- Privacy Act 1988.
- Australasian Faculty of Occupational & Environmental Medicine (2011). Position Statement: Realising the Health Benefits of Work.

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