

# Allocation of a claim

## Triage

∨ Steps to triage a claim

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## Introduction

Assistant Directors (and above) are responsible for allocation and re allocation of claims to Claims Managers and Senior Claims Managers. The allocation of a claim is reviewed when the claim complexity or risk changes. These may both change during the life of the claim, for example because of a proposed change to the claim plan or a complaint.

This page sets out the principles for allocating Comcare-managed claims in Claims Operations teams. The aim is to support recovery to health and return to work by ensuring:

- claims are managed by staff who
  - are appropriately experienced, skilled and trained, with consideration of complexity and risk, and
  - do not have a conflict of interest
- continuity of claims management for the entire claim lifecycle, as far as possible, and
- workloads are appropriate and comparable between staff at the same level and taking account of WHS risks and management.

These principles apply to both initial allocation and any re-allocation of claims for:

- primary decision making and ongoing management
- reconsideration requests
- Administrative Appeals Tribunal (AAT) appeals.

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## Principles to guide allocation

All claims, reconsiderations and appeals are allocated to APS5 level staff or above, considering appropriate workload for the level, role and WHS risks.

Any real, potential or perceived conflict of interest is managed appropriately via the completion of a pre allocation check list.

Claims are assigned according to:

- complexity (medical, legal or other) – claim categorisation is used as a guide for this, with consideration of factors such as diagnosis, injury or disease circumstances, secondary claims
- risk (for employee, employer or Comcare) – types of risk include stakeholder, reputational, legal, financial. For example, there may be links to a WHS investigation or scheme significant issues.

The risk and allocation checklists are used to help assess risk.

## Allocation model

The below table summarises how claims are allocated to different levels, based on complexity and risk. See [Complexity – claims categories](#) and [Risk and allocation checklist](#) for further details. For example, psychological claims that are classified as medium or high risk would be allocated to a Senior Claims Manager for management. A low intensity claim classified as low risk would be allocated to a Claims Manager to manage:.

CATEGORY	Extreme risk	High risk	Medium risk	Low risk
Psychological	Assistant Director	Senior Claims Manager	Senior Claims Manager	Claims Manager
Specialised	Assistant Director	Senior Claims Manager	Senior Claims Manager	Claims Manager
High Intensity	Assistant Director	Senior Claims Manager	Claims Manager	Claims Manager
Low intensity	Assistant Director	Senior Claims Manager	Claims Manager	Claims Manager

## Complexity – claim categories

The below table sets out the defining features of claims in each category to support claim allocation, and sets out the approach and goal for each claim category:

Category	Defining features	Claim approach and goal
<p><b>Psychological</b></p>	<p>All claims, reconsiderations and appeals with primary or secondary nature of injury classified as 'Psychological'.</p>	<p>Claim approach &amp; injury management support specific to psychological injury.</p> <p>Goal is to:</p> <ul style="list-style-type: none"> <li>• return to health and work; or</li> <li>• minimise need for ongoing medical and income replacement support.</li> </ul>
<p><b>Specialised</b></p>	<p>All claims, reconsiderations and appeals flagged as:</p> <ul style="list-style-type: none"> <li>• <b>serious injury</b></li> <li>• <a href="#">catastrophic injury</a>.</li> <li>• death</li> <li>• asbestos-related including ARC Act Claims.</li> </ul> <p>Note: <a href="#">Sensitive</a>, <a href="#">secure</a> and PICS claims are categorised like other claims but are managed by the Specialised Claims Team.</p>	<p>Specialist management approach reflects significant nature of injury.</p> <p>Goal is to:</p> <ul style="list-style-type: none"> <li>• provide treatment, support and assistance with an acceptance of the severity of injury and vulnerability of individual.</li> </ul>

Category	Defining features	Claim approach and goal
<p><b>High Intensity</b></p>	<p>Claims (excluding specialised, psychological and pre-premium) with current <a href="#">NDS work status</a> full or partial incapacity:</p> <ul style="list-style-type: none"> <li>• Graduated return to work - income maintenance <ul style="list-style-type: none"> <li>○ unknown employer</li> <li>○ pre-injury employer</li> <li>○ different employer</li> </ul> </li> <li>• working – capacity unknown</li> <li>• not working – total incapacity – income maintenance</li> <li>• unknown – not recorded.</li> </ul> <p>Claims or reconsiderations involving:</p> <ul style="list-style-type: none"> <li>• any liability decision – incl. secondary, no present liability or cessation</li> <li>• complex injury or disease circumstances</li> <li>• incapacity</li> <li>• permanent Impairment</li> </ul> <p style="padding-left: 40px;">rehabilitation (recon only).</p> <p>AAT appeals unless heard.</p>	<p>Injury requires significant input including injury management and/or rehabilitation and return to work support to address barriers on the claim.</p> <p>Goal is:</p> <ul style="list-style-type: none"> <li>• return employee to health and work; or</li> <li>• minimise need for ongoing medical and income replacement support.</li> </ul>

Category	Defining features	Claim approach and goal
<p><b>Low Intensity</b></p>	<p>Pre-premium claims and claims (excluding specialised and psychological) with current work status of no incapacity:</p> <ul style="list-style-type: none"> <li>• working - no income maintenance: <ul style="list-style-type: none"> <li>○ unknown employer</li> <li>○ pre-injury employer</li> <li>○ different employer</li> </ul> </li> <li>• not working - not in receipt of income maintenance.</li> </ul> <p><b>Claims involving:</b></p> <ul style="list-style-type: none"> <li>• simple injury or disease circumstances, e.g. hearing loss.</li> </ul> <p><b>Reconsiderations involving</b></p> <ul style="list-style-type: none"> <li>• Household assistance &amp; attendant care</li> <li>• Medical treatment – single, allied health or low cost</li> <li>• Aids and appliances</li> </ul> <p>AAT appeals that have been heard with decision reserved.</p>	<p>Claim can be resolved quickly or requires limited support.</p> <p>Goal is:</p> <ul style="list-style-type: none"> <li>• treat injury quickly (if not already treated)</li> <li>• maintain at, or return to work quickly</li> <li>• provide ongoing support to minimise impact of injury on employee.</li> </ul>

## Risk and allocation checklist

All claims management staff have a responsibility to identify and manage risk in accordance with [Comcare's risk management framework](#). Identifying risk requires good judgement. The below checklist is not exhaustive but provides a guide to help identify factors that may present risk in managing the claim – for the employee, the employer or Comcare. If any of these factors exist, consider the following:

- What impact is the issue likely to have (insignificant, minor, moderate, major, severe)?
- How many risk factors exist? (if there is more than one, the level of risk is likely to be higher).
- Does a more experienced or senior person need to manage the claim?
- Who else needs to know or be involved? For example, do you need to seek medical, policy or legal advice, brief the Claims Client Experience team, managers or Executive.?

Factor	Question	Response
Welfare	Is there a welfare risk to the employee?	Yes / No
	Is there a welfare risk to the Claims Management Group staff?	Yes / No
	Is there an unconstructive relationship between the Claims Manager and the employee or employer?	Yes / No

<b>Stakeholders</b>	Is there external dissatisfaction, disagreement, complaint, political or media interest or other reputational issue - or is it likely to arise?	Yes / No
<b>Operational - Medical/ Claim Outcome</b>	Are there factors likely to adversely impact achievement of the claim objective (i.e. return to health and work)?	Yes / No
	Are the claimed circumstances complex or unique?	Yes / No
	Is there a change in capacity? (e.g. medical certificates, medical evidence/report, verbal notification, claim age)	Yes / No
	Is there a change in treatment? (surgery request, medical evidence / report, clinical panel)	Yes / No
	Is Clinical Panel or IME assistance required?	Yes / No
<b>Legal, policy, process</b>	Is legal or policy advice required?	Yes / No
<b>Financial/Scheme Integrity</b>	Does the claim raise issues that might impact the number and / or cost of other claims?	Yes / No
<b>Other</b>	Are there any other factors that present risk for Comcare, the employee or employer?	Yes / No