

# Claim Review Process Guide

## Claim management

- ✓ Claim reviews

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- ✓ Medical treatment and other support

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- ✓ Rehabilitation and return to work

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- ✓ Incapacity calculation and payment

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- ✓ Reimbursement and other payments

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- ✓ Overpayments and recoveries

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- ✓ Work related death

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- ✓ New or changed conditions

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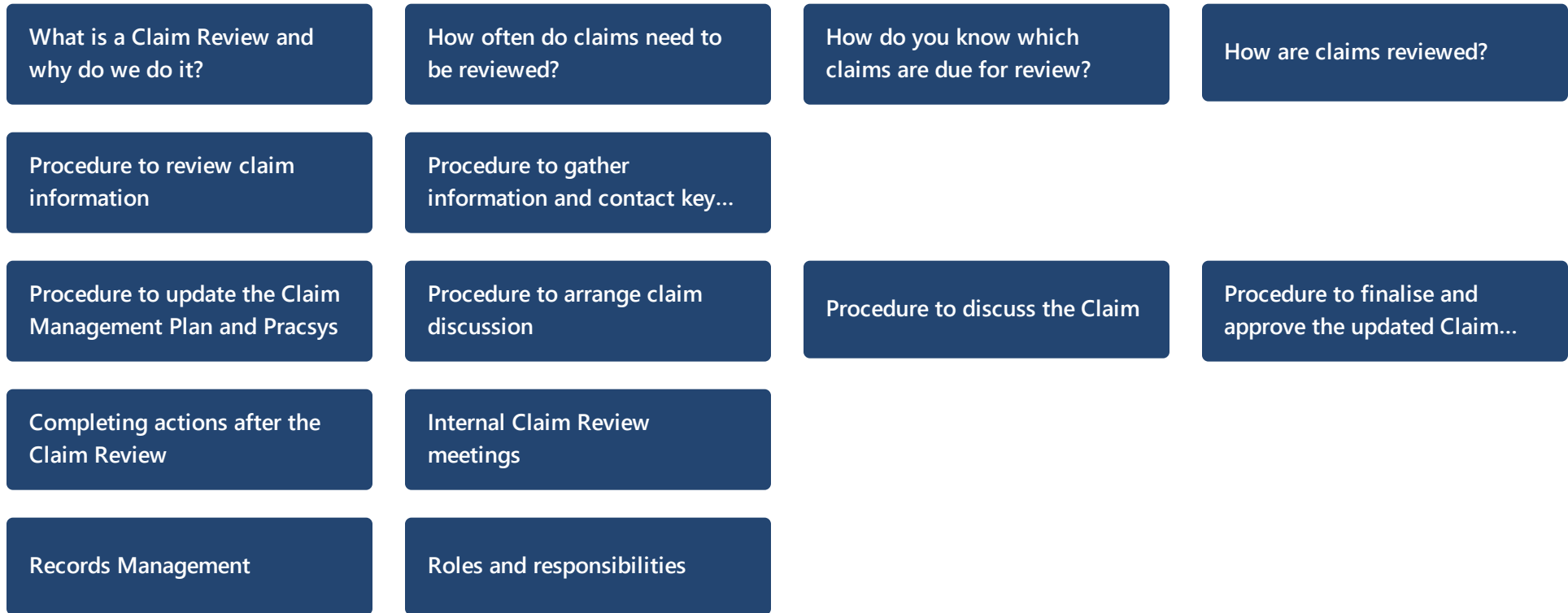
- ✓ Permanent impairment

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- ✓ Miscellaneous

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## What is a Claim Review and why do we do it?

Claim Review is a multi disciplinary, collaborative process in the Claims Management phase of the claim lifecycle.

In a Claim Review, the Claims Manager and Injury Manager proactively review the claim and injury management strategies for effectiveness. And they revise the strategies as needed to ensure the claim progresses towards optimal recovery and return to work (RTW) goals.

For psychological claims, see [Taking Action](#): A best framework for the management of psychological claims in the Australian workers' compensation sector.

Effective Claim Review drives positive claim outcomes when we proactively:

- review and monitor the treatment, recovery and return to work aspects of the claim
- set claim-specific goals and identify the supports needed to achieve them

- identify barriers and risk factors to achieving the goals of recovery and return to work, and devise strategies to address them
- engage with stakeholders, including the employee and employer
- identify actions needed, timeframes and the resources to complete them.

By the end of a Claim Review, everyone is aware of what needs to be done by whom and by when. The actions, timeframes and responsibilities are updated in the [Claim plan](#) This process supports proactive claims management, allowing everyone involved to plan their work in a structured way.

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## How often do claims need to be reviewed?

All claims must be reviewed regularly. Minimum review frequency is set out in the table below according to claim category and age. However, claims are to be reviewed earlier when:

- the Claims Manager or Injury Manager identifies the need for a Claim Review. For example, recovery or return to work (RTW) is not progressing in line with expected timeframes (refer to [MD Guidelines](#))
- the medical certificate on the claim has expired or there is a change in capacity
- there is conflicting medical evidence regarding diagnosis, prognosis, treatment, and capacity to return to work
- there are high Workplace Rehabilitation Provider (WRP) costs and duration of services, and no RTW or limited RTW progression
- there are unexpected or high frequency of treatment and treatment costs, and the employee's health status is not improving or changing
- a complaint is made.

Claim age	Minimum review interval – NDS Work Status Code
	No or Partial RTW
0-52 weeks	6 weeks
52-104 weeks	8 weeks

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## Employees with multiple open claims:

Claims with multiple conditions (i.e. more than one accepted claim) should all be discussed in the one Claim Review meeting rather than separately. This ensures a holistic claims management approach.

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## How do you know which claims are due for review?

Reviews due each week in the coming 12 weeks can be seen in the Claim Reviews Power BI Report. The report will be refreshed weekly.

Each week you will receive an email with a link to access the report. If you have issues accessing the report, please contact the [Claims Data and Reporting Team](#).

The report has two tabs (accessible on the left side of the screen):

**Claim Reviews** tab provides an overview of reviews due this week by team, and reviews coming in the approaching 12 weeks. It helps prioritise and manage workload. For example, claims can be filtered by RTW Status, injury type, claim

Intensity, and whether there is a Claim Plan on file. Reviews can also be brought forward to even out the number of reviews to complete each week. This can help manage resources and leave, for example.

Claims Managers and Injury Managers will see the reviews they are responsible for. Assistant Directors and Directors will see the reviews due for their team.

**Export Reviews** tab is where you can export your or your team's reviews into Excel for actioning. Follow the steps on the screen to export your list of reviews.

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## How are claims reviewed?

All claim reviews involve the following steps but not necessarily in this order:

1. [Review claim information](#)
2. [Gather information](#)
3. [Update the Claim Plan and Pracsys](#)
4. Review National Data Set (NDS) Return to Work (RTW) status
5. [Arrange the discussion](#) and [discuss the claim](#) and revise the claim plan accordingly through:

- Claim Review meeting or
- external Case Conference

6. Seek Assistant Director (AD) approval for the Claim Plan. The AD usually verbally approves the Claim Plan, and this is recorded in the Claim Plan at the Claim Review meeting or Case Conference. By exception, approval for an updated Claim Plan may be requested after the meeting but the need for this should be avoided wherever possible.

7. [Finalise](#) and upload the revised Claim Plan to Pracsys.

As Assistant Directors do not review the Claim Plan for 'Full RTW' claims, the following assurance mechanisms are in place:

- Exception reporting of claims that have not been reviewed/updated at the appropriate time.
- Random sample file review - each quarter, a random sample of 5% of claims (with a representative spread across teams and injury types) will have their claim plans from that time period reviewed to confirm they meet:
  - the purpose of a claim plan as outlined in the [Claims Manual - Claim Plans](#)
  - the requirements of the quality assurance check as outlined in [Claims Manual – Quality Assurance](#).

## Procedure to review claim information

The Senior Claims Manager/Claims Manager and the Injury Manager review the claim management plan by completing the following actions:

### Step 1: Review the claim management plan.

- Check previous Claim Plan actions are complete and if not, follow up and/or record the reason the action no longer needs to be completed.

### Step 2. Review medical and support information.

Refer to [MD Guidelines](#) for guidelines on appropriate treatment approach and likely recovery periods for the diagnosed condition and type of work (e.g. sedentary, heavy manual etc).

- Accepted condition – double check treatment is in line with accepted diagnosed condition. Are there any new conditions mentioned in medical reports, certificates etc?
- Treatment status, and progress since the last review – what treatment does the employee receive, need or likely to need before the next review? Is an assessment or update required?
- What other supports does the employee receive, need or likely to need before the next review? Is any assessment or update required?

- Is there any current impairment and if so, can this be improved and if so, how? What are the timeframes? Has the impairment become permanent or is an assessment of this required?
- Are any new conditions mentioned in medical reports, certificates etc?
- Have any new barriers to optimal recovery been identified since last review?

### **Step 3. Review rehabilitation and return to work status:**

- Is the [work status code](#) correct and consistent with incapacity payments?
- Is there any unmet capacity? Is there a plan to address this?
- Is a Workplace Rehabilitation Provider engaged?
- If an employee has no capacity for work, has a recovery and engagement strategy been developed and agreed?
- Is there an open rehabilitation program or has an assessment of capacity for rehabilitation been completed? If so, check status and progress since last review.
- Have barriers to recovery and return to work been identified with a plan to address them?

### **Step 4. Consider whether there are any issues on the claim that require a referral to triage:**

- The [Claim Triage guidance](#) sets out the objectives of triage and circumstances where an accepted claim needs Triage. This includes:
  - section 14 liability, including secondary claims and revoke liability
  - no present liability
  - section 16 medical treatment – significant requests like surgery or inpatient care
  - permanent impairment and death claims
  - suspensions
  - reconsiderations
  - AAT implementation
  - waiver/write-off requests
  - other decisions outside the Claim Plan.

If triage is needed, follow the Claim Triage process and review the claim holistically through the triage process.

## Procedure to gather information and contact key stakeholders

### Step 1: Call the employee

The Claims Manager calls the employee (unless the employee has expressed a preference for only written communication or there is a communication protocol in place).

Ask how the employee is and, as relevant, use the following prompts to gather information:

- Recovery:
- How is this going?
- Any change in treatment or support needs?
- What barriers do they see as preventing an optimal recovery that Comcare may be able to assist with?
- Return to work (RTW):
- Are they working or doing any voluntary work (this includes any kind of work)?
- Are they performing their usual duties and hours?
- If not, what are their current hours and duties?
- Do they need any support with RTW?
- Have they retired, resigned or been made redundant?



- Have they talked to their treating doctor about expected return to work timeframes for this type of injury?
- Rehabilitation:
  - Are they participating in a rehab program? If yes, how's it going? If no, any plans for rehab?
  - Do they need any support with their rehabilitation program or establishing one?
  - Are they studying or planning to study?
- Income:
  - Are they receiving any income from work or other sources? Has their income changed?
  - Are they receiving a superannuation pension or have they received or rolled over a lump sum?
  - Are they receiving a pension or allowance from another source e.g. Centrelink, DVA
- Third party recovery / common law action:
  - Have they commenced any third-party recovery or common law action?
  - If Comcare is taking recovery action, provide update

## **Step 2: Call the employer**

The Claims Manager calls the employer or Workplace Rehabilitation Provider (WRP), to monitor and check on recovery, rehabilitation, RTW progress, and any barriers the employer or WRP have identified that prevents an optimal recovery.

## **Step 3: Call the Treating Health Practitioner if necessary**

The Claims Manager or Injury Manager calls the treating health practitioner/s to seek further information (as required).

## **Step 4: Seek other expertise if necessary**

The Claims Manager or Injury Manager seeks other expertise as required e.g., Clinical Panel review, legal advice.

## **Step 5: Record all conversations in Pracsys**

The Claims Manager or Injury Manager records all conversations with stakeholders in Pracsys using the '*Manage Claim Comment*' (MCOM) function.

*Telephone conversations must be documented as a comment in PRACSYS under "Manage Claim Comment" > "Category – Outbound" >*

1. *Comment code – Comcare to employee*
2. *Comment code – Comcare to employer*
3. *Comment code – Comcare to stakeholder*

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## Procedure to update the Claim Management Plan and Pracsys

Follow the prompts below to update the Claim Plan.

The **Claims Manager** and **Injury Manager** (where required) update the Claim Plan outlining the treatment, support and rehabilitation, barriers, actions and resources required to progress the claim. The claim review process and claim plan updates should be used to proactively identify and plan for the employee's anticipated needs including:

- **Health, treatment and other support**
- Is the treatment evidence based on achievable outcome measures, focused on optimising function & RTW?
- Is return to health following the expected recovery timeframes according to the diagnosis? If not, why not and what steps need to be taken?
- Are there any specific barriers identified that require a solution to ensure an optimal recovery?

- **Return to Work (RTW)**
- What is the current work capacity (update work status codes in Pracsys)?
- Is there any unmet capacity and is there a plan to address that?
- What activities and hours is the employee undertaking? Are there any barriers and if so what action/s are required to address them?
- If an employee has no capacity for work, has a recovery and engagement strategy been developed and agreed?
- **Rehabilitation**
- Are treatment, rehabilitation and return to work goals aligned? If not, why not? Are any actions required to address this?
- Is rehabilitation progressing towards rehabilitation and RTW goals within expected timeframes? If not, why not?
- Are there any biopsychosocial risk factors - coping, beliefs, attitudes, family, work, supports, pre-existing conditions etc?
- **Emerging risks** - e.g. surgery, secondary conditions, employer issues
- **Further information required, actions needed, by whom & timeframes** e.g. treating health practitioner, Clinical Panel, IME, Legal.

For further information about how to complete a Claim Management Plan, see [Claim plans](#).

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# Procedure to arrange claim discussion

## Step 1: Plan discussion and invite attendees

The **Claims Manager** and **Injury Manager** (where required) consider what kind of claim discussion is needed and who needs to attend. Then they arrange a time for that discussion. For example, if a claim requires specialised advice, e.g., Legal or CAIS, make sure to invite them to attend the Claim Review discussion. If they are not available, arrange a separate time to discuss.

### Who attends internal Claim Review meetings

At a minimum, the following attend the internal claim review meeting:

- AD Claims
- Claims Manager & Senior Claims Manager
- Injury Manager.

Other attendees as required may include:

- Clinical Panel adviser
- Legal adviser
- AD Injury Management
- CAIS
- Claims Compliance and Assurance.

### Who attends Case Conferences

There are different types of case conferences involving the following stakeholders:

- **Return to Work (RTW) Case Conference** – held to progress the employee's return to work and rehabilitation. Case Conferences may involve:
  - Comcare Claims Manager and Injury Manager
  - the employee
  - the employer
  - Rehabilitation provider (WRP) and

- Treating Health Practitioner (where appropriate).
- **Employer/Agency Case conference** – held to discuss liability and/or rehabilitation and RTW matters and strategies in relation to several claims. These case conferences may involve:
- Comcare Claims Manager, Assistant Director, Account Manager, Injury Manager
- Employer Rehabilitation Case Manager, Assistant Director Rehabilitation.

For more information about case conferences, see the [Case Conference guidance in the Claims Manual](#).

## Step 2: provide draft Claim Plans to attendees

The **Claims Manager** provides the draft Claim Plans to those involved in the discussion. For meetings with:

- Internal stakeholders only – 3 business days beforehand.
- Internal and external stakeholders – 5 business days beforehand.

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## Procedure to discuss the claim

Claim discussion may take place through:

- Internal Claim Review meeting; or
- Case Conference with internal and external stakeholders.

The type of discussion that takes place is determined by the claim category and age (see [How are Claims Reviewed](#)), arrangements with the employer and needs of the claim.

## What is discussed?

The claim discussion will cover:

### 1. Claim status

- Overview of key information, e.g. diagnosis, treatment, work capacity and return to work (RTW). Is the claim progressing in line with the expected recovery and rehabilitation timeframes?
- Further information required, from whom and timeframes.

### 2. Health, treatment and other support

- Current and planned treatments and supports, expected outcomes and timeframes.
- Any concerns or barriers and planned actions to address these.

### 3. RTW

- Current work capacity, activities and hours, any unmet capacity and the plan to address that.
- Employer support and engagement, including any Workplace Rehabilitation Provider (WRP) involvement – any further steps needed, support the employer might need.
- Any barriers and the actions to address them, e.g. employee and employer engagement.

### 4. Rehabilitation

- Alignment of treatment, rehabilitation and return to work activities and goals. Plans to address any misalignment.
- Rehabilitation progress and timeframes. Actions to address any concerns and barriers.

5. Biopsychosocial factors impacting recovery, rehabilitation and return to work, including proposed strategies to overcome them and next steps.

6. Emerging risks and actions to address them.

## Comcare roles at Claim Review meetings and Case Conferences

Roles at Case Conferences are outlined in [Case Conference guidance in the Claims Manual](#).

Roles at Internal Claims Review Meetings are:

- The **Assistant Director, Claims or Injury Management** facilitates the Claim Review meeting, provides views and approves the updated Claim Plan during the meeting.
- The **Senior Claims Manager/Claims Manager** and **Injury Manager** collaboratively lead the discussion about individual claims covering the items above.
- The **Claims Administration Officer** (or **Injury Management Support Officer** as required) provides meeting support including:
  - during the meeting, records issues discussed, agreed actions, timeframes, responsibilities and AD approval in the draft Claim Plan (via shared screen on MS Teams)
  - saves the finalised Claim Plan in Pracsys
  - provides other administrative meeting support as required.

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# Procedure to finalise and approve the updated Claim Management Plan

## Step 1: Assistant Director gives approval

The **Assistant Director** gives approval for the updated Claim Plan at the internal Claim Review meeting or external Case Conference. The **Claims Administration Officer** records the approval in the updated Claim Management Plan during the meeting.

## Step 2: Save the finalised plan in Pracsys

The **Claims Administration Officer** saves the finalised Claim Plan into Pracsys and updates any relevant fields in Pracsys.

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## Completing actions after the Claim Review

The **Claims Manager** and **Injury Manager** collaborate to:

- ensure the actions outlined in the Claim Plan are implemented within the agreed timeframes
- review incoming medical information and action requests for medical information, Clinical Panel or independent medical examination (IME) referral
- engage with stakeholders to ensure appropriate treatment, rehabilitation and return to work supports are provided. The **Claims Manager** is responsible for engagement with the employee and employer. The **Injury Manager** may lead or support engagement with treating health practitioners and other health professionals.

The **Injury Manager**:



- Makes referrals to the Return to Work (RTW) Support team where an employer needs support in their rehabilitation or RTW approach.

#### **The Claims Support Officer:**

- Supports the Claims Manager to implement actions agreed in the Claim Plan.

#### **The Claims Administration Officer:**

- Updates and creates Pracsys diaries for the actions agreed through the Claim Review to help ensure agreed actions are assigned and completed with agreed timeframes
- Assists the Claims Manager to progress actions in the claim Plan, as requested.

#### **The Injury Management Support Officer:**

- Assists the Injury Manager to progress actions in the Claim Plan, as requested.

## **Internal Claim Review meetings**

### **Arrangement for internal Claim Review meetings**

Each Claims Team has a weekly Claim Review meeting scheduled to discuss claims due for review. The duration of the review meetings depends on the number and complexity of the claims being discussed.

The shared Claims Operations Calendar in Outlook is used to schedule Claim Reviews. The meeting is titled "Claim Review meeting – [team name]" in the calendar.

**Note:** Claim Reviews may take place at other times where the discussion is urgent or when additional time, significant oversight or engagement of other internal stakeholders is needed.

## Booking a claim for review

There is no need to 'book' a claim for review. Each Claims Manager will have a regular timeslot each week (noting that they may be called in earlier or later depending on the length of discussions on other claims). The Injury Managers will be called in for the claims they have reviewed.

The Claim Reviews Power BI Report is used as the schedule for the claims to be reviewed each week. The link to this report is included in the meeting invite.

If a Claims Manager would like to bring a review forward or defer to another week, they need to inform the Assistant Director 5 days before the review meeting by email/inserting a note in the calendar invite.

**IMPORTANT NOTE:** If the Claim Plan has not been updated before the meeting, that claim will not be discussed. The Claims Manager and Injury Manager must update the Claim Plan prior to the meeting the following week.

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## Records Management

Good record-keeping is an essential part of the Claim Review process. It helps everyone working on the claim to better support our clients, as we can see an accurate record of what discussions and activities have taken place. It also helps everyone to understand issues that have been raised. The rationale for decisions provides a document trail if there is a query or complaint.

All conversations with stakeholders must be recorded using the Pracsys '*Manage Claim Comment*' (MCOM) function at the time of the conversation. Both incoming and outgoing calls should be captured. Select either '*Inbound*' or '*Outbound*' from the category drop down, and the party from '*Comment Code*' drop down, and document the discussion.

Outcomes of claim review meetings are to be documented as a '**case review**', under the claim activity comment. This note is to summarise the confirmed actions/next steps arising from the claim review meeting. Please ensure that tasks are allocated in Pracsys to relevant staff as appropriate.

Finalised Claim Plans are uploaded as a PDF document to the claim file in Pracsys. This is the single joint record of the discussion at the Claim Review meeting. There is no need for separate comments in Pracsys.

The original Word document is stored in HPE Content Manager for updates.

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## Roles and responsibilities

Role	Responsibilities
Assistant Director, Claims	<ul style="list-style-type: none"><li>• Facilitates the Claim Review Meeting</li><li>• Provides guidance and escalates as required</li><li>• Approves the Claim Plan (where not low intensity)</li></ul>
Senior Claims Manager	Both collaborate to:

<p>(SCM) / Claims Manager (CM)</p> <p>Injury Manager (IM) or Assistant Director, IM</p>	<ul style="list-style-type: none"> <li>• Review claims and update Claim Plan to ensure the employee is receiving appropriate treatment, rehabilitation and return to work support</li> <li>• Leads claim discussion (where required)</li> <li>• Ensures Claim Plan actions are implemented within the agreed timeframes</li> </ul> <p>Claims Manager:</p> <ul style="list-style-type: none"> <li>• Updates the work status codes (WSCs) in Pracsys</li> <li>• Contact point for employee and employer</li> </ul> <p>Injury Manager:</p> <ul style="list-style-type: none"> <li>• Considers the need for Clinical Panel or Independent Medical Examination referrals</li> <li>• May be the contact point for treating health practitioners</li> <li>• Escalates any Workplace Rehabilitation Provider (WRP) performance issues and employer Return to Work (RTW) support needs to Assistant Director, RTW Support</li> </ul>
<p>Claims Administration Officer (CAO)</p>	<p>Provides administrative support for meetings including:</p> <ul style="list-style-type: none"> <li>• Schedules Claims Reviews in the calendar</li> <li>• Takes notes and updates the Claim Plan during the meeting</li> <li>• Creates PRACSYS diaries for agreed actions</li> <li>• Other support as requested</li> </ul>
<p>Claims Support Officer (CSO)</p>	<ul style="list-style-type: none"> <li>• Supports Senior/Claims Manager to implement actions assigned via Manage Action Plan and Claim Plan – drafts correspondence etc.</li> </ul>
<p>Injury Management</p>	

Support Officer (IMSO)	<ul style="list-style-type: none"><li>• Provides support as required to the Injury Manager to ensure Claim Plan actions are implemented within the agreed timeframes</li><li>• Provides administrative support for Claim Review meetings as required</li></ul>
Others as required e.g. Legal, Scheme Policy &  Design	<ul style="list-style-type: none"><li>• Provide specialised advice as required</li></ul>

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