

Claim plans

Triage

∨ Steps to triage a claim

Jump to:

[Introduction](#)

[The purpose of a claim plan](#)

[Types of claim plan](#)

[Roles and responsibilities](#)

[Quality assurance](#)

[Where are claim plans stored?](#)

[Procedure to upload the claim plan to Pracsys](#)

[Resources and support](#)

Introduction

A claim plan records key information about an individual claim, including actions required, decision-making, claim status and ongoing management strategy.

A well written claim plan supports better practice claim management. It:

- drives timely and quality decision making
- enhances client experience
- simplify processes, providing claim teams with quick access to essential claim information
- supports collaboration between everyone involved in the claim and coordinated service delivery
- ensures an early and immediate focus on rehabilitation and return to work (irrespective of the claim determination)
- ensures recovery and return to work barriers are identified and documented, and a strategy is in place to overcome them
- provides an ongoing record of return-to-work services and treatment adopted to ensure that the employee's return to work is sustainable.

[Return to top of page](#) | [Return to top of section](#)

The purpose of a claim plan

The claim plan is used to:

- record key information about an individual claim
- document a claims strategy with goals and actions, i.e. document outcomes from triage meetings and actions required to determine or reconsider a claim, or support recovery and return to work, and identify the resources required to implement the plan
- record liability decision making
- track return to work, return to health and treatment outcomes
- identify and document barriers impacting return to work or recovery.

[Return to top of page](#) | [Return to top of section](#)

Types of claim plan

There are two types of claim plan to be completed. First, the Liability Claim Plan is completed to document the liability outcome and the reasons/evidence for the outcome. Second, the Claim Management Plan is completed and continues to be updated throughout the life of the claim. More information is provided below.

Liability Claim Plan

The first claim plan to be completed is the [Liability Claim Plan](#).

Claims Managers or Reconsideration Officers complete these for all liability decisions (initial and reconsideration). These must then be submitted to the Assistant Director for review and quality assurance with the draft decision.

The Liability Claim Plan provides a summary of the information gathered and the reasons for accepting or declining liability. For reconsiderations, it also records any lessons learned (claims specific or general) to be shared with the Claims Operations team or more broadly.

Claim Management Plan

The next claim plan to be completed is the [Claim Management Plan](#).

Claims Managers and Reconsideration Officers are required to complete these for new claims (including secondary claims, permanent impairment, death claims) and reconsiderations.

This claim plan records outcomes from triage meetings including actions required to gather information and obtain medical, legal or other expertise needed to make a liability decision. Claim Management Plans should be reviewed at triage meetings every week until the claim is determined, or the reconsideration is completed.

Claim Management Plan – ongoing updates

The [Claim Management Plan](#) continues to be updated for all open accepted claims. It records the plan for managing the claim, including any actions required, approved treatment and other supports, and identifies any barriers to recovery or return to work, and strategies for addressing them.

For further guidance on reviewing claims, refer to the [What are claim reviews](#) page.

Roles and responsibilities

Claims Managers engage as needed with everyone involved in the claim (employee, employer, treating health practitioners, claims teams and others) when completing claim plans.

Claim Managers and Reconsideration Officers are responsible for:

- completing, implementing, and tracking progress of claim plans (this may include assigning actions to other team members or other teams with oversight and coordination being provided by themselves)
- collaborating with Injury Management Team members when completing, implementing, and monitoring claim plans
- submitting draft claim plans and liability decisions for review and quality assurance
- when approved, finalising the claim plan and decision and uploading to Pracsys.

Injury Managers collaborate with Claims Managers to provide support with:

- medical and treatment-related information (e.g. diagnosis, prognosis, co-morbidities, evidence-based treatment approaches, expected recovery timeframes, medical certification)
- applying a biopsychosocial approach to identification of barriers and development of tailored strategies to achieve desired outcomes
- rehabilitation and return to work information (e.g. work capacity, rehabilitation programs, return to work plans, suitable duties)
- review of claims before case conferences and claim reviews.

Assistant Directors are required to:

- coach and support Claims Managers with the preparation of claim plans
- review and clear claim plans and liability decisions
- agree to claim plans in triage and review meetings (or as required) including the resources required to implement the plan
- oversee implementation of claim plans

- review and clear liability decisions and submit to the Director with the Liability claim plans for decision.

[Return to top of page](#) | [Return to top of section](#)

Quality assurance (QA)

The Assistant Director must review and clear:

- all liability claim plans and draft decisions
- the first claim management plan
- some subsequent claim management plans. You should consider the complexity and any risk factors associated with the claim when assessing whether to refer to your Assistant Director for [quality assurance](#) (Note: if in doubt, discuss it with your Assistant Director).

[Return to top of page](#) | [Return to top of section](#)

Where are claim plans stored?

Finalised claim plans are uploaded as a PDF document to the claim file in Pracsys. The original Word document is stored in HPE Content Manager for updates until it is finalised. Details on how to do this in HPE can be found in the following two links:

- [Simple guide to using HPE Content Manager for Claims Ops](#)
- [CMG Guide to Storage in HPE](#)

You should check the approach to file and record management within your team. Guidance can also be found on the [file and diary maintenance](#) page.

[Return to top of page](#) | [Return to top of section](#)

Procedure to upload the claim plan to Pracsys

This procedure is completed by the Claims Manager, Reconsideration Officer and may be completed by the Claims Administration Officer.

Step 1: Upload the file to Pracsys

Open the Claim Plan function in Pracsys

1. Navigate to the claim plan section.
2. Select 'new'.
3. Using the file explorer dialog box that opens, browse content manager for the document.
4. Select open to add the claim plan.
5. Click amend to save the change.

This is the end of the procedure.

[Return to top of page](#) | [Return to top of section](#)

Resources and support

Claims Managers are responsible for completing the claim plan. However, claim strategies are developed using a multidisciplinary approach. Support to identify claim barriers, claim goals and strategies is available from:

- [MD Guidelines](#)
- Colleagues

- Technical Capability Officers
- Injury Managers
- Assistant Directors, Directors, and the Senior Director.

Specialist support is available on request from:

- Clinical Panel (discuss any need for Clinical Panel referral with your Injury Manager)
- Legal Group (discuss any need to refer to Legal Group with your Assistant Director).

[Return to top of page](#) | [Return to top of section](#)