

# Quality assurance

## Claim administration

✓ Authority and consent on claims

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✓ Communication with stakeholders

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Quality assurance

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✓ File and diary maintenance

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✓ Receiving and actioning requests for claim file

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✓ Suspensions, ceases and refusal to deal

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✓ Compliance and fraud

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✓ Agency information

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## Introduction

This page provides guidance on the internal quality assurance (QA)—i.e. review and clearance process—for claims determinations, reviewable decisions, key communications on claims, and other operational claims documents. It is not intended to govern supporting documents, processes or the review and clearance of financial calculations as these have separate processes.

Quality assurance drives high quality service delivery and helps strengthen capability by ensuring:

- our decisions are:
  - made accurately and quickly (section 69 SRC Act)
  - guided by equity, good conscience, and the substantial merits of the case (section 72 SRC Act)
  - based on clear and valid information
  - able to demonstrate sound judgement (the balance of probabilities)
- our communications and decisions are consistent with our templates and communication principles and reflect Comcare’s values in action
- feedback and coaching is provided to build staff skills and capability, encourage consistent practice across all teams, and develop understanding of the Claims Management Strategy and Comcare’s Purpose, Priorities and Values.

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## What needs a quality assurance review?

A quality assurance review is required for final draft documents conveying complex or contentious messages about the claim.

A quality assurance review is always required for decisions and letters involving the below:

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Determinations	Description	QA completed by	Determination/letter signed by
14	Initial liability determinations (new claims/death claims/newly reported and secondary conditions)	Assistant Director then Director  Note: Claims plans are only QA'd by the Assistant Director  Note: Initial liability determinations for death claims are completed by Specialist Claims Team only.	Director
16	Decline medical treatment (e.g medications, invoices, reasonableness/costs) *	Assistant Director	Assistant Director
16	Complex/unusual/high-cost requests for medical treatment (e.g surgery, inpatient psychiatric treatment)*	Assistant Director	Assistant Director
17	Compensation of injuries resulting in death (e.g payments to deceased employee's dependants)	Assistant Director then Director (Specialised Claims team only)	Director
24, 27	Permanent Impairment/Non-Economic Loss determinations (including Hearing loss)	Assistant Director then Director	Director
25	Interim Payments	Assistant Director then Director	Director

29	Complex/unusual/high-cost household and attendant care services *	Assistant Director	Assistant Director
36, 37, 57	Suspension of entitlements	Assistant Director then Director	Director
39	Complex/unusual/high-cost aids, appliances, and modifications *	Assistant Director	Assistant Director
62	Reconsiderations and Reconsideration on Own Motion (ROM) concerning the determinations listed above (excluding the ROMs specified below)	Assistant Director then Director	Director
8, 19, 20, 21, 21A	CAIS Income Support registers, calculates and drafts ROMs concerning normal weekly earnings and incapacity payments for ex-employees on X-pay	Initial QA of calculations and ROM letter undertaken by Senior CAIS Income Support Officer then sent to SCM/CM for final review and communication.  Note: In escalated matters, Assistant Director then Director to QA (e.g sensitive/high profile) Senior Director and/or	Usually, SCMs/CM. However, in escalated matters it will depend on what has been agreed by the Assistant Director/Director.

		General Manager if required.	
<b>Intent letters</b>	Intent to issue no present liability (NPL)	Assistant Director then Director	Director
	Intent to issue a ROM	Assistant Director then Director	Director
<b>Other letters</b>	Final NPL (after intent to NPL issued)	Assistant Director then Director	Director
	Refusal to deal with a claim (section 58)	Assistant Director then Director	Director
	Write-off	Assistant Director then Director	Director
	Waiver of debt	Assistant Director - Director - General Manager	General Manager
	Third party recoveries	Non-complex matters (i.e updates to other insurers) - Assistant Director	Assistant Director
		Matters involving recovery amounts - Director	Director
	Note: Applicable to Specialised Claims Team only.		
Matters that are escalated (e.g sensitive/high)	Assistant Director - Director (Senior	Will depend on what has been agreed	

	profile/aggressive, threatening behaviour involved) *	Director and/or General Manager if required)	
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A quality assurance review is not usually required for routine correspondence or previously agreed decisions, such as:

- medical treatment within an approved claim plan
- household and attendant care, aids and appliances within the approved claim plan

Correspondence drafted by new starters, the duration that the quality assurance is required for, including who it is completed by (e.g Senior Claims Manager, buddy, Injury Manager, Technical Capability Officer) is at the Assistant Director's discretion.

\* Note: If you are unsure about whether a quality assurance review is required on a claim, a decision or any other claim related correspondence, you should consult your Assistant Director and discuss further.

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## What does a quality assurance review check?

Documents provided for quality assurance should demonstrate:

- clear, professional and empathetic communication
- alignment with the [communication principles](#)
- collaboration across the Group, Comcare, and external stakeholders
- accurate interpretation of, and compliance with, legislation and guidance
- sound judgement, based on clear and valid information consistent with the information available
- decisions guided by equity, good conscience, and the substantial merits of the case
- correct templates, spelling and grammar

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## Roles and responsibilities in quality assurance reviews

The quality assurance review is the last 'check' of final draft documents before a decision is made or communication sent. Key roles and responsibilities include:

- Senior Claims Manager/Claims Manager or Senior Reconsideration Officer/ Reconsideration Officer – prepare, or oversee preparation (when the drafting is being undertaken by a Claims Support Officer) of, documents to the required standard, submit documents for a quality assurance review in a timely manner, and implement feedback
- Assistant Director – undertake an initial quality assurance review and provide feedback (note: They will also consider quality assurance feedback as part of the performance development process in coaching conversations with staff). For initial liability decisions, they complete the review by using the Create Claim Determination Review (CDETR) function in Pracsys
- Directors – undertake quality assurance reviews in line with the table above. Directors to brief the Senior Director and/or the General Manager in matters when required. Any documents submitted to the Director must be cleared by the Assistant Director (note: if the quality of a staff member's written work is consistently good, the Assistant Director may ask them to refer work straight to the Director without their review; such an approach is agreed on an ad hoc basis and managed through coaching, supervision and performance review).
- Senior Director or GM Claims Management Group: – undertake a quality assurance review where a claim is escalated or at their request (e.g. for individual claims or correspondence or particular types of claims). Before a document is submitted to either the Senior Director or GM Claims Management Group it must have been reviewed by the relevant Director.

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## Record keeping and document handling

The person who created the document is responsible for ensuring it is stored consistent with Comcare's information management guidance.

Claim records are stored on Pracsys, including the email confirming that a quality assurance review has been completed and final approved copies of correspondence

Quality assurance review records are stored in Content Manager, including draft documents with tracked changes or comments, e-mails or completed feedback templates (note: If comments are provided by e-mail, the claimant details should

be redacted).

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