

# Triage meeting

## Triage

∨ Steps to triage a claim

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## What is a triage meeting?

Claim triage meetings are a multidisciplinary team discussions. In triage, you plan and monitor the actions and resources needed to make claim decisions accurately and quickly.

Effective triage meetings drive positive claim outcomes by ensuring:

- timely and quality decision-making
- person centred, regular communication with the employee and employer that supports them through the process, helps them to understand what needs to be done, explains timeframes and keeps them updated about progress
- focused information gathering aligned to our principles for gathering and assessing information.
- strong collaboration between internal and external stakeholders
- early emphasis on recovery, rehabilitation and return to work, irrespective of liability status
- early identification of barriers and strategies to overcome them
- coaching and experience to develop team capability.

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## What claims are discussed at triage meetings?

The following must be discussed at a triage meeting within two business days of receipt or becoming aware of the issue.

- All new and complex claims, including claims without a medical certificate.
- Claims for secondary conditions.
- Any other claims where a decision outside the approved claim plan may be needed including:
  - section 14 liability revocation and no present liability
  - permanent impairment
  - re open requests
  - IME report discussion
  - death
  - requests for complex, unusual or high-cost treatment (e.g. surgery or inpatient psychiatric), aids or appliances, alterations or modifications
  - significant changes to incapacity
  - write off or waiver of debt and third-party recoveries.
- All reconsideration requests and reconsiderations of own motion.
- All claims where an Administrative Appeals Tribunal (AAT) or Court decision needs to be implemented (refer to the [AAT Implementation procedure](#) for further detail about managing AAT or Court decision implementation).

## Who attends triage meetings?

For all triage meetings the following must attend:

- Assistant Director, Claims Operations – leads the triage meeting.
- Senior Claims Manager or Claims Manager allocated to the claim – leads discussion on allocated claims.
- Injury Manager allocated to the claim – contributes to claim discussion.

The following officers attend the Triage meeting as needed:

- Assistant Director, Injury Management Team.
- Reconsiderations Officer or Assistant Director, Reconsiderations – leads all discussions about reconsideration requests.
- Assistant Director, Claims Administration and Income Support – attends for all triage discussions about implementing AAT decisions.

## When do we hold triage meetings?

Each Claims Team has a daily triage meeting led by the Assistant Director of that team. Claims are to be discussed at triage:

- within two business days of receiving a new claim, reconsideration, Administrative Appeals Tribunal (AAT) decision or a request that falls outside the approved claim plan (or otherwise identifying that one may be needed)
- within one business day of receiving new information relating to the decision
- at least every week until the decision has been made (or every three weeks until an AAT decision is implemented) or the claim is closed.

Depending on availability and time, in or out of sessions triage meetings can be conducted to meet the 2-day Key Performance Indicator.

Claims triage discussions may also take place at other times where the discussion is urgent or additional time, significant oversight or engagement of internal stakeholders is needed.

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## Booking a claim for a triage meeting

The shared Claims Operations Calendar in Outlook is used to schedule triage discussions. See [Procedure to book a triage discussion](#) for instructions.

Each Claims Operations team has a daily recurring meeting with the word 'Triage' in the meeting name.

The meeting times for different teams are staggered to support attendance by those in different teams (e.g. Injury Managers, Reconsideration Officers, Instructing Officers, Legal).

The following are responsible for ensuring that claims are scheduled for triage discussions as required:

- Assistant Director, Claims Operations – for new claims.
- Senior Claims Manager / Claims Manager – for decisions outside the approved claim plan.
- Reconsiderations Officer or Senior Reconsiderations Officer – for all reconsideration requests.

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# Procedure to conduct a triage meeting

## Step 1: Be mindful of prescribed timeframes and stop clock provisions

At all times, you need to be mindful of the prescribed timeframes for determining a claim. These require you to determine a claim within a set timeframe. Timely and thorough triage supports these requirements.

The prescribed timeframes start on the date that Comcare receives from the employee:

- a claim for compensation that meets the requirements set out under section 54 and is made under section 14 of the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act), or
- a request for a reconsideration of a decision made under section 38 or 62 of the SRC Act.

For claims being determined under section 14 of the SRC Act, the stop clock provisions apply from the date that Comcare gives written notice to:

- the employee
  - requiring them to undergo a section 57 examination or
  - requesting further information or a copy of a document under section 58
- the employer
  - requesting information or documents in relation to the employee under section 71
- the employee's legally qualified medical practitioner (LQMP) or a LQMP nominated by Comcare
  - requesting further medical evidence, e.g. report in relation the employee's claim, or
- the date that Comcare is advised by the employee that they will be providing further evidence.

The stop clock provisions only apply once the letter is **actioned**, i.e. the day the letter is sent to the employee, employer, the LQMP or independent medical examiner, and not before.

Please refer to: [Decision making under the SRC Act](#) for more detailed information about prescribed timeframes and stop clock provisions.

## Step 2: Pre-meeting roles and responsibilities

The Assistant Director, Claims, or Director, Claims Operations:

- checks whether the TOOCS code for the claim is correct and for new claims, whether the claim can be marked as undetermined
- allocates or reallocates the claim to a Senior Claims Manager or Claims Manager, in line with the [Allocation Principles](#)
- considers whether the matter should be referred to Legal Group if it meets the complex claim criteria. If so, a referral is to be made via Connect with a copy of the claim plan attached to the referral.

The Assistant Director or Director, Injury Management, allocates the claim to an Injury Manager.

The Assistant Director or Director, Reconsiderations, allocates reconsideration requests to Reconsideration Officers (where applicable).

The Senior Claims Manager or Claims Manager:

- checks the data in Pracsys is entered and correct
- checks whether there is sufficient information on the claim file to recommend moving straight to a liability decision at the triage meeting
- phones the employee and employer to establish a relationship and understand the situation surrounding the claim, in line with [Communication principles \(Vulnerabilities\)](#): if during your communications with an employee you believe that the employee has specific vulnerabilities, consider adding a Commitment Claim flag. This is to ensure that Comcare's communications with the employee are productive and positive. See [Commitment claims](#) for more information)
- where the prescribed timeframes apply, provides information about the prescribed timeframes and the stop clock provisions to the employee and/or employer
- starts gathering any missing information.

The Claims Support Officer assists the Senior Claims Manager or the Claims Manager to seek information, prepare draft letters, and other administrative tasks.

## The Injury Manager:

- reviews the claim file and considers what further medical information is required to determine the claim, noting any concerns with the prescribed timeframe provisions
- whether current treatment and rehabilitation is appropriate
- phones the Treating Health Provider to establish relationship and gather further information
- provides input to the draft Claim Plan

## Step 3: During the triage meeting

During the triage meeting there is a focused discussion about each claim listed with actions, resources and decisions. This usually includes:

- Claim status and key information, e.g. current health and return to work (RTW) status, previous decisions, complaints or other issues.
- Claim objectives – including determination, treatment, rehabilitation and return to work.
- Information required to determine liability, including any stop clock actions that are required.
- Barriers to achieving health and work outcomes and ways to overcome them (taking a biopsychosocial approach).
- Risks or concerns (employee, employer, treaters, internal e.g. GM brief).
- Actions and resources required including subject matter expertise (e.g. Clinical Panel (CP), Independent Medical Expert report (IME), legal review).
- Discussion on whether the matter should be referred to Legal Group if the matter meets the complex claim criteria.
- **If the matter is to be referred to Initial Liability Support (ILS), you must tick the *'legal – request for advice'* Determination task within Pracsys when the request is sent to legal.**

## Step 4: After the triage meeting

The person managing the claim (Senior Claims Manager, Claims Manager, Senior Reconsiderations Officer or Reconsiderations Officer) is responsible for:

- contact with the employee and employer – supporting them to understand the process, keeping them updated about progress and next steps, with minimum weekly updates (**Vulnerabilities**: if during your communications with an

employee you believe that the employee has specific vulnerabilities, consider adding a Commitment Claim flag. This is to ensure that Comcare's communications with the employee are productive and positive. See [Commitment claims](#) for more information.)

- actioning any requests for information and updates the stop clock functions in the '*Manage Initial Liability Assessment*' (MILA) or '*Manage Initial Liability Task*' (MILT) dashboards on the date that a letter request is sent to the employee, employer, LQMP or IME and/or where the employee has advised that they will submit further information to Comcare.

The Injury Manager is responsible for collaborating with the Claims Manager throughout, and:

- completing an MCOM file note in Pracsys documenting the discussion including any agreed stop clock actions, e.g. requesting evidence from the LQMP
- reviewing any medical information received and considering next steps
- continuing engagement with treating health practitioners and employers to ensure appropriate treatment, rehabilitation and return to work supports are provided
- completing other actions assigned to them in the Claim Plan including working with the Senior Claims Manager or Claims Manager to identify relevant IME speciality and IME selection.

This is the end of the procedure unless the claim needs to be referred to Legal Group. If so, proceed to **Step 5**.

## **Step 5: Matters referred to Legal Group for initial liability**

Follow this step if it is decided during triage to refer a claim to Legal Group.

- An initial legal consultation will occur within 2 business days of receipt.
- The Claims team will progress with information gathering including clinical panel or IME referrals, subject to Injury Manager consultation.
- The Claims Manager will also notify Senior / Legal Adviser within 2 business days of material being returned.
- A subsequent consultation will usually occur mid-way through the decision-making process and as required with the Claims team to discuss information that has been received and additional issues or further investigations that have been identified.
- A final meeting will occur in the lead up to the decision-making process to finalise liability issues. It is important to note that the Claims Manager is to consider and form their own assessment on the issues and identify matters of interest



they seek input on.

This is the end of the procedure.

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## Procedure to book a claim for triage discussion

### Step 1: Schedule claim for triage

Schedule the claim for triage as follows:

1. Open the shared "*Initial Determination Calendar*" in Outlook.
2. Open the relevant team's triage calendar entry on the date required.
3. Add the details of the claim into to the table following the prompts:

- o type of claim
- o names of key staff involved
- o claim number
- o injury type
- o employee initials.

4. Check the attendee list and invite others who need to attend (e.g. Legal, Reconsideration Officer, Instructing Officer, Assistant Director, CAIS).

5. Select "Send Update" and close the calendar.

This is the end of the procedure.

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