



Australian Government

Comcare

CLAIMS MANAGEMENT SYSTEM AUDIT WORKBOOK

Auditing claims management systems for determining authorities under the *Safety, Rehabilitation and Compensation Act 1988*

Version 4.0
February 2021

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CONTACT US

Enquiries regarding the licence and any use of this document are welcome at:

Comcare
GPO Box 9905 Canberra ACT 2601
Ph: 1300 366 979
Email: marcomms@comcare.gov.au

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DEFINITIONS

Competent personnel	For the purposes of auditing claims management systems, competent personnel are defined as people with knowledge of the <i>Safety, Rehabilitation and Compensation Act 1988</i> (SRC Act) and relevant experience. Relevant experience in this case would include audit training and experience.
Consultation¹	Consultation means appropriately informing employees, inviting and considering their response prior to a decision being made. Employees' opinions should not be assumed. Sufficient action must be taken to secure employees' responses and give the employees' views proper attention. Consultation requires more than a mere exchange of information. Employees must be contributing to the decision-making process, not only in appearance but in fact ¹ .
Claims management systems	A claims management system is defined as part of an overall management system which includes organisational structure, planning activities, responsibilities, practices, procedures, processes and resources for developing, implementing, achieving, reviewing and maintaining the claims management policy.
Corporate governance	The process, by which organisations are directed, controlled and held to account. The term encompasses authority, accountability, stewardship, leadership, direction and control exercised in the organisation. It includes the transparency of corporate structures and operations, the implementation of effective risk management and internal control systems and the accountability of management to stakeholders.
Determining authority	For the purposes of this document means: (a) in relation to an employee who is employed by a licensee—the licensee (b) in relation to any other employee—Comcare.
Documented commitment	A statement by the employer of its commitment, intentions and principles in relation to its overall claims management system performance. It provides a framework for action and for setting claims management system objectives and targets. It could take the form of a policy, management arrangements or an employer/worker agreement.
Self-insured licensee	A self-insured licensee is the holder of a licence issued by the Safety, Rehabilitation and Compensation Commission under Part VIII of the SRC Act
Senior executive	At the level required for the certification of the Licensee Improvement Program Report—Chief Executive Officer/Executive Manager, Principal Officer and/or senior management team.
Stakeholders	Includes, but is not limited to, employees, managers/supervisors, service providers, rehabilitation providers, case managers, medical practitioner, the claims manager, and Comcare.

¹ The definition of 'consultation' has been taken from the Self-insurance Licence Application Evaluation Guidelines'.

INTRODUCTION

This workbook has been produced to support the *Claims management system audit tool* (the audit tool) developed by Comcare for determining authorities.

The audit tool provides the means for assessing and reviewing an organisation’s claims management system and to identify areas for improvement.

The key elements of a claims management system in the Comcare scheme are based on:

- > the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act)
- > the *Safety, Rehabilitation and Compensation Regulations 2019* (the Regulations)
- > better practice elements determined through Comcare’s research and cross-jurisdictional scanning.

The following table is used throughout the workbook to indicate via a tick or a cross if the criterion is based on legislation (e.g. the SRC Act, the Regulations), better practice, or a combination:

Legislative requirement	Better practice
✗	✓

The workbook is intended to assist persons who are either undertaking claims management system audits or who are subject to such audits under the SRC Act using the Claims management system audit tool. The workbook provides an explanation for each of the audit criteria and examples of evidence that may assist in demonstrating conformance and compliance with the audit criteria.

For further information on the audit process, including reviewer qualifications, refer to the audit tool.

RELATED DOCUMENTATION

Claims management systems audit tool

Claims management systems audit report template

ADVICE AND ASSISTANCE

All enquiries about the Claims management system audit workbook should be directed to:

Assistant Director, SRC Act Assurance
Secretariat and Scheme Support Services, Scheme Management
Comcare
GPO Box 9905, Canberra ACT 2601

or email SRCActAssurance@comcare.gov.au

WORKBOOK LAYOUT

This workbook contains 31 criteria grouped within five elements. These elements are:

1. Commitment and corporate governance (3 criteria)
2. Planning (5 criteria)
3. Implementation (17 criteria)
4. Measurement and evaluation (5 criteria)
5. Review and improvement (1 criterion)

When conducting an audit, the auditor will be required to make judgements as to whether the criteria have been met. This judgement is informed by evidence which verifies that systems exist and that they are being effectively and appropriately administered. The workbook has been designed to assist auditors to make these judgements.

Each criterion in the workbook is set out as follows:

1. CLAIMS MANAGEMENT SYSTEM AUDIT ELEMENT

Example: *Element 1: Commitment and corporate governance*

2. CLAIMS MANAGEMENT SYSTEM AUDIT CRITERION

Example: 1.1: *The determining authority sets the direction for its claims management system through a documented commitment by senior executive*

Note: The audit criteria are replicated from the Claims management system audit tool and are the auditable components of the workbook. All other information provided against each criterion assists with understanding the criterion and includes guidance about the evidence that may be assessed to verify performance.

3. RATING

The auditor will provide a rating against each criterion as follows:

Conformance—meets the criterion statement.

Non-conformance—does not meet the criterion statement.

Not able to verify—a system is in place but has not been applied. For example, documented procedures are in place, but there have not been any cases within the audit period to test that those procedures have been applied.

Not applicable—the provisions of the criterion do not apply.

4. COMMENTARY

Commentary may be included to assist with interpreting the criterion.

Example: *The determining authority's senior executive will provide stewardship for its claims management system through a documented commitment which will benchmark the organisation's objectives, be used to formulate strategic direction and be reviewed to ensure it remains relevant and strives for continuous improvement. It will be supported and endorsed at the executive level and be relevant to the organisation's overall values, vision and business objectives.*

5. EXAMPLES OF EVIDENCE

The determining authority may demonstrate conformance using whatever evidence it considers appropriate to its operations. However, guidance is provided in the workbook for each criterion about the types of evidence that may assist the determining authority in meeting that criterion.

The types of evidence that are referenced in the workbook include:

- > documentation
- > claims files
- > IT system
- > interviews with relevant personnel
- > workplace observations.

The examples are not suggested as the only or preferred way of meeting the criteria. A determining authority may have alternative ways of meeting the requirements of the criterion and the examples should not detract from this.

6. EVIDENCE SIGHTED

The auditor will document the evidence sighted against each criterion including the title of each document, its version number, the date and the location of the document.

7. OBSERVATIONS/NON-CONFORMANCES

An 'observation' may be given to criteria rated as 'conformance' where the auditor has identified that there has been a minor deviation from the documented management system or reference criteria. These are recognised as being of lower risk to the organisation.

Where the auditor finds that a criterion has not been met, a non-conformance will be issued. The non-conformance must identify the deficiency of the system against the requirements of the criterion.

ELEMENT 1: COMMITMENT AND CORPORATE GOVERNANCE

CRITERION 1.1

The determining authority sets the direction for its claims management system through a documented commitment by senior executive.

Legislative requirement	Better practice
	

COMMENTARY

Better practice involves the determining authority's senior executive providing stewardship for its claims management system through a documented commitment which will benchmark the organisation's objectives, be used to formulate strategic direction, ensure legislative compliance and be reviewed to ensure it remains relevant and strives for continuous improvement. It will be supported and endorsed at the executive level and be relevant to the organisation's overall values, vision and business objectives.

EXAMPLES OF EVIDENCE

Documentation may include:

- > an authorised copy of the claims management policy document that is both current and signed by the present CEO or other senior executive
- > a statement of commitment by senior executives that indicates how the commitment will be achieved.

CRITERION 1.2

The determining authority's claims management system provides for internal and external accountability.

Legislative requirement	Better practice
✗	✓

COMMENTARY

Better practice involves the executives of the determining authority defining a framework for corporate governance where organisational accountabilities, including claims management accountabilities, are described.

EXAMPLES OF EVIDENCE

Documentation (internal) may include:

- > job descriptions and/or performance and development plans for all staff involved in the claims management process, including the senior executive staff with overall responsibility for the claims management system
- > an organisational structure, charts or matrices demonstrating accountabilities
- > mechanism for consultation with employees in relation to the claims management system
- > claims management system audit plans and audit outcomes presented to senior executive
- > monitoring of corrective action plans
- > premium or financial costs of managing ill or injured employees devolved to managers/supervisors.

Documentation (external) may also include:

- > contracts or service level agreements (SLAs) with external parties, including
 - contracted claims manager
 - providers of medical, hospital or allied health services
 - auditors
 - legal firms (general, AAT, reconsiderations)
 - computer system/database providers
- > Licensee Compliance and Performance Improvement (LCPI) Annual Report (for self-insured licensees)
- > key performance indicators
- > external audits.

CRITERION 1.3

The determining authority identifies, assesses and controls risks to the claims management system.

Legislative requirement	Better practice
✗	✓

COMMENTARY

Better practice involves the determining authority establishing, implementing and maintaining documented procedures for risk identification, risk assessment and control of risks that may adversely affect the effectiveness of the claims management system.

EXAMPLES OF EVIDENCE

Documentation may include:

- > risk management policy, risk management plans and risk registers
- > an audit program/review process to monitor the claims management system
- > procedures which provide for evaluation of, and action in response to, internal and external actuarial reports and other financial reports relating to claims management
- > guidelines which dictate evaluation and response to changes in staffing levels and/or changes in risk profile as a result of new business areas
- > strategic assessments of how changes in staffing levels or business areas are likely to impact on the claims management system
- > review of high cost claims, tail claims and claims where the injured worker has ceased employment
- > procedure for monitoring incident reports, absence data, industrial relations data (grievances, workplace conflict), claims estimates, claim costs, return to work performance, continuance rates and other trends
- > quality assurance process
- > business plans, strategic plans, corporate or HR plans which incorporate risk control mechanisms
- > reports of audits conducted on the performance of contracted claims managers and other key external parties.

ELEMENT 2: PLANNING

CRITERION 2.1

The determining authority identifies the administrative and financial limitations for each level of claims manager.

Legislative requirement	Better practice
✓	✓

COMMENTARY

Regardless of whether workers' compensation claims are managed in-house, or under a contractual arrangement with a claims administrator, the determining authority is required to identify both the administrative and financial limitations for claims managers.

SRC Act and financial delegations should be reviewed regularly to ensure that the full functions of the delegations are exercised effectively and are applied to the most appropriate office, person or position for the performance of those functions and powers.

The delegation schedule should include delegations to undertake the reconsideration function, having regard to any specific conditions of licence (if applicable).

NOTE: The issue of whether to delegate the power to delegate should also be carefully considered.²

EXAMPLES OF EVIDENCE

Documentation may include:

- > the current instrument of delegation for the assignment of the powers and functions of the determining authority and signed by the principal officer
- > the current instrument of financial delegation for various officers of the determining authority and signed by the principal officer
- > a contract or SLA with a contracted claims manager
- > Operational manuals which identify financial limits for each level of claims manager
- > IT systems which limit payment amounts by staff classification level.

File audit may demonstrate:

- > determinations and reconsiderations are signed by persons with appropriate delegation.

² Pursuant to section 34AB(1)(b) of the *Acts Interpretation Act* (AI Act), where an Act confers power on a person or body to delegate a function, duty or power, the powers that may be delegated do not include that power to delegate. An exception to this rule is provided by section 2(2) of the AI Act which provides that the AI Act does not apply where it is not intended to apply, whether because it is expressly excluded by the provisions of an Act or because the context creates that inference. Whilst it is clear that the AI Act prevents delegating the power of delegation for rehabilitation authorities delegating under s41A of the SRC Act—it is less clear if it applies to claims management delegations. Determining authorities who wish to delegate the power to delegate for the claims management function should seek their own legal advice.

CRITERION 2.2

The determining authority has documented procedures for paying compensation to injured employees, dependants of deceased employees, providers of medical treatment and other recipients.

Legislative requirement	Better practice
	

COMMENTARY

The determining authority is required to have documented procedures in place that detail the process for the payment of compensation entitlements to injured employees, their dependants and other relevant stakeholders.

EXAMPLES OF EVIDENCE

Documentation may include:

- > procedures for the payment of compensation to injured employees, dependants of deceased employees, providers of medical treatment and other recipients.

CRITERION 2.3

The determining authority recognises legislative obligations and plans for legislative and regulatory compliance, having regard to any policy advice that Comcare or the Commission may issue.

Legislative requirement	Better practice
	

COMMENTARY

Better practice involves the determining authority establishing, implementing and maintaining procedures for assessing all legal and other requirements that are directly applicable to the claims management function. The organisation shall keep this information up to date. It shall communicate relevant information on legal and other requirements to its employees.

The determining authority shall also develop business plans, policies and procedural documentation that identify how legislative compliance will be achieved and maintained.

EXAMPLES OF EVIDENCE

Documentation may include:

- > the claims management policy
- > a procedure specifying personnel responsible for monitoring changes to the SRC Act, SRC Regulations and relevant guidelines [including Comcare's Scheme Guidance], and also documents how the information is disseminated
- > training plans which require key claims management staff to attend relevant legislative training
- > job descriptions which require legislative competence to be maintained
- > formal reports to senior management on compliance with legislative obligations
- > business management plans
- > service level agreements (SLAs) with a contracted claims manager
- > procedures that reflect the determining authority's legislative obligations
- > claims management system policies and procedures which have regard to natural justice principles
- > the determining authority's plans which have integrated legislative change into operational activities.

Interview with key personnel:

- > is all applicable legislation identified, readily available and included in staff training?
- > when legislation or policy changes, are business plans revised to include implementation of the changes?

CRITERION 2.4

The determining authority sets objectives and targets and identifies key performance measures for its claims management system.

Legislative requirement	Better practice
	

COMMENTARY

Objectives and targets are key features of an effective claims management system that provides a shared direction for members of an organisation to strive towards.

Better practice involves the determining authority establishing and maintaining documented objectives and targets for its claims function at each relevant level within the organisation. When establishing and reviewing its objectives, the organisation shall consider its legal and other requirements, its risks, its technological options, its operational and business requirements, and the views of interested parties. The objectives and targets shall be consistent with the claims management policy.

The determining authority's objectives and targets will also be specific, measurable, and influence positive behaviours amongst employees. The key performance indicators (KPIs) need to be identified.

EXAMPLES OF EVIDENCE

Documentation may include:

- > the claims management policy
- > business plans that identify objectives and targets, and the key performance indicators (KPIs)
- > performance reports identifying outcomes and achievements against planned claims management activities, objectives and KPIs
- > LCPI Report (for self-insured licensees)
- > a contract or SLA with a contracted claims manager.

CRITERION 2.5

The determining authority establishes plans to:

- (i) achieve its objectives and targets;
- (ii) promote continuous improvement; and
- (iii) provide for effective claims management arrangements.

Legislative requirement	Better practice
✗	✓

COMMENTARY

Better practice involves the determining authority establishing and maintaining management plans for achieving its objectives and targets. They shall:

- > designate responsibility for achieving objectives and targets at relevant levels of the organisation
- > outline the means and timeframe by which objectives and targets are to be achieved
- > outline the means and timeframe by which system improvements will be implemented
- > outline the means and timeframe by which claims management activities will be undertaken.

Procedures shall be established to ensure that current plans are reviewed, and if necessary amended to address such changes at regular and planned intervals, and whenever there are changes to the activities of the organisation or significant changes in operating conditions.

The determining authority's claims management system plans should also include appropriate documentation, procedures and contractual arrangements to provide for effective claims management arrangements.

EXAMPLES OF EVIDENCE

Documentation may include:

- > the claims management policy
- > business plans
- > Corrective Action Plans
- > LCPI report
- > SLAs with a contracted claims manager
- > policies, procedures or operation manuals for the management of claims.

NOTE FOR AUDITOR:

There are three parts to this criterion. If a non-conformance has been raised for the previous criterion (objectives and targets), but the evidence supports the requirements for **both** the remaining two parts, then a conformance should be awarded as the first requirement becomes not applicable.

ELEMENT 3: IMPLEMENTATION

CRITERION 3.1

The determining authority allocates adequate resources to support its claims management system.

Legislative requirement	Better practice
✗	✓

COMMENTARY

Better practice involves the determining authority identifying and providing the resources required to implement, maintain, and improve its claims management programs. Resources include human resources and specialised skills, technology and financial resources.

EXAMPLES OF EVIDENCE

Documentation may include:

- > assessment of resourcing requirements based on the complexity of cases, including number, location, classification and expertise of staff performing the claims management function
- > claims management budgets to support claims management system plans
- > reports on the number of open claims being managed by each claims manager
- > performance against key performance indicators (KPIs).

Interview with claims management personnel:

- > What indicators would you consider in order to increase resources for the claims management function?
- > How many claims do claims manager(s) manage at any given time?
- > Do you consider that you are provided with sufficient resources and support to manage your workload?

IT system evidence:

- > examples of recent IT upgrades to support the claims management system.

CRITERION 3.2

The determining authority defines and communicates responsibilities to relevant stakeholders.

Legislative requirement	Better practice
✗	✓

COMMENTARY

Communication is a key element of successful claims management outcomes and all stakeholders must understand their role and responsibilities in the claims management process.

Better practice involves the determining authority defining, documenting and communicating the areas of accountability and responsibility of all personnel involved in the claims management function. Where service providers are involved, these areas of accountability and responsibility shall also be clarified.

EXAMPLES OF EVIDENCE

Documentation may include:

- > claims management procedures that outline the responsibilities of managers, senior managers, employees, claims managers and service providers
- > induction/orientation program
- > responsibilities and accountability included in position statements (claims manager, supervisor, senior managers)
- > intranet
- > claims pack (where information that specifies the roles and responsibilities of the various stakeholders in claims management process is included)
- > a contract or SLA with a contracted claims manager.

File audit may demonstrate:

- > a notice of rights and obligations accompanying determinations issued to employees
- > record of discussion between the claims manager and the employee regarding the employee's rights and responsibilities.

CRITERION 3.3

The determining authority communicates relevant information regarding the claims management process including:

- (i) ensuring that employees are aware of their legislative rights and obligations in relation to workers' compensation
- (ii) ensuring that employees are informed of the status of their claims
- (iii) ensuring consultation occurs between all parties in regards to the claims management process.

Legislative requirement	Better practice
✓	✓

COMMENTARY

The SRC Act requires a determining authority to provide an employee with a notice in writing setting out the terms of any claim determination, the reasons for the determination and include a statement advising the employee what they can do if they do not agree with the determination (a notice of rights).

Natural justice requires that employees are properly informed of their rights and obligations. Furthermore, the Conditions of Licence require that licensees provide employees with information about their rights and obligations in relation to workers' compensation under the SRC Act at the time of employment.

Employees should have ready access to information on how the determining authority will assist them to return to work and claim compensation. In particular, employees must be informed of their rights and obligations in the claims process. Correspondence and enquiries should be responded to in a timely manner.

Employees should be kept informed of the status of their claims, especially during the stages of initial claim determination, benefit determination and during reconsiderations and appeals (if applicable).

The determining authority must ensure that all relevant parties who have roles and responsibilities in the claims management process are consulted. This is particularly pertinent if the employee is undertaking a rehabilitation program to assist in the return to work process.

EXAMPLES OF EVIDENCE

Documentation may include:

- > consultation procedures and/or communication protocols.

File audit may demonstrate:

- > a notice of rights and obligations accompanying determinations issued to employees
- > evidence that the employee was kept informed of the status of their claim throughout the claims process (initial determination, benefit determination and reconsiderations and appeals)
- > acknowledgement of receipt of claims and provision of reference and contact details
- > evidence of consultation between the claims manager, case manager and rehabilitation providers.

CRITERION 3.4

The determining authority identifies training requirements, develops and implements training plans and ensures personnel are competent.

Legislative requirement	Better practice
	

COMMENTARY

Better practice involves the determining authority to identifying training needs in relation to performing workers' compensation claims management competently. Procedures should be in place to ensure that claims management competencies are developed and maintained and that personnel involved in the management of workers' compensation claims have undertaken training appropriate to the identified needs. Training should be carried out by persons with appropriate knowledge, skills and experience in SRC Act training.

EXAMPLES OF EVIDENCE

Documentation may include:

- > training needs analysis of relevant personnel
- > job descriptions detailing required skills/competencies
- > proposed training schedules
- > personal development plans for individuals
- > training matrix
- > training attendance records
- > training program material
- > participation in relevant forums or industry events
- > attendance at legislative update sessions
- > details of the organisation(s) or individual(s) that provided the training (experience and qualifications)
- > claims staff CVs
- > supervisor induction/training package.

Interview with claims manager:

- > Can you outline the training that you have undertaken in the past 12 months in relation to your role?

CRITERION 3.5

The determining authority complies with the provisions of the SRC Act when making decisions on claims, including:

- (i) determining claims accurately and quickly
- (ii) determining claims in writing with adequate terms and reasons
- (iii) ensuring there is equity of outcomes resulting from administrative practices used by Comcare

Legislative requirement	Better practice
✗	✓

COMMENTARY

To ensure legislative compliance, the determining authority must have in place a system that ensures fair and equitable outcomes for all employees. This system should be well documented and communicated within the organisation and monitored for its effectiveness:

- > when making decisions, or reviewable decisions, the determining authority is guided by equity, good conscience and the substantial merits of the case, without regard to technicalities
- > the determining authority complies with the provisions of section 61 (determinations in writing, state terms, give adequate reasons, and contain a notice of rights)
- > the determining authority determines claims accurately and quickly (section 108(E)(b))
- > the determining authority ensures there is equity of outcomes in administrative practices.

EXAMPLES OF EVIDENCE

File audit may demonstrate:

- > all determinations must be set out in writing and include the terms of the determination, the reasons for the determination, a statement to the effect that the claimant may, if dissatisfied with the determination, request a reconsideration under subsection 62(2)
- > determinations are made accurately and quickly
- > for determinations and reviewable decisions, the claims manager is guided by equity, good conscience and the substantial merits of the case, without regard to technicalities
- > claims are managed and determinations made having regard to JPAs and Scheme Guidance.

NOTE TO AUDITOR:

This criterion is looking at the way determinations are made generally—including timeliness—and ‘technical’ elements of decision making. For example, deficiencies in determination letters would be recorded against this criterion, whilst deficiencies in the application of the legislation should be recorded against the criterion that deals with the specific section of the SRC Act.

CRITERION 3.6

The determining authority complies with the provisions of the SRC Act when using its powers or meeting statutory obligations under that Act.

Legislative requirement	Better practice
✓	✗

COMMENTARY

The determining authority must comply with the provisions of the SRC Act when using its powers or meeting statutory obligations under that Act, including sections:

- > 57—requiring an employee to undertake a medical examination
- > 58—requesting information from the employee
- > 59—receiving a request for certain documents from the employee
- > Part IV—dealings with third party damages claims
- > 113, 114, 114C, 114D and 115—overpayments of compensation.

EXAMPLES OF EVIDENCE

Documentation may include:

- > procedures for dealing with third party and common law claims
- > procedures for organising medical examinations under section 57, requesting information under section 58 and releasing information under section 59
- > procedures for managing overpayments
- > evidence that the decision maker was authorised by the determining authority to make decisions under section 113, 114, 114C, 114D and 115.

File audit may demonstrate:

- > the claims manager has appropriately applied the provisions relating to third party damages and overpayments, requiring attendance at a medical examination, the request and provision of information, and overpayments.

Interview with claims manager:

- > How do you establish if an employee's excuse for failure or refusal to attend, or obstruction of, an examination is reasonable?
- > How do you establish what, if any, expenditure has been reasonably incurred by an employee in making a necessary journey to and from, and remaining for the purposes of, an examination?

CRITERION 3.7

The determining authority complies with the provisions of the SRC Act when determining initial liability.

Legislative requirement	Better practice
✓	✗

COMMENTARY

The determining authority must ensure that it complies with the provisions of the SRC Act when determining initial liability. The claims manager must have regard to a number of sections of the legislative framework in order to ensure a correct decision and consequent determination is made, including sections:

- > 5, 5(1) and 5(1A)—the definition of ‘employee’
- > 5A, 5B, 6, 7 and 14—determination of liability, including the exclusionary provisions
- > 15—claims for loss of, or damage to property
- > 17—claims for injuries resulting in death
- > 53—a notice of injury is given to the determining authority as soon as practicable
- > 54—a written claim for compensation, including a medical certificate, has been received
- > 55—survival of claims
- > 117—compensation payable to locally engaged staff
- > 52, 118 and 119—double benefits and State compensation.

EXAMPLES OF EVIDENCE

Documentation may include:

- > claims management procedures for initial liability determination that have detailed processes for the abovementioned sections
- > verification process for incoming claims (e.g. a checklist)
- > a list of exempt employees/locally engaged overseas employees.

File audit may demonstrate:

- > the claim complies with section 54 and includes a medical certificate, there is a notice of injury in writing and the employee meets the definition of employee under section 5
- > claims are determined in accordance with section 14
- > liability to pay compensation under section 15 is determined correctly
- > the provisions relating to death claims, locally engaged overseas staff, double benefits and compensation where State compensation is payable, are applied correctly.

Interview with claims manager:

- > Are you able to explain the process for determining new claims?

CRITERION 3.8

The determining authority complies with the provisions of the SRC Act when determining liability for incapacity.

Legislative requirement	Better practice
	

COMMENTARY

Where a compensable injury results in incapacity, the employee is entitled to receive payment for that incapacity. There are a number of sections under the SRC Act where such payments are calculated and determined (or excluded from payment), and the determining authority must ensure that these provisions are applied appropriately:

- > 8 and 9—calculation of, and changes to, Normal Weekly Earnings (NWE)
- > 19—determination of incapacity
- > 20, 21 and 21A—superannuation pension, lump sum or a combination respectively
- > 22—where an employee is maintained in a hospital
- > 23—compensation not payable in certain cases
- > 30—redemptions
- > 31—recurrent payments after payment of a redemption
- > 116—employees on compensation leave
- > 117—Locally engaged overseas staff
- > 118 and 119—double benefits and State compensation.

EXAMPLES OF EVIDENCE

Documentation may include:

- > procedures for calculating and determining incapacity payments under the abovementioned sections
- > the procedures specify that sick leave and recreation leave entitlements continue to accrue for employees during each of the first 45 weeks of compensation leave as if the employee was not absent from work
- > procedures that specify that long service leave entitlements continue to accrue for employees during the entire period of compensation leave as if the employee was not absent from work (these documents may be held by HR or Personnel)
- > a list of locally engaged overseas employees.

File audit may demonstrate:

- > calculations and determinations are made correctly in relation to sections 8 and 9 (including consideration of overtime, allowances and shift penalties), 19, 20, 21, 21A, 30 and 31
- > the provisions relating to an employee being maintained in a hospital, compensation not being payable in certain cases, locally engaged overseas staff, double benefits and compensation where State compensation is payable, are applied correctly.

IT system:

- > a demonstration of how NWE is calculated
- > the IT system supports and assists in correctly calculating incapacity entitlements, including the 45 week count.

CRITERION 3.9

The determining authority complies with the provisions of the SRC Act when determining liability for benefits, including medical expenses.

Legislative requirement	Better practice
	

COMMENTARY

Where a compensable injury results in benefits being payable to the employee and other parties, the determining authority must ensure that all of the relevant provisions are appropriately applied. These provisions include sections:

- > 16—medical treatment and travel to and from medical treatment
- > 17(5)—weekly benefits for prescribed children
- > 18—funeral expenses
- > 29—household services and attendant care
- > 39—alterations to place of residence, workplace, vehicle or aids and appliances
- > 108E(a)—compensation and other amounts are paid accurately and quickly.

EXAMPLES OF EVIDENCE

Documentation may include:

- > procedures for making determinations under the abovementioned sections of the SRC Act.

File audit may demonstrate:

- > calculations and determinations are made accurately and quickly in relation to sections 16, 17(5), 18, 29 and 39.

Interview with claims manager:

- > Can you explain the process for determining claims for household services and attendant care?

CRITERION 3.10

The determining authority complies with the provisions of the SRC Act when determining liability for permanent impairment.

Legislative requirement	Better practice
✓	✗

COMMENTARY

When assessing, determining and calculating claims for permanent impairment, the determining authority must comply with the provisions of sections:

- > 24—determining claims for permanent impairment
- > 25—determining interim payments and reassessment of levels of permanent impairment
- > 26—interest on payments of compensation for permanent impairment
- > 27—determining compensation for non-economic loss
- > 28—use of the Approved Guide when assessing claims for permanent impairment
- > 45—election to institute action for non-economic loss.

EXAMPLES OF EVIDENCE

Documentation may include:

- > procedures for determining claims for permanent impairment (including interim payments).

File audit may demonstrate:

- > calculations and determinations are made accurately and quickly in relation to sections 24, 25, 26, 27 and 28.
- > section 45 'election' is signed and on file.

IT system:

- > if applicable, the IT system supports and assists in calculating correct section 24 entitlements
- > systems or processes are in place to ensure payment is made within 30 days of determination (eg. calendar reminder).

Interview with claims manager:

- > Can you explain the process for determining permanent impairment claims?

CRITERION 3.11

The determining authority complies with Part X of the SRC Act, the transitional provisions, particularly in relation to determining permanent impairment and incapacity benefits.

Legislative requirement	Better practice
	

COMMENTARY

The transitional provisions relate to the changeover from the legislation preceding the SRC Act to the SRC Act and only apply to Comcare, Australia Post and Telstra.

EXAMPLES OF EVIDENCE

Documentation may include:

- > procedures relating to the transitional provisions.

File audit may demonstrate:

- > calculations and determinations are made accurately and quickly in relation to Part X.

CRITERION 3.12

The determining authority complies with the provisions of the SRC Act, and any specific licence conditions (if applicable), when managing reconsiderations.

Legislative requirement	Better practice
✓	✗

COMMENTARY

Determining authorities must ensure the following when managing reconsiderations under the SRC Act:

- > reconsiderations are made in accordance with section 62
- > reviewable decisions are notified in writing as per the provisions of section 63.

Note: it is acceptable for the original decision maker to undertake a reconsideration of own motion at any time; or, following a reconsideration request, where the reviewable decision is favorable to the employee.

Where the original decision maker decides to undertake a reconsideration of own motion this decision must be carried out under section 62 of the SRC Act. The decision must be notified in writing as per the provisions of section 63.

If a determining authority holds a licence under Part VIII that is subject to conditions requiring the determining authority to arrange for the reconsideration by another person of any determination made by it, then that requirement must be followed (s62(2A)).

EXAMPLES OF EVIDENCE

Documentation may include:

- > the arrangements and procedures for the reconsideration and review of decisions, including the location, classification and expertise of the person(s) who has responsibility for these functions, and the relationship of the reviewer to the initial decision maker
- > the arrangements and procedures for the reconsideration and review of decisions on own motion.

File audit may demonstrate:

- > when undertaking reconsiderations, whether on their own motion or on the request of the claimant, the provisions of section 62 have been applied correctly
- > evidence that the determining authority caused to be served on the claimant a notice in writing as soon as practicable after a reviewable decision has been made under section 63, setting out:
 - the terms of the decision
 - the reasons for the decision
 - appeal rights to the AAT
- > evidence that the documentation considered when making the determination was provided to the employee unless the documentation was already in the employee's possession.

Interview with claims manager:

- > Under what circumstances would you consider undertaking a reconsideration of own motion?
- > How do you decide whether to grant an extension of time where a reconsideration request is not received within 30 days?

CRITERION 3.13

The determining authority provides employees with a reasonable opportunity to provide information or comment when claims for on-going liability are being assessed or reviewed.

Legislative requirement	Better practice
	

COMMENTARY

Natural justice requires that any relevant party be given a fair opportunity of presenting their case. This may well have been satisfied where the relevant party has already seen the evidence or, in fact, provided that evidence in the first place. This is often the case in relation to the submission of a new claim. In such cases, a decision can be made forthwith. When ongoing liability is being reviewed and an adverse decision is contemplated, the requirement to provide fair opportunity can best be satisfied in most cases by:

- > advising the relevant party of all the evidence which might adversely affect them, and
- > giving that party reasonable opportunity to respond to that evidence.

EXAMPLES OF EVIDENCE

File review may demonstrate:

- > the employee is given reasonable opportunity to provide further information or comment prior to a decision being issued to stop benefits or vary unfavorably to the employee.

CRITERION 3.14

Claim reviews are timely, made accurately and guided by equity, good conscience and the substantial merits of each case without regard to technicalities.

Legislative requirement	Better practice
	

COMMENTARY

To ensure effective claims management, claims must be reviewed in a timely and accurate manner having regard to the provisions of the SRC Act. Effective claims reviews involve the gathering of relevant information for analysis and evaluation to ensure appropriate management strategies are implemented so that employees who have an entitlement under the SRC Act are in receipt of their full and correct entitlements. When making determinations or reviewable decisions, the determining authority must be guided by equity, good conscience and the substantial merits of the case, without regard to technicalities.

EXAMPLES OF EVIDENCE

Documentation may include:

- > a procedure for claims reviews
- > a quality assurance process.

File audit may demonstrate:

- > decisions (and reviewable decisions) are made as per the requirements of the criterion
- > all determinations made as a consequence of claims reviews meet the requirements of the legislation and are made accurately and quickly
- > benefits paid as a consequence of claims reviews are determined and paid accurately and quickly
- > the claim is managed in accordance with any relevant Scheme Guidance.

CRITERION 3.15

The determining authority has a policy on the use of covert surveillance and complies with its requirements. The policy must include:

- (i) on whose authority approval may be granted
- (ii) detailed instruction on the manner in which covert surveillance is to be conducted
- (iii) a requirement that any operative undertaking covert surveillance on behalf of the determining authority has been issued with; and has agreed to; written instructions on the policy.

Legislative requirement	Better practice
✓	✗

COMMENTARY

Documentation may include:

- > a surveillance policy
- > claims manual, or similar, where the policy requirements are set out
- > applications to conduct covert surveillance
- > policy or procedure statements delegating authority for the approval of covert surveillance
- > evidence that only the person with the appropriate authority, as outlined in the licensee’s policy on the use of covert surveillance in claims management, has approved the use of covert surveillance in relation to claims management
- > copies of agreements, contracts etc. between the licensee and an operative undertaking covert surveillance on behalf of the licensee, which show that the operative has been issued with and has agreed to the licensee’s policy on the use of covert surveillance in claims management, and the manner in which it is to be conducted
- > policy or procedure statements which document the procedures to maintain the confidentiality of information and appropriately apply the requirement of the relevant Privacy Act, particularly in relation to applying for, undertaking and reporting on covert surveillance.

File audit³ may demonstrate:

- > evidence that approval for covert surveillance has been approved by the person(s) defined in the policy and that surveillance has been carried out in accordance with the policy.

NOTE TO AUDITOR

To assess this criterion it will be necessary to request access to any surveillance files to establish that the determining authority is complying with its policy.

To rate this criterion:

- > If there is no policy at all, or the policy does not address all the requirements—rate as ‘non-conformance’
- > If there is a compliant policy, but no examples of surveillance within the scope—rate as ‘not able to be verified’
- > If there are surveillance files to review, the rating should be commensurate with the level (if any) of deficiency to the requirements of the policy.

2 NOTE: Surveillance files do not necessarily need to come from the claims file sample

CRITERION 3.16

The determining authority maintains the confidentiality of information and applies legislative requirements.

Legislative requirement	Better practice
	

COMMENTARY

Privacy Acts are binding upon all employers in the Comcare scheme and aim to protect the rights of individuals regarding the way information about them is collected, stored, used and disclosed. These Acts regulate:

- > the way information is requested and collected
- > the type of information an employer can request
- > the way information is stored
- > the uses an employer can make of information held
- > the quality of information an employer uses (for example, whether it is current, accurate and relevant to the purpose for which it was collected)
- > the release of information to others
- > the individual's right of access to his/her records.

EXAMPLES OF EVIDENCE

Documentation may include:

- > recordkeeping procedures that specify how information about injured employees are kept, the form of the records, the location of the records, who is authorised to access them and how long each record should be kept
- > if claims management services are provided under contract, a copy of the relevant part of the contract that confirms the contractor's adherence to the relevant Privacy Act
- > claims management files that are maintained in accordance with documented procedures
- > review of policies and procedures to ensure compliance with the most recent version of the relevant privacy legislation.

File audit may demonstrate:

- > records of other employees are not on the case file
- > information is not requested without the proper authority
- > records are not released to unauthorised personnel without the proper authority
- > where files are maintained electronically, the system includes controls to prevent unauthorised access.

Workplace observation:

- > physical storage of files and management of electronic records.

NOTE TO AUDITOR

Records should be stored in a secure manner to prevent unauthorised access. The presence of information about other employees on a claim file is a deficiency against this criterion. It does not have to be demonstrated that the information was actually released to the wrong person. The auditor reviewer is to apply their judgement as to whether the incidence and/or seriousness of error is sufficient to indicate a systemic issue and a non-conformance rating for this criterion. However, any incidence noted in the file review will require a corrective action to rectify the error.

CRITERION 3.17

The determining authority maintains the relevant level of reporting, records and/or documentation to support its claims management system and legislative compliance.

Legislative requirement	Better practice
✓	✓

COMMENTARY

Records Management legislation requires organisations to take responsibility for records and information management.

Better practice involves the determining authority defining, appropriately documenting and updating, when necessary, its operational processes and procedures. The degree and quality of the documentation will vary depending on the size and complexity of the determining authority. Claims management system documentation shall be legible, dated and readily identifiable and be maintained in an orderly manner for a specified period. It should be current, comprehensive and issued by an authoritative source. Examples of evidence

Documentation may include:

- > document control and file maintenance procedures
- > document register
- > quality assurance procedures
- > performance reports.

File audit may demonstrate:

- > files are folioed or there is an index sheet recording documents received
- > where files are maintained electronically, the system provides for document indexing and tracking
- > where files are maintained electronically, the system provides protection from deletion.

ELEMENT 4: MEASUREMENT AND EVALUATION

CRITERION 4.1

The determining authority monitors planned objectives and performance measures for core claims management activities.

Legislative requirement	Better practice
	

COMMENTARY

Better practice involves the determining authority establishing, implementing and maintaining a process for monitoring, measurement, analysis and performance evaluation of its core claims management activities. Monitoring of planned objectives is a key activity which ensures that the determining authority is performing in accordance with its claims management system objectives and targets. The results should be analysed and used to determine areas of success and to identify activities requiring corrective action and improvement.

EXAMPLES OF EVIDENCE

Documentation may include:

- > a procedure for claims management system performance monitoring and measurement
- > periodic claims management system performance measurement reports
- > periodic claims activity reports
- > strategic plans which include claims management system performance objectives and key performance indicators.

CRITERION 4.2

The determining authority conducts an audit program—performed by competent personnel and in accordance with the requirements of the Commission and Comcare—to measure performance of its claims management system.

Legislative requirement	Better practice
	

COMMENTARY

Better practice involves the determining authority conducting internal audits of the claims management system at planned intervals to determine whether the system has been properly implemented and maintained and whether the employer has met the performance objectives defined within its documented commitment to claims management.

Audits of the claims management system must be carried out by competent personnel. ‘Competent personnel’ are defined as people with knowledge of the SRC Act and relevant experience. Relevant experience in this case would include audit training and experience. Furthermore, the auditors must be independent of the area being audited.

For self-insured licensees, the Commission’s performance standards and measures require self-insured licensees to maintain their claims management systems.

EXAMPLES OF EVIDENCE

Documentation may include:

- > an audit procedure encompassing claims management system audits
- > audit reports
- > a documented claims management system audit program
- > qualifications and experience of personnel conducting audits (CVs)
- > documentation which demonstrates that the auditor is independent of the area being audited
- > if the claims management system audit tool used by the determining authority is different to the current Claims Management Systems Audit Tool, there is documentation demonstrating the mapping exercise/gap analysis, including identification of additional criteria required.

CRITERION 4.3

Audit outcomes are appropriately documented and actioned. The determining authority reports to senior executive on its claims management system performance, including audit outcomes.

Legislative requirement	Better practice
	

COMMENTARY

Better practice involves the determining authority reporting the results of the relevant audits to relevant managers and the managers to review those results. As supported by best practice, internal audits are more likely to be effective if the senior executive is actively involved in reviewing the outcomes and if prompt corrective action is taken to rectify the identified deficiencies. Individuals should be assigned responsibility to ensure recommended actions are implemented.

The determining authority's senior executive needs to be fully engaged in assessing the performance of the claims management system, and to provide strong direction to claims management staff in response to regular claims management performance reports.

EXAMPLES OF EVIDENCE

Documentation may include:

- > audit report procedures encompassing claims management system audits
- > the most recent claims management system audit report
- > corrective action plans and closure reports from recent claims management system audits
- > minutes of meetings between senior executive and claims management personnel
- > periodic claims management system performance reports to senior executive
- > memoranda from senior executive to claims management staff providing comment or direction for action, in response to claims management system performance reports
- > periodic reports by national workers' compensation/injury manager (or equivalent) to senior executive.

NOTE TO AUDITOR

This criterion has two parts. The first part assesses whether audit outcomes are documented, and a corrective action plan has been developed *and implemented*. The second part is whether senior executive is kept informed of the claims management system's performance, including, but not limited to, presentation of the audit findings and outcomes of corrective actions. A non-conformance for one part will result in a non-conformance overall for this criterion.

CRITERION 4.4

The determining authority communicates the outcomes and results of claims management system audits to its employees.

Legislative requirement	Better practice
	

COMMENTARY

Best practice involves the determining authority reporting the results of the audits and the relevant results of continual improvement to its employees.

The process of continuous improvement will be most effective if all employees are aware of the results of both internal and external claims management system audits, and the corrective actions and improvements arising from these audits. Communicating the results to all employees also provides an opportunity for senior executive to demonstrate its ongoing commitment to continuous improvement.

EXAMPLES OF EVIDENCE

Documentation may include:

- > 'all staff' emails from senior executive/injury managers to employees
- > copies of presentations used at employee forums that include claims management system audit results
- > reports of claims management system audit results on the intranet site or in newsletters
- > schedule/minutes of toolbox talks including results of claims management system audits
- > minutes of Health and Safety Committee (HSC) meetings.

NOTE TO AUDITOR

Where the HSC is the sole method of distributing audit results to employees, it will not be sufficient just to show that the report was sent to the HSC—evidence must be presented that the report was tabled and discussed, and that the minutes of the HSC meeting are available to employees.

CRITERION 4.5

The determining authority provides the Commission or Comcare with reports or documents as requested. This includes informing Comcare as soon as practicable of any proceedings brought by them, or against them, in relation to a matter arising in respect of a claim managed by them under the SRC Act.

Legislative requirement	Better practice
✓	✗

COMMENTARY

On written request of the Commission, a determining authority that is a licensee must give to the Commission, within the timeframe specified in the request, such information relating to the licensee's operations under the SRC Act and WHS Act in the form and at the place specified in the request. Information likely to be requested by the Commission includes information required for the Data Warehouse, the Commission's Annual Report, as well as the LCPI Report.

If a licensee brings proceedings in relation to a matter arising in respect of a claim under the SRC Act, the licensee must inform Comcare as soon as practicable that the proceedings have been brought and give Comcare a copy of the initiating process. The Conditions of Licence stipulate that the proceedings may be court or tribunal proceedings.

If proceedings are brought against the licensee, section 108C(8) requires the licensee to inform Comcare as soon as practicable.

Matters that go to the AAT and the Federal Court are reported through the Data Warehouse. Determining authorities are also required to 'flag' a matter as potentially scheme significant where applicable, and provide the relevant documentation in relation to these matters.⁴

EXAMPLES OF EVIDENCE

Documentation may include:

- > procedures for communicating relevant information to Comcare,
- > court proceedings have been reported to Comcare
- > reports provided to the Commission/Comcare as they relate to claims management.

IT System

- > there is an appropriate flag for AAT matters.

⁴ For more information the Commission's 'Policy on reporting scheme significant matters' at http://www.srcc.gov.au/_data/assets/pdf_file/0005/136148/Policy_on_reporting_of_potentially_scheme_significant_matters.pdf

ELEMENT 5: REVIEW AND IMPROVEMENT

CRITERION 5.1

The determining authority analyses claims management system performance outcomes against documented objectives to determine areas requiring improvement and promotes and implements continuous improvement strategies.

Legislative requirement	Better practice
✗	✓

COMMENTARY

The determining authority should ensure that its claims management system continues to be effective by undergoing regular review. Better practice involves the determining authority’s senior executive actively managing this process to ensure the system continues to be suitable, adequate and effective, and be accountable for the results and actions arising from the review.

EXAMPLES OF EVIDENCE

Documentation may include:

- > reports of claims management system reviews which include recommendations for action
- > implementation of corrective action plans from claims management system audits
- > evidence of changes made as a result of management reviews
- > internal claims management system audit reports
- > management reports
- > documented review timeframes
- > policies and procedures with review dates
- > minutes of review meetings
- > improvement in performance measures.

File audit	Comments	Achieved
2.1	Determinations and reconsiderations are signed by persons with appropriate delegation [List names in comments for cross-reference with delegation schedule]	
3.2	Employees are advised of the roles and responsibilities of relevant stakeholders	
3.3	When communicating relevant information regarding the claims management process the determining authority ensures:	
	> Employees are aware of their rights and obligations	
	> Employees are informed of the status of their claims	
	> Consultation occurs between all parties in regard to the claims management process	
3.5	When making decisions under the SRC Act, the determining authority ensures:	
	> Determinations are made accurately and quickly	
	> Determinations are in writing with adequate terms and reasons	
	> Determinations were guided by equity, good conscience and the substantial merits of the case, without regard to technicalities	
	> Determinations ensure equity of outcomes in administrative practices	
3.6	When using its powers under the SRC Act, the determining authority ensures:	
	> Requirements to attend medical examinations and any suspension of entitlements comply with the provisions of section 57	
	> Notices to provide information and any 'refusal to deal' decisions comply with the provisions of section 58	
	> Any request to provide documents complies with the provisions of section 59	
	> Actions dealing with third party damages claims and the like comply with the provisions of Part VI	
	> The raising and recovery of overpayments correctly apply the provisions of sections 113, 114, 114B, 114C, 114D and 115	

File audit	Comments	Achieved
3.7	<p>When determining initial liability, the determining authority ensures:</p> <ul style="list-style-type: none"> <li data-bbox="220 259 699 320">> Notice of injury has been made in a timely manner (section 53) <li data-bbox="220 342 655 403">> The claim is compliant and includes a medical certificate (section 54) <li data-bbox="220 425 627 486">> The claimant meets the definition of 'employee' (section 5) <li data-bbox="220 508 724 600">> Claims for injury are determined under section 14 in accordance with the provisions of sections 5A, 5B, 6 and 7 <li data-bbox="220 622 711 714">> Claims for loss or damage to property are determined under section 15 in accordance with its provisions <li data-bbox="220 736 716 797">> Claims for death are determined under section 17 in accordance with its provisions <li data-bbox="220 819 687 911">> Claims from locally engaged overseas staff are determined under section 117 in accordance with its provisions <li data-bbox="220 934 703 1055">> Claims where an award or state compensation is payable are determined in accordance with the provisions of sections 52, 118 and 119 	
3.8	<p>When determining liability for incapacity payments, the determining authority ensures:</p> <ul style="list-style-type: none"> <li data-bbox="220 1162 695 1254">> NWE and NWH, and changes to NWE are determined under section 8 in accordance with the provisions of sections 8 and 9 <li data-bbox="220 1276 724 1337">> Determinations comply with the provisions of section 19 (pre and post 45 weeks) <li data-bbox="220 1359 692 1420">> 'Deeming' determinations comply with the provisions of section 19(4) <li data-bbox="220 1442 699 1534">> Superannuation-related determinations comply with the provisions of sections 20, 21 and 21A <li data-bbox="220 1556 679 1648">> Where the employee is maintained in a hospital, determinations comply with the provisions of section 22 <li data-bbox="220 1671 724 1731">> Determinations that incapacity is not payable comply with the provisions of section 23 <li data-bbox="220 1753 708 1814">> Redemptions are determined in accordance with the provisions of section 30 <li data-bbox="220 1836 687 1928">> Recurrent payments after redemptions are paid in accordance with the provisions of section 31 <li data-bbox="220 1951 655 2078">> Leave of absence with pay (other than maternity leave) is not granted—in accordance with the provisions of section 116 	

File audit	Comments	Achieved
3.9	When determining liability for benefits, the determining authority ensures:	
	> medical treatment claims are determined in accordance with the provisions of sections 4 and 16	
	> weekly benefits for the dependent children of deceased employees are determined in accordance with the provisions of section 17(5)	
	> funeral expense claims are determined in accordance with the provisions of section 18	
	> household services and attendant care claims are determined in accordance with the provisions of section 29	
	> claims for alterations to premises, vehicle modifications and aids and appliances determined in accordance with the provisions of section 39	
	> that all <i>payments</i> are made accurately and quickly [section 108E(a) and (b)]	
3.10	When determining liability for permanent impairment (PI), the determining authority ensures:	
	> PI claims are assessed under the Approved Guide (section 28)	
	> PI claims are determined in accordance with section 24	
	> Interim payments are made in accordance with the provisions of section 25	
	> Claims for non-economic loss (NEL) are determined in accordance with section 27	
	> An election under section 45 is issued prior to any payment being made	
	> Payment (including interest, if applicable) is made in accordance with the provisions of section 26	
3.11	The determining authority complies with the provisions of Part X when applying the transitional provisions of the SRC Act	

File audit	Comments	Achieved
3.12	<p>When managing reconsiderations, the determining authority ensures:</p> <ul style="list-style-type: none"> > Reconsideration decisions are made in accordance with the provisions of section 62 and any specific conditions of licence > Reconsideration decisions (including a decision not to grant an extension of time) are made in writing and contain the information specified in section 63 	
3.13	<p>Employees are provided with a reasonable opportunity to provide information or comment when claims for ongoing liability are being assessed or reviewed</p>	
3.14	<p>Claim reviews are timely, made accurately, and guided by equity, good conscience and the substantial merits of each case without regard to technicalities</p>	
3.15	<p>When undertaking covert surveillance on an employee, the determining authority ensures that:</p> <ul style="list-style-type: none"> > Approval has been obtained from the person(s) specified in the policy > The operative has been provided with, and agreed to, written instructions on the policy > The surveillance was carried out in accordance with the written instructions 	
3.16	<p>The confidentiality and privacy of employees is maintained.</p>	
3.17	<p>There is an appropriate audit trail and files are folioed.</p>	