

Comcare

## VIEWING A CLAIM: COMCARE CUSTOMER INFORMATION SYSTEM (CIS)

By viewing a claim, case managers can get detailed information about specific claims, including:

- > Comcare contact information
- > claim costs and estimates
- > a complete listing of incapacity determinations for the claim
- > a listing of all non-incapacity determinations since 1 January 2005.

Screen 1—Select View Claim from the initial CIS home screen and click on Execute.

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| Australian Covernment                          |             |
| Comcare                                        |             |
|                                                |             |
| Comcare Customer Informa                       | tion System |
| Comcare Customer Informa<br>lication Selection | tion System |

Screen 2—Search for the claim you would like to view in the View Claim—Search Step. Use the following steps to search by the employee's name or claim number:

- 1. Enter the employee's name or claim number and click on Search at the bottom of the screen.
- 2. The search results will appear in the blank middle section of the screen. Select the claim you require. It will turn a shade of blue when selected.
- 3. Click on Next to access the detail of the claim.

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| Australian Government                        |                         |                                                         |
| Comeare                                      | Compare Custon          | ar Information Sustem                                   |
|                                              | Concare Custon          | ler mormation System                                    |
| Claim - Search                               | 1 Step                  |                                                         |
|                                              |                         |                                                         |
| Claim No Names                               |                         |                                                         |
| laim Number                                  |                         |                                                         |
| ma                                           | Rith Date Claim No. Toi | unu Dato I Jability Status Claim Status Liable Customo- |
|                                              |                         | ny Date Elability Status Claim Status Elable Customer   |
| Step 1: Search b                             | y claim                 |                                                         |
| number or name                               |                         |                                                         |
|                                              |                         | Step 3: A listing of                                    |
|                                              |                         | bere after searching                                    |
|                                              |                         | Select the claim you                                    |
|                                              |                         | require.                                                |
| ep 4: After selecting                        | Step 2: Click 'Search'  |                                                         |
| ep 4: After selecting<br>e claim click next. |                         |                                                         |
| ep 4: After selecting<br>e claim click next. | - to find the claim     |                                                         |

Screen 3—The View Claim—View Step screen provides details on claim registration and condition, the employee, the agency that is liable for the employee's injuries, financial information, incapacity determinations and non-incapacity determinations. For privacy reasons we are not able to show detail in this guide.

| Australian Government                                            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |
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| Comeare                                                          |                         | and the second sec |   |
| -                                                                | Como                    | care Customer Information System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |
| w Claim - View Ste                                               | p                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |
| Claim Number                                                     |                         | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |
| Date of Injury                                                   |                         | Death due to Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
| Deter. Status                                                    |                         | Claim Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |
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| Claim Employee                                                   | Employment Financial Su | ummary Incapacity Non-Incapacity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |
| Claim Manager                                                    |                         | Phone Fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| Date Registered                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |
| Former Empl.                                                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |
| 3rd Party                                                        | No.                     | The information available in view claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |
| Startarty                                                        |                         | L can be viewed through these 6 tabs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |
| Perm. Impair.                                                    |                         | cuit be viewed infodgit filese o labs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |
| Perm. Impair.<br>AAT Review                                      |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _ |
| Perm. Impair.<br>AAT Review<br>Direct Payment                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |
| Perm. Impair.<br>AAT Review<br>Direct Payment                    | Туре                    | Start Date End Date Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ |
| Perm. Impair.<br>AAT Review<br>Direct Payment<br>Benefit Denials | Туре                    | Start Date End Date Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ |
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| Perm. Impair.<br>AAT Review<br>Direct Payment<br>Benefit Denials | Туре                    | Start Date End Date Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |

## WHERE CAN I GET MORE HELP?

Just click the Help link at the top right corner when you are logged in.

There is material available on the Comcare website: <u>http://www.comcare.gov.au/injury\_management/monitoring\_performance/customer\_information\_system</u>:

This material includes:

- > a PowerPoint introduction
- > a comprehensive guide to all reports
- > other FAQ sheets.

You can also contact the CIS helpdesk for assistance by:

- > phone 1300 366 979
- > email <u>agency.updates@comcare.gov.au</u>