Reconsiderations

Reconsiderations

Reconsiderations is the stage of the claims lifecycle where we undertake a review of a decision made under the *Safety, Rehabilitation and Compensation Act 1988.*

The reconsideration process and objective

An employee or employer can make a request for Comcare to reconsider a determination that we have made or that the employer as the rehabilitation authority has made.

Comcare may also identify the need to proactively review a determination (a reconsideration of own motion).

The outcome of a reconsideration is a 'reviewable decision'. This reviewable decision can be considered on its merits by the Administrative Review Tribunal.

Our objective at this stage of the claims lifecycle is to ensure that the correct decision is made based on the evidence available and in compliance with statutory timeframes for completion (being 30 days).

Reconsiderations on request and reconsiderations of own motion

The process for requesting a reconsideration or undertaking a reconsideration of own motion together with Comcare's resulting obligations are set out in the SRC Act.

Reconsiderations on request

Reconsideration of own motion

Reconsiderations on request and reconsiderations of own motion

Reconsiderations on request and reconsiderations of own motion

The SRC Act has a three tiered decision making process:

1. First tier: a determination, decision or requirement made under a specific section or division of the SRC Act, which can be reviewed under subsection 38(2) or section 60 of the Act.

2. Second tier: Comcare decides (of their own motion), or a request is received from an employee or Commonwealth employer, to reconsider a first-tier decision. These are reconsiderations. Decisions made at this tier are called 'reviewable decisions.' This is because they can be reviewed by the Administrative Review Tribunal (ART). The pages in this section offer guidance on this tier of decision making.

3. Third tier: the Administrative Review Tribunal (ART) conducts an independent merits review of an administrative decision. The ART has jurisdiction to consider reviewable decisions made under subsection 38(4) or section 62 of the SRC Act.

Either the employee or the employer can apply for a review of a reviewable decision.

Roles and responsibilities

A request for reconsideration is considered by the **Reconsiderations and Appeals team.** The Review Officer considers all available and relevant information to ascertain whether the correct decision has been made. Once the delegate (Director) issues a reviewable decision, the Review Officer will notify all stakeholders including the Claims Manager.

Reconsiderations of own motion are decisions that are issued by the claims team, usually the relevant **Claims Manager**.

If the reconsideration has to do with incapacity entitlements, the **Claims Administration and Income Support (CAIS) team** will issue the reconsideration of own motion, in consultation with the Claims Manager.

Following both types of reconsideration, the **Claims Manager** is responsible for determining any benefits that may be payable.

Relevant sections of the SRC Act

The following sections of the SRC Act are relevant to reconsiderations:

- Section 38 – Review of certain determinations by Comcare
- Section 60 – Interpretation
- Section 61 – Determinations to be notified in writing

- Section 62 – Reconsideration of determinations
- Section 63 – Reviewable decision to be notified in writing

In this section

Reconsiderations

This page provides guidance on undertaking a reconsideration of a decision at the request of an employee or employer. It includes information on:

- requirements under the SRC Act
- decisions that cannot be reconsidered
- reconsiderations when the claim is subject to ART proceedings
- service standards
- procedure to register a new reconsideration
- procedure to assess a reconsideration
- procedure to action a request for extension of time to submit a reconsideration request
- procedure to withdraw a request for reconsideration.

Reconsiderations on own motion

This page provides guidance on undertaking a review of a decision without a request from an employee or employer. It includes information on:

- when a reconsideration of own motion can be undertaken
- when a reconsideration of own motion should not be undertaken
- reconsiderations of own motion where incapacity is involved
- procedure to undertake a reconsideration of own motion.

Reconsiderations of own motion

Introduction

A reconsideration of own motion is an action undertaken by Comcare to review and change a decision it has made, usually without the request being made by the employee or employer. It can be undertaken if the original determination is incorrect or flawed.

Once a reconsideration of own motion has been undertaken, if the employee or employer disagrees with the reviewable decision, the next avenue of appeal is the Administrative Review Tribunal.

Roles and responsibilities

Reconsiderations of own motion are completed by the Claims Manager managing the claim. If the reconsideration has to do with incapacity, the Claims Administration and Income Support (CAIS) team will conduct the reconsideration of own motion, in consultation with the Claims Manager.

Timeframes for reconsiderations of own motion

Reconsiderations, including reconsideration on own motions, should be finalised in under 30 days. Reasons need to be recorded in the appropriate reconsideration task and the employee/employer informed if there is any delay after 30 days.

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When can a reconsideration of own motion be undertaken?

A reconsideration of own motion is undertaken where the original determination contains an error of **fact** or **law**. An error of law occurs when the legislation has not been interpreted and applied correctly. An error of fact occurs when relevant evidence has not been taken into account or evidence is received after the determination has been made which makes the determination unsustainable.

In deciding whether to undertake a reconsideration of own motion, you should have regard to how a reconsideration of own motion on a past decision (made in good faith and based on relevant information at the time) may adversely affect the rights, interests or legitimate expectations of an employee.

A reconsideration of own motion of any 'determination' can be undertaken by Comcare at any time. The word 'determination' includes any decision, determination or request provided by subsection 60(1) of the SRC Act.

While Comcare may conduct reconsideration of own motion at any time, it only has a legal obligation to do so upon becoming aware of a jurisdictional error (whether of fact or law or both) in a determination, including the following:

- In all injury cases:
  - whether the employee is an employee or not
  - whether the employee actually suffered an injury or not

    - whether the injury arose out of or in the course of employment, and
    - whether the employee gave the required notice of the injury or is excused from failing to do so.
- In cases relating to medical treatment only:
    - whether the injury resulted in death or an impairment or incapacity for work.
- In claims for incapacity payments:
    - whether the incapacity is as a result of an injury.
- In claims for permanent impairment:
    - whether the injury resulted in an impairment that is likely to continue.

Examples

Below are examples of when a reconsideration of own motion can be undertaken:. When considering whether to undertake a reconsideration of own motion, you should discuss the claim with your Assistant Director.

Claim actions	Section (SRC Act)	Reason for Reconsideration of Own Motion
Change injury/label descriptor (diagnosis)	14	Changes the injury treatment and liability profile of an injury, as well as the potential duration of compensation paid or payable. See Changed diagnosis for more information.
Change date of injury	14	Compensation is payable from an earlier or later date than first determined. Note: A decision regarding the date of injury is not a determination in itself but forms part of an initial (section 14) determination and can only be reviewed as part of a reconsideration of that determination. It is important to be aware that if review of the decision progresses to the Tribunal, all aspects of the initial determination are open to review (not just the date of injury).
Change to a previously determined normal weekly earnings (NWE) or incapacity payments	8, 19, 20, 21, 21A	Changes the quantum or period of incapacity compensation paid or payable. Change to a previously determined NWE due to miscalculation or new evidence.
Revocation of a primary determination	14	Liability for injury should not have been accepted (or compensation paid) in respect of the injury.
Apportionment of death compensation	17	Changes the amount of compensation payable between dependants.
Tribunal application in relation to NWE figure and periods of incapacity paid	8,19	A reconsideration of own motion can be used to review the NWE determination if there was a miscalculation or new evidence is provided.

		Note: If a Tribunal proceeding is set aside, costs incurred by the employee are payable by Comcare.
When a determination has been made requiring an employee to attend a medical examination under section 57 of the SRC Act.	57	A reconsideration on own motion can be undertaken if the Claims Manager determines that the employee is no longer required to attend a section 57 medical examination.

Reconsiderations during an ART proceeding

If an Administrative Review Tribunal (ART) proceeding is underway, and as a result of the reconsideration of own motion that proceeding is rendered redundant, Comcare is liable to reimburse the employee for any costs reasonably incurred in connection with the ART proceeding. The Reconsiderations and Appeals team must be advised if a reconsideration of own motion is undertaken on a matter connected with an ART proceeding.

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When should a reconsideration of own motion not be undertaken?

A reconsideration of own motion should not be undertaken if it is likely that you will affirm the original determination. If an employee supplies new evidence which you consider will not change the original determination, it should be treated as a request for reconsideration.

New injuries

A reconsideration on own motion is not appropriate for new injuries (including secondary injuries). A new injury that results from a separate workplace incident, event or state of affairs should be considered a new claim, requiring separate determination under section 14 of the SRC Act. For further guidance, refer to the New or changed conditions page.

Administrative corrections

Minor administrative corrections to claim details do not warrant a reconsideration of own motion. Administrative corrections can include changes to a claim due to clerical and typographical errors. These corrections do not need to be undertaken as a reconsideration of own motion where they do not change the outcome of the determination, or the amount or duration of entitlements paid or payable. In such cases, you should write to the employee and advise/confirm the error, apologise for the oversight and provide an appropriately marked copy of the original determination.

Where, however, a clerical or typographical change will have implications in relation to past or future entitlements under the SRC Act, the change should be undertaken as a reconsideration of own motion.

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Reconsiderations of own motion where incapacity is involved

A reconsideration of own motion can impact incapacity paid in relation to a claim. Given the impact of such a decision, it is important that we consider the financial impact on a person. You need to involve the Claims Administration and Income Support team early in the decision-making process.

If you are making a change to periods of incapacity paid to an employee, you can rely on the automated reconsideration letter to inform the employee and employer, as long as they have been informed by phone of the changes. Any reconsideration for an ex-employee should be communicated manually.

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Reconsiderations on request

Introduction

A reconsideration is an internal review of a primary determination made by Comcare or, in relation to rehabilitation, a review of a determination made by an employer, under the SRC Act. Employees and employers have the right to request a reconsideration of a primary determination. A reconsideration must be undertaken by a person who was not involved in making the primary determination. Comcare's Reconsiderations and Appeals team perform reconsiderations for Comcare managed claims.

The exception is reconsiderations of own motion, in which Comcare reconsiders its own determination without having been asked to do so by an employer or employee. These are completed by the Claims Manager managing the claim.

The outcome of a reconsideration is a 'reviewable decision'.

A reviewable decision may:

- affirm – the determination does not change
- vary – the determination is changed in some way, or
- revoke – the determination is overturned and replaced with the reviewable decision.

Disagreeing with the reconsideration

If the employee or the employer disagrees with the reviewable decision, they may apply to the Administrative Review Tribunal (ART) for a merits review of the decision.

An application for merits review must be lodged with the ART within 60 days from the day the reviewable decision is received. The details for the ART registry in the employee's state are included in the reviewable decision.

Relevant sections of the SRC Act

Sections 60, 61, 62 and 63 of the SRC Act are the specific legislative provisions on reconsiderations.

Comcare also reviews certain rehabilitation determinations in accordance with section 38 of the SRC Act.

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Requirements under the SRC Act

A request for reconsideration must meet all of the following requirements:

- There must be a determination made under a reviewable section(s) of the SRC Act.
- The request for reconsideration must set out the reasons for the request.

- The request for reconsideration must be given to Comcare (the determining authority) within 30 days of receipt of the determination, or any such period as Comcare considers reasonable (this is determined by the Reconsiderations and Appeals team).

If a request for reconsideration is non-compliant then a Reconsideration Officer will assist the requestor to meet the requirements and may provide an extension of time to allow information to be obtained and provided ahead of making a formal request for reconsideration.

A reviewable decision is ultimately made following receipt of a request for reconsideration and review of the available information on the claim file. Written requests for a reconsideration are preferred, for example by using the Reconsideration Request Form, but not mandatory, and requests for reconsideration made over the phone are also accepted.

If the employee or employer requests a reconsideration, the other party (employer or employee) is provided with the details of the reconsideration and supporting documentation and is invited to respond.

Timeframe for requests for reconsideration

For an employee or employer who cannot make a request for reconsideration within 30 days of receipt of a determination, they can apply for an extension of time (EOT). A request for an extension of time to make a request for reconsideration can be made over the phone. A decision by Comcare to refuse an EOT request is also a reviewable decision that is reviewable by the ART.

See Procedure to action a request for an extension of time to submit a request for reconsideration for more information.

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Decisions not reviewable under the SRC Act

Decisions not subject to reconsideration

Not all decisions can be reconsidered by Comcare. A decision made outside the scope of section 60 of the SRC Act cannot be reconsidered by Comcare, including but not limited to refusal to deal with a claim (section 58).

If an employee or employer wants an administrative decision reconsidered that is not reviewable under the SRC Act, they can do so under the *Administrative Decisions (Judicial Review) Act 1977* (ADJR Act) by application to the Federal Court of Australia. Initiating costs of the application are borne by the employee.

Actioning requests for non-reviewable decisions

If an employee or employer request a reconsideration of a non-reviewable administrative decision, the request must be rejected. The party requesting the reconsideration should be advised that there is no provision under the SRC Act for the decision to be reconsidered by Comcare.

The employee or employer should be advised in writing (this may be done via email or using the standard template letter in Pracsys – discuss with the Assistant Director and Director) that they can consider seeking judicial review under the ADJR Act with the Federal Court of Australia.

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Reconsiderations where the claim is subject to ART proceedings

Claims Manager-initiated Reconsideration of own motion
Comcare has the authority to reconsider a determination at any time by way of Reconsideration of own motion (ROM). Caution should be exercised when a claim is subject to ongoing Administrative Appeals Tribunal (ART) proceedings. In such cases, the Claims Manager must consult with the Reconsideration and Appeals (R&A) team at the earliest opportunity before initiating any ROM.

If a ROM is deemed necessary, the Claims Manager should:

- inform the relevant Instructing Officer of the reconsideration request
- provide the expected timeframe for the decision
- seek guidance on potential implications for the ART proceedings.

The R&A team will assess the circumstances and advise on the appropriate course of action, considering:

- the stage of the ART proceedings
- the potential impact on the ongoing case
- any other relevant considerations.

Reconsideration requests
In cases where a formal request for reconsideration has been received and there is an ongoing ART matter, the Reconsiderations Officer will contact the relevant Instructing Officer to inform them of the reconsideration request and discuss the expected timeframe for the decision.

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Service standards

In general, all parties to the request for reconsideration will be:

- assisted to make a compliant request for reconsideration
- informed of progress being made throughout the review, and
- notified of any extension of time to allow for the submission of new or additional evidence.

More specifically, Comcare's service standards timeframes for reconsiderations are as follows:

Process	Timeframe
Requests for reconsideration registered	1 business day
Requests for reconsideration acknowledged in writing and allocated to a Reconsideration Officer	2 business days
Timeframe for employee or employer to provide additional information	7 calendar days
Timeframe to decide requests for reconsiderations A reconsideration request received from an employee on or after 1 April 2024 in relation to a decision made under section 38 or 62, **must** be issued on or within 30 calendar days as per the prescribed timeframes under subsection 62(6) of the SRC Act.	30 calendar days

The 30-calendar day timeframe starts on the date that Comcare receives the reconsideration request from the employee. As the prescribed timeframes are calendar days and not business days, the 30-calendar day timeframe includes Saturdays, Sundays and public holidays. There are no prescribed timeframes for reconsiderations requested by the employer or reconsiderations of own motion. The Reconsiderations and Appeals team aim to have reconsideration requests received from the employer decided within 30 days.	

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Appeals

Appeals

The Appeals stage of the claims lifecycle occurs when a stakeholder applies to the Administrative Review Tribunal (ART) to conduct an independent review of a reconsideration undertaken by Comcare.

Administrative Review Tribunal

When an employee or employer disagrees with a reviewable decision made by Comcare, they can apply to the ART to review the decision.

Comcare has established the Instructing Officer role to support the ART process. The Instructing Officers are part of the Reconsiderations and Appeals team within Claims Management Group.

Once the decision has been made, Comcare's focus is to implement the decision as quickly as possible. This requires the efforts of different teams within Claims Management Group, including:

- Claims Managers, who are responsible for implementing the decision, keeping the employee informed, and liaising with other teams.
- Claims Administration and Income Support, who will calculate income support payments and liaise with employers and other stakeholders to gather required information.
- Injury Management, who will support the Claims Manager as needed with medical treatment questions.

Overview of ART and instructing officer role

Implementing an ART decision

Administrative Review Tribunal

Published 31/07/2025

Administrative Review Tribunal

An employee or employer can appeal to the Administrative Review Tribunal (ART) if they do not agree with a reviewable decision made by Comcare.

ART proceedings generally arise in circumstances where there is a dispute over any or all of the following:

- factual circumstances leading to the claim
- medical issues, including the diagnosis or aetiology (causes/s or manner of causation) of a condition
- legal interpretation - application of the legislation to the circumstances of the claim.

In this section

Overview of the ART and Instructing Officer role

The role of the ART is to provide an independent merit review of administrative decisions and to provide a review mechanism that is fair, just, economical, informal and quick.

The *Instructing Officer Protocol in Administrative Appeals Tribunal Litigation* document sets out, among other things, Comcare's role in Administrative Review Tribunal (ART) litigation.

Implementing an ART decision

Where the ART alters a decision (i.e. varies, sets aside or remits a decision to Comcare for reconsideration), Comcare needs to implement the outcome.

The objective of ART implementation is to implement the ART decision as soon as possible.

This page provides the full process of implementing an ART decision, including roles and responsibilities for each task.

Overview of the ART and Instructing Officer role

Introduction

The *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) has a three-tiered decision-making process.

The first tier is where the Claims Manager makes an initial determination, such as for liability for an injury, for incapacity payments or for medical treatment (among other determinations).

The second tier is where a request for a reconsideration of a determination is received, either from the employee or employer, or where Comcare conducts a reconsideration of own motion. See Reconsiderations for full details of this tier.

The third tier of the process is where the Administrative Review Tribunal (ART) formerly known as the Administrative Appeals Tribunal or AAT) conducts an independent review of decisions made. Either the employee or the employer can apply to the ART. This page provides information about the Administrative Review Tribunal and the role of the Instructing Officer at Comcare.

Note: The ART can only review reviewable decisions.

The role of the Administrative Review Tribunal (ART)

The Administrative Review Tribunal (ART) was formerly known as the Administrative Appeals Tribunal (AAT).

The role of the ART is to provide an independent merit review of administrative decisions and aims to provide a review mechanism that is fair, just, economical, informal and quick. The ART stands in the shoes of the original decision maker to assess whether Comcare has made the correct or preferable decision.

The ART makes its decision after it has heard and considered a case. The ART has the power to:

- **affirm a decision** which means the decision made by Comcare is not changed
- **vary a decision** which means the decision has been changed or altered in some way
- **set aside a decision** and substitute a new decision which means it agrees or partially agrees that the decision was wrong and changes all or part of the decision, or
- **remit a decision** to Comcare for reconsideration.

For further guidance refer to the Scheme Guidance Extent of power of the administrative appeals tribunal when reviewing reviewable decisions page.

The role of the Instructing Officer

The Instructing Officer (IO) is an authorised person in the Claims Management Group, Legal Group or in an agency participating in the Delegated Claims Management Arrangements.

The IO role includes:

- providing instructions on behalf of Comcare to Legal Service Providers (LSPs) in relation to key decision points and the management of an ART matter
- authorising payments of invoices for services, monitoring performance and reporting on any issues to the Legal Practice Manager
- records management (including ensuring all records in relation to a matter are appropriately filed and maintained in Comcare's claims management and records management systems)
- handing over an ART outcome to the Claims Operational teams for implementation.

For further guidance on the roles and responsibilities of the Instructing Officer refer to the Instructing Officer Protocol in Administrative Appeals Tribunal Litigation document.

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Calderbank offer (offer of settlement)

When Comcare makes an offer of settlement to an Applicant during the ART process, they may make what is known as a Calderbank offer.

The purpose of this is to encourage settlement and reduce both costs and time involved in the dispute process.

A Calderbank offer is made on a 'without prejudice save as to costs' basis and must set out the terms of the offer and set out the risks as to costs if they do not accept the offer.

It lets an Applicant know that if the offer is not accepted and the matter continues to hearing and the Applicant does not achieve an outcome that is more favourable than the terms of Comcare's offer, Comcare will:

- oppose the Applicant being awarded costs on and from the date of Comcare's Calderbank offer
- apply to the ART to have any costs the Applicant would otherwise be awarded up to the date of the Calderbank offer reduced by the amount of costs Comcare incurs from the date of the Calderbank offer.

Comcare's Legal Group or the engaged external legal provider recommends and drafts the Calderbank offer.

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'Implied undertaking'

The implied undertaking is a legal principle which prevents parties from using certain documents obtained in the course of ART proceedings for different purposes. Parties must seek the ART's permission to use those documents, and this requires a formal ART order 'releasing' a party from the implied undertaking.

Generally, any documents which Comcare obtains under compulsion are potentially subject to the undertaking. Such documents include the following categories:

- Documents produced to Comcare following a summons issued by the ART. For example, the ART often issues summonses to doctors to provide their clinical notes.
- Documents provided to Comcare by a party following an ART direction to do so. For example, where the ART directs an applicant to provide a medical report to Comcare.

- Reports obtained by Comcare which consider documents to which the implied undertaking applies. For example, where Comcare asks an independent doctor to write a medico-legal report, and where Comcare includes summonsed records in the briefing material.

Comcare is only prohibited from using subject documents for purposes that are collateral (different) to the proceedings in which they are obtained.

Claims management purposes are not collateral where the proposed use of the subject documents relates to managing claims for the same employee, and the same injuries that were relevant to the ART proceedings. That is, at the finalisation of the proceedings, the documents can be used when managing the same employee's claim for the same injury which is the subject of the ART proceeding for which the documents were produced.

Comcare should seek the ART's release before using subject documents in relation to a different injury, or where decisions are made under a different Part of the SRC Act to the decision under review in the ART.

For guidance on using ART documents, please speak to your Assistant Director in the first instance.

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Appeal options following an Administrative Review Tribunal outcome

Where an error of law is identified (including inadequate reasons for an ART decision), the employee, the employer or Comcare can dispute an ART decision in a Court (namely the Federal Court up to the High Court).

Appeal to the Federal Court

If the Tribunal affirms, varies or sets aside Comcare’s decision, either party may appeal to the Federal Court on the basis that there was an error of law. The matter is heard by a single judge in the first instance. However, both parties are entitled to appeal to the full Federal Court. The Federal Court either dismisses the appeal or sets the decision aside.

Appeal to the High Court

If either party is still not satisfied with an outcome from the full Federal Court, they may seek leave to appeal to the High Court. The High Court may grant leave for the matter to be heard. It considers whether there is a special reason why the matter should be heard before making judgments.

All instructions in relation to matters appealed to the Federal Court or a higher Court, are provided by Comcare’s Legal Group under the instruction of the General Manager of Claims Management.

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Model Litigant obligations

The Commonwealth’s obligation to act as a 'model litigant' has its origins in the common law, and has been described as an old-fashioned traditional, and almost instinctive, standard of fair play.

As a Commonwealth agency, Comcare is bound by the Commonwealth’s obligation to act as a model litigant.

Being a model litigant requires Comcare to act with complete propriety, fairly and in accordance with the highest professional standards in relation to the conduct of legal proceedings and alternative dispute resolution processes to assist the Tribunal make the correct or preferable decision. This includes:

- dealing with matters promptly and without unnecessary delay
- acting consistently in the handling of matters
- not requiring the other party to prove a matter which Comcare knows to be true
- considering and participating in alternative dispute resolution processes where appropriate.

This binding obligation of the Commonwealth and its agencies extends to external legal service providers engaged by Comcare to act on its behalf.

Being a model litigant however does not prevent Comcare from acting firmly and properly to protect its interests, including taking all legitimate steps to test or defend decisions made by Comcare.

Refer to The Commonwealth's Obligation to Act as a Model Litigant for more information.

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Implementing an ART decision

Published 06/10/2025

Introduction: Implementing an ART decision outcome

The Administrative Review Tribunal (ART) (formerly the Administrative Appeals Tribunal) can alter a decision made by Comcare. They might do this following a hearing or by agreed terms of settlement reached by consent. The ART may vary or set aside a decision or return a decision to Comcare for consideration. When this happens, Comcare needs to implement the outcome of the decision or the consent terms.

If an employee (or their legal representative) needs more information on what is required to implement an ART decision, you can refer them to the Comcare web page - Appealing to the Administrative Review Tribunal.

Objective of ART implementation

The objective of ART implementation is to implement the decision accurately and as quickly as possible.

This requires:

- timely information gathering
- timely communication with stakeholders to ensure:
  - they are aware of the process and
  - expectations are set about what actions are required and when
- prompt action when information or requests are received
- clear and accurate communication and coordination between all teams involved.

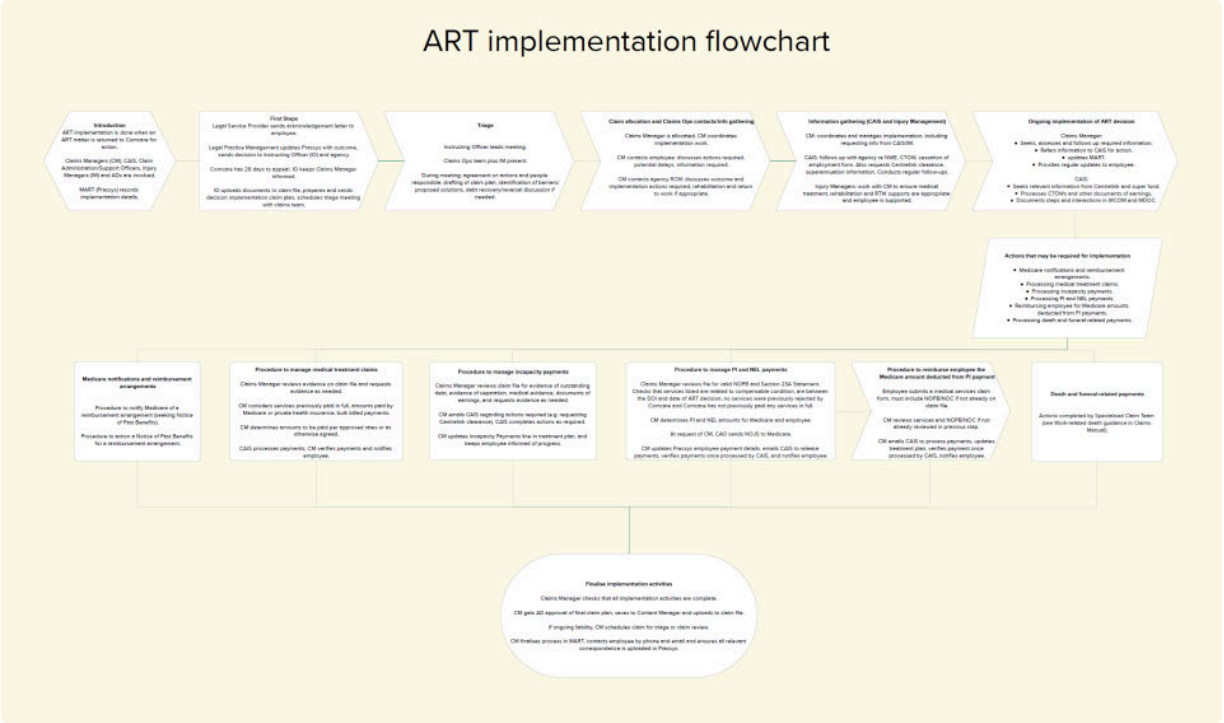
This aligns with Comcare's priorities of excellence in service provision, improving client experience, and timeliness.

Identifying and monitoring implementation matters

The **Manage ART function (MART)** is used to capture the key actions required to implement the decision and track progress. It is important to enter a claim comment and add implementation steps throughout the process.

You can check the status of any implementation matters you have in the **MART** function in Pracsys. Note that this function is named according to the former name of the ART – it was formerly the Administrative Appeals Tribunal (AAT). The Pracsys function name will be updated to reflect the change to ART in the coming months.

Refer to the following ART implementation flowchart and table of roles and responsibilities for detailed implementation steps and who is responsible for each step. More detailed guidance on specific steps and explanations of terms can be found in the relevant sections on this page.



ART Implementation flowchart. Click to enlarge or click on linked document above.

Table of roles and responsibilities

Action	Claims Manager	CAIS Income Support	Claims Admin/ Support Officer	Injury Manager	Claims AD	Instructing Officer	Legal Service Provider (LSP)
Send implementation letter							X
Initial update of Pracsys						X	
Initial upload of documents to claim file						X	
Schedule implementation triage meeting						X	
Prep and send Decision implementation claim plan						X	
Attend triage meeting	X (if known)	X	X (if needed)	X (if needed)	X	X	
Coordination and management of implementation	X						
Ongoing contact with employee and Rehabilitation Case Manager (RCM)	X						
Information gathering from employee and RCM	X						
Instruct Debt Recovery team on outstanding debts and required actions	X						
Update MART (Pracsys)	X						
Information gathering from Centrelink		X					
Information gathering from employer (Payroll), e.g. records of earnings, Claims for Time Off Work, Normal Weekly Earnings information		X					

Information gathering from superannuation fund		X					
Support Claims Manager to ensure medical treatment / rehabilitation needs of employee are met				X			
(For Medicare reimbursements)							
Action	**Claims Manager**	**CAIS**	**Claims Admin/ Support Officer**	**Injury Manager**	**Claims AD**	**Instructing Officer**	**Legal Service Provider (LSP)**
Send NORA form to Medicare		X					
Review Notice of Past Benefits (NOPB) and claim file invoices to confirm correct payment	X						
Process payments to Medicare and employee		X					
(For medical treatment claims)							
Action	**Claims Manager**	**CAIS**	**Claims Admin/ Support Officer**	**Injury Manager**	**Claims AD**	**Instructing Officer**	**Legal Service Provider (LSP)**
Review, assess and determine medical treatment claims	X						
Process payments		X					
(For incapacity claims)							
Action	**Claims Manager**	**CAIS**	**Claims Admin/ Support Officer**	**Injury Manager**	**Claims AD**	**Instructing Officer**	**Legal Service Provider (LSP)**
Review claim file and identify documents required/ evidence of Centrelink access	X						
Collect authority and consent forms from employee re super	X						
Contact Centrelink and super fund		X					
Update Incapacity Payment lines in treatment plan	X						
Process payments		X					
(For Permanent Impairment and Non-Economic Loss payments)							
Action	**Claims Manager**	**CAIS**	**Claims Admin/ Support Officer**	**Injury Manager**	**Claims AD**	**Instructing Officer**	**Legal Service Provider (LSP)**
Review NOPB and file and determine PI / NEL amounts to be paid to employee and Medicare	X						
Complete and send NOJS form to Medicare			X				
Update Pracsys, release and verify payments	X						
Process payments		X					
Review claim file and determine claim for medical treatment for	X						

reimbursement of Medicare amount deducted from PI payment							
Process reimbursement		X					
(Completing ART implementation)							
Action	**Claims Manager**	**CAIS**	**Claims Admin/ Support Officer**	**Injury Manager**	**Claims AD**	**Instructing Officer**	**Legal Service Provider (LSP)**
Review claim plan for finalisation	X						
Approve final claim plan					X		
Upload claim plan to Pracsys and Content Manager	X						
Complete outstanding steps and finalise process in MART	X						

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First steps once an ART matter has been settled or decided

Once an ART matter is settled by consent or decided following a hearing, the Legal Service Provider (LSP) sends an implementation letter and information checklist to the employee (if self-represented) or their legal representative within **1 business day** of receiving the outcome. This will then be communicated to the Instructing Officer (IO) who will record this step using the Manage ART (MART) function in Pracsys. See Role of the Instructing Officer below.

The Legal Practice Management (LPM) team also receives a copy of the ART decision and will update the outcome in Pracsys. They will then send a copy of the decision to the IO and the agency Rehabilitation Case Manager (RCM) or agency ART contact.

Deciding whether to appeal

Comcare has 28 days to decide whether to appeal a decision. If an outcome is appealed by Comcare, implementation is not completed until there is an outcome of the appeal. Implementation of an adverse ART decision (i.e. information gathering) can be commenced but not completed until the General Manager of the Claims Management Group has given instructions to the Legal Advice and Strategy team (LAS) about whether to appeal the decision.

The **Instructing Officer** will keep the **Claims Manager** informed about any potential appeal and provide guidance on any matters subject to review.

Role of the Instructing Officer (IO)

When the **Instructing Officer (IO)** is informed about an ART outcome, they will complete the following actions:

- If the ART sets aside or varies the reviewable decision after a hearing (an adverse ART decision), the IO forwards the decision to Legal Advice and Strategy (LAS) for an adverse decision review. This review includes identification of any lessons learnt or possible appeal grounds.
- Update Pracsys with any required changes, for example:
  - date of injury

    - injury description/ICD code
    - liability status, e.g. from 'reject' to 'accept'.
- Update Manage Permanent Impairment screen in Pracsys (MPIC).
- Add/inactivate a denial of benefit.
- Add the comment: 'implementation letter sent to the employee or their legal representative' into MART (Pracsys) and scan the letter to the claim file.
- Upload all documents obtained through the ART appeal to the claim file (in line with legal professional privilege and with consideration to implied undertaking requirements).
- Prepare a draft Decision implementation claim plan or Decision implementation claim plan permanent impairment. The IO will complete the first section of the plan setting out the outcome, any actions required, and important information Claims Operations should be aware of. This, along with the ART decision and other relevant attachments are sent to:
    - Assistant Director (AD), Claims Operations
    - AD, Claims Administration and Income Support
    - Senior Claims Manager or Claims Manager (if one is assigned to the claim).
- Schedule an initial implementation triage meeting within two days of receiving the ART decision and notify the Claims Manager and AD of the outcome of the ART matter.

Implied Undertaking

The ART implied undertaking is a legal principle which prevents parties from using certain documents, obtained in the course of ART proceedings, for different purposes until they have been received into evidence at a hearing. For information on implied undertaking, refer to Overview of the ART and Instructing Officer Protocol.

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Implementation triage meeting

All implementation matters must go through the triage process. Triage must occur within **2 business days** of the ART decision being received by Comcare (unless extenuating circumstances apply).

The **Instructing Officer (IO)** will lead the first triage meeting. Also present at the meeting are the following staff:

- Assistant Director (AD), Claims Ops.
- CAIS representative (if incapacity payments are involved).
- CAIS Debt Recovery representative (if there may be a debt to the employee).
- Injury Manager (if there is ongoing liability).
- Claims Manager or Senior Claims Manager (if one is already allocated).
- Claims Administration Officer (if required).

The following actions occur during the implementation triage meeting:

- Agreement on actions and who is responsible to complete them.
- Identification of any barriers to implementation (including risks and concerns) and solutions to these barriers.
- Agreed actions are listed in comments in the MART function (Pracsys) and action diaries/IMAS notes are created. Stakeholders with MART access (Pracsys) will update their own agreed actions within the triage meeting if possible.

See: Triage for further guidance on triage, scheduling meetings, information gathering and conducting triage meetings.

See: Manage ART (MART) Implementation Step User Guide for additional information on the triage meeting for an ART outcome implementation.

Debt recovery

When an overpayment has occurred on a claim and there is a related matter before the ART, the associated recoveries on the claim are often written off until a decision has been reached at the ART.

The Claims Manager will need to provide instructions to the Debt Recovery team as to whether the debt needs to be recovered or reversed due to the outcome of the ART decision, or a waiver or write off considered. This will be identified and discussed at the triage stage.

See: Recoveries processes and defaulting relating to employees

Claim allocation and informing the employee

If there is no **Claims Manager** assigned to the claim, the **Assistant Director (AD), Claims Operation**s allocates a Claims Manager to manage the claim. The **AD** will also forward the triage meeting invite to the Claims Manager or may brief them after the meeting.

From this point, the **Claims Manager** is the main coordinator of the implementation process and must ensure that all required actions are completed.

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Initial information gathering from the employee

As soon as the **Claims Manager** is allocated the claim, they need to begin gathering the information required to implement the ART decision. This also includes an initial call to the employer to inform them about the ART implementation (see end of this section).

Important: Check the claim file to confirm if a copy of the Legal Service Provider (LSP) implementation letter has been scanned onto the claim file. If the implementation letter cannot be located on the claim file, the **Claims Manager** is to contact the **Instructing Officer** (IO) and ask that a copy of this letter is scanned onto the claim file.

Contact the employee

Within **two business days** of the triage meeting, the **Claims Manager** phones the employee (or their legal representative) to provide the following information:

- The actions required to implement the decision.
- The potential delays where external parties need to provide information such as:
  - Superannuation funds (approximately 6 weeks)
  - Centrelink (approximately 4 weeks)
  - Medicare (approximately 3 months).

The following document can be used to help plan for the call: Guide for initial contact on new implementation matters (Employee).

Create a record of your conversation by going to '*Manage Claim Comment*' (MCOM), selecting '*Outbound*' from the category drop down and the party from '*Comment Code*' drop down and documenting the discussion.

When employee is legally represented: Where an employee is legally represented, initial contact can be made to the legal representative, or an email can be sent to the employee asking for consent for contact to be made by phone to discuss the ART implementation.

If the employee has requested no phone contact and is **not** legally represented, send an email referring them to the implementation letter sent by the LSP, and include the key information required for implementation, and expected timeframes.

Email the employee

Follow up the call to the employee by sending an email or letter (using 'letter template to employee' (letter 293)) confirming the key discussion points and actions/information required to implement the ART decision.

This may include the following:

- Medical evidence required or available.
- Receipts and invoices for medical treatment.
- Requirement to complete a Medicare history statement.
- Confirmation of whether the employee has accessed their superannuation. If so, requirement to complete an Authority and Consent for the Release of Superannuation Information form.
- Confirmation of whether the employee has accessed Centrelink payments.
- Advice to the employee about the requirement for their employer to submit Claim for Time Off Work forms (if incapacity payments are involved and they remained employed by the agency during the same period).

Note: This is a summary of your conversation, and you can refer the employee to the implementation letter sent by the LSP.

Send all correspondence from Pracsys to ensure that it is saved to the claim file.

Contact the employer

Phone the agency Rehabilitation Case Manager (RCM) or agency ART representative:

- Discuss the outcome and implementation actions required.
- If relevant, confirm that CAIS Income Support team will be sending a request for information where incapacity payments are part of the outcome. This may include:
  - Normal Weekly Earnings Advice
  - Claim for Time Off Work
  - Cessation of employment forms if not already on file).
- Where appropriate, discuss rehabilitation and return to work.
- Create a record of your conversation by going to '*Manage Claim Comment*'(MCOM), selecting '*Outbound*' from the category drop down and the party from '*Comment Code*' drop down and documenting the discussion.

Follow up by sending 'Letter 1079 - Advise new ART implementation'. Send all correspondence from Pracsys to ensure that it is saved to the claim file.

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Gathering information from employer and other stakeholders

The **Claims Manager** has overall accountability for ensuring that implementation actions and updates are occurring in line with expectations. They are supported by the Assistant Director and members of the Claims Administration and Income Support (CAIS) team and Injury Managers.

The role of CAIS Income Support

CAIS Income Support actions are agreed during triage. Where incapacity payments need to be paid as part of the ART decision implementation, within **two business days** of triage the **CAIS Income Support team** will request the below with the agency:

- confirmation of the employee's Normal Weekly Earnings (NWE)
- any Claim for Time Off Work information and forms
- Cessation of Employment form (where applicable).

Where requested by the Claims Manager, CAIS Income Support will request Centrelink clearance and superannuation information, including follow ups as needed.

CAIS Income Support will follow up with the agency any outstanding information required to process incapacity payments regularly and as required (every three weeks minimum).

It is important to check for and follow up outstanding information/actions from the employer and internal/external stakeholders on a regular basis. This is to ensure that we gather the information required as quickly as possible, allowing us to implement the ART decision in a timely way.

The role of Injury Managers

Where relevant, the **Injury Manager** will work with the **Claims Manager** (as agreed during triage) to ensure the employee is receiving appropriate medical treatment, rehabilitation and return to work supports and the employer is assisted with this where needed.

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Ongoing implementation of ART decision

The Claims Manager has overall accountability for the implementation of an ART decision. This includes timely communication with internal teams, especially **CAIS Income Support**, and external stakeholders to ensure information is received and actioned quickly. It is expected that CAIS and the Claims Manager are proactive in seeking out information and checking to make sure actions are completed as quickly as possible. **Do not wait for notification – reach out and ask.**

To ensure timely processing of payments, implementation activities must be progressed as soon as the required information is on file.

Activities during implementation

The following actions may be required as part of the ART implementation:

- Notifying Medicare of a reimbursement arrangement

Medicare must be notified within 28 days after the reimbursement arrangement is made. This applies where:

  - a claim is accepted under section 14 of the SRC Act and it is more than six months after the date the claim was lodged, or
  - a claim is accepted under section 16 where compensation has ceased and is reinstated more than six months after the determination to cease medical treatment was made.

Following this, you will need to action a Notice of Past Benefits for a reimbursement arrangement.

Other work required during ART implementation includes (click to visit each section):

- Processing medical treatment claims.
- Processing incapacity payments.
- Processing permanent impairment payments and non-economic loss payments. This may also involve reimbursing the employee the Medicare amount deducted from their PI payment.
- Processing death payments and funeral-related payments.

Claims Manager responsibilities

The **Claims Manager** completes the decision-making and implementation tasks below:

- Seek further information if required.
- Assess information as received.
- Follow up required information.
- Refer information to appropriate CAIS team for action (see Action request templates to CAIS for wording when emailing CAIS for actions).
- Update MART (Pracsys) at every step in the process.
- Provide updates to the employee as below.

These tasks need to be completed/reviewed regularly until all actions for the implementation of the ART decision are complete.

Progress updates to employee

The **Claims Manager** must **regularly and as required** (at least every three weeks) update the employee about the progress of implementing the decision and whenever information has been received. Use 'Letter 1081 - ART implementation status progress update' in Pracsys.

It is important to check for and follow up outstanding information/actions from the employee on a regular basis. This is to ensure that we gather the information required as quickly as possible, implement the ART decision in a timely way, and keep stakeholders informed throughout.

CAIS Income Support responsibilities

Where possible, action is required within **five days** of receiving information (allowing extra time for complex matters). CAIS completes the following tasks:

- Seek relevant clearances from Centrelink or superannuation funds.
- Process Claims for Time Off Work (CTOWs), records of earnings, pay slips and other documentation of earnings, provided that liability has been accepted.
- Document all steps and interactions including conversations and copies of emails in MCOM and MDOC.

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Death and funeral-related payments

For death and funeral related payments, see your Assistant Director and Work related death for guidance.

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Finalise implementation activities

Before finalising the implementation of the ART decision, the **Claims Manager** needs to check that all implementation activities have been completed.

The **Claims Manager** needs to do the following:

- Review the decision implementation claim plan to confirm all actions arising from the ART outcome have been completed (e.g. medical and incapacity payments have been reimbursed).
- Obtain Assistant Director (AD) approval of the final claim plan to confirm all actions are implemented by sending a link via email to the final document in HPCM.
- Save the final claim plan in HPCM and upload the final version of the claim plan onto the claim file by using the Claim Plan function in Pracsys - see Claim plans and Where are claim plans stored?
- If there is ongoing liability, ensure the claim is scheduled for triage or a claim review in line with the Triage and Claim Review procedures.
- Complete any outstanding implementation steps in Pracsys using the Manage ART (MART) function.

Finalise implementation

Following AD approval of the final claim plan, the Claims Manager will do the following:

- Call the employee, followed by sending an email and/or letter confirming that the implementation of the ART decision has been completed. Use 'Letter 1080 Confirmation ART implementation complete' and send from Pracsys.
- Finalise the implementation process in Pracsys by checking off the 'implementation complete' box in MART and enter the date the implementation was finalised.

Ensure all relevant contacts and correspondence have been saved/uploaded to Pracsys (including final PDF version of the claim plan).

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Implementation timeframes at a glance

Measure	Timeframe
LSP to send implementation letter to employee and/or legal representative	Within 1 business day of receiving the ART outcome
IO to arrange initial triage meeting	Triage to take place within 2 business days of receiving the ART outcome
Agreed actions/tasks from initial triage to be actioned (i.e. request information)	Within 2 business days of triage date
CM to make phone contact with employee (initial implementation contact)	Within 7 business days of sending acknowledge new implementation email/letter
Review triage meeting	Within 5 business days of initial triage meeting
CM to provide updates to employee and/or legal representative	At least every 3 weeks or whenever information has been received or a payment processed (whichever is the shorter period)

Actions/tasks completed on receipt of required information	Within 5 business days of receiving the required information

Additional resources:

- Claims HQ: Managing claims
- Pracsys user guide for claims managers
- Administrative Review Tribunal
- Instructing Officer protocol in Administrative appeals tribunal litigation

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Procedure to notify Medicare of a reimbursement arrangement

Published 27/05/2025

[redacted]

Procedure to action a Notice of Past Benefits for a reimbursement arrangement

Published 27/05/2025

[redacted]

Procedure to manage medical treatment claims during ART implementation

Published 27/05/2025

[redacted]

Procedure to manage incapacity payments for ART implementation

Published 27/05/2025

[redacted]

[redacted]

Procedure to implement a permanent impairment and non-economic loss ART decision

Published 27/05/2025

[redacted]

Procedure to reimburse an employee the Medicare amount deducted from a permanent impairment payment

Published 01/09/2025