



Procedures for Performance of Services

Claims Management Procedures

ALLIANZ AUSTRALIA INSURANCE LIMITED

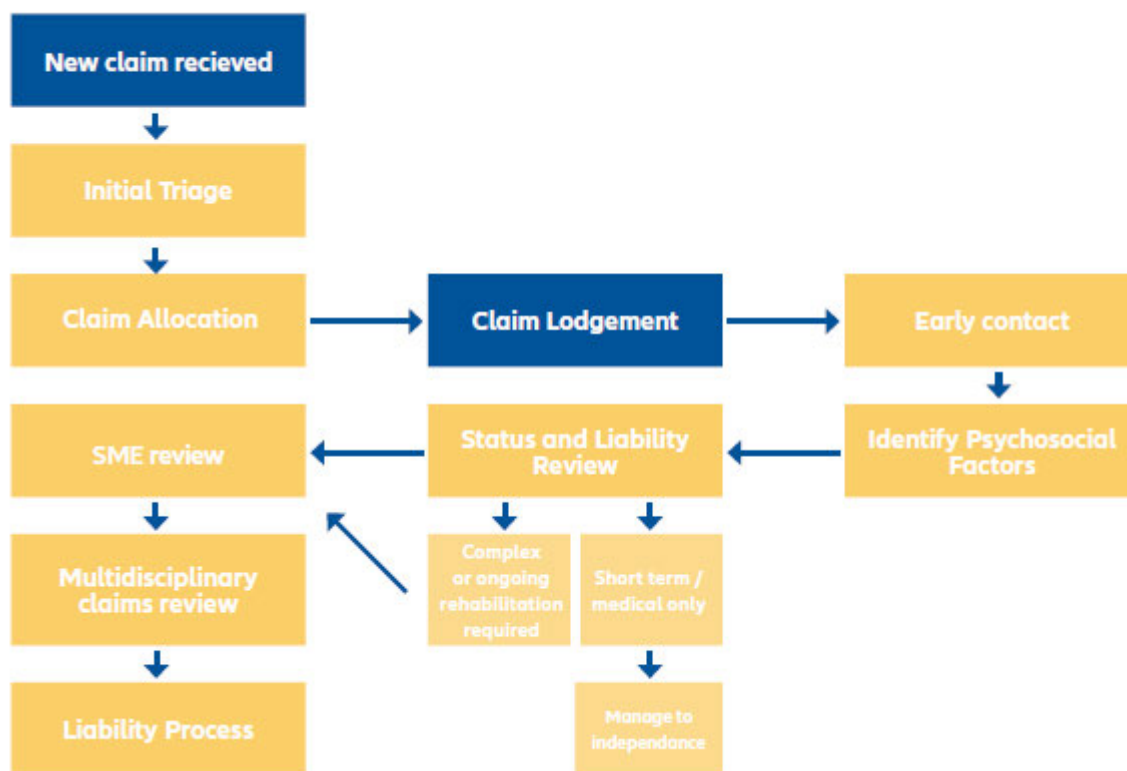
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Claims Triage Process

Claims Triage Model



Through our triage program, all claims are segmented by claim and injury type in addition to consideration of the worker's capacity for work and their current status in respect of return to work. This will ensure focused intervention, customer service and targeted approaches are consistently applied by our case management team with the greatest available efficiency.

The Case Managers, with support from Allianz SMEs, will complete a file review of each claim to consider:

- Stakeholders for each claim
- Contact to be established with stakeholders and whom should make the contact (contact primarily RTW or treatment related)
- Identification of outstanding liability determinations or reconsideration reviews
- Identification of any outstanding or claims management activities
- Identification of any upcoming milestones such as payment step downs or pending x-pay activities
- Identification of any high risk or sensitive issues within non-high risk cohort claims
- Review of liability decisions current on each claim and review requirement for updated evidence to maintain
- Review of current treatment and the reasonableness of such treatment considering Clinical Framework etc.

Segmentation & Specialisation policy

We aim to provide an average of 70 active claims per Case Manager, to ensure appropriate time and care is afforded to each worker in consideration of their individual needs. Our tailored approach to triage and segmentation requires identification of the maximum case load per Case Manager as per the following table:

COHORT	CASE
Early Intervention (split Psychological / other)	70
Ongoing liability	70
Specialist activities (Permanent Impairment / X-Pay claims / Reconsideration management)	Nil claims
Rejected claims / Active AAT claims	Up to 70 claims

Our approach to understanding portfolio projections and personnel leave will ensure the average case load will not be exceeded throughout the contract. Allianz will continue to review the appropriateness of this caseload given throughout the contestability pilot we operated on a caseload maximum of 55 claims to accommodate the manual and administrative nature of delegated claims management. Pending PRACSYS enhancements caseloads will remain under review.

The segmentation of claims is a critical activity to follow on from the initial triage. Our approach to segmentation supports positive outcomes for stakeholders by:

- Having appropriately trained and specialised Case Managers
- Offering flexibility to work within the structure of each Agency to support their goals and collaborate on claim strategy
- Promoting consistency where appropriate in claims management practices
- Ensuring a case by case approach is taken to segmenting claims based on individual characteristics including sensitivity, complexity, injury type and severity, type of compensation payable and capacity for work

SEGMENTATION MODEL	
COHORT	DESCRIPTION
Medical only and non-complex claims	Following claim notification, these claims are segmented to specialised case manager that focus on worker support, monitoring treatment and claim strategies supportive of early worker independence from claim.
Psychological claims	Following claim notification, psychological claims are segmented to highly experienced case managers with specialist skills and knowledge on handling these sensitive claims. This segmentation ensures that targeted intervention and tailored support is provided to facilitate sustained return to work
Complex and long term rehabilitation claims	Following claim notification, if it is identified that the injured employee is not able to return to work in full capacity or where there are identified complex factors, the claim will be segmented to case managers who focus on providing recovery at work and return to work support.

Early Contact Guide

Early Contact is one of the most important tasks for a case manager, as it is the best opportunity for you to build rapport with key stakeholders. Your approach during these conversations and the quality of your file noting will have huge implications on the ongoing management and outcomes of the claim.

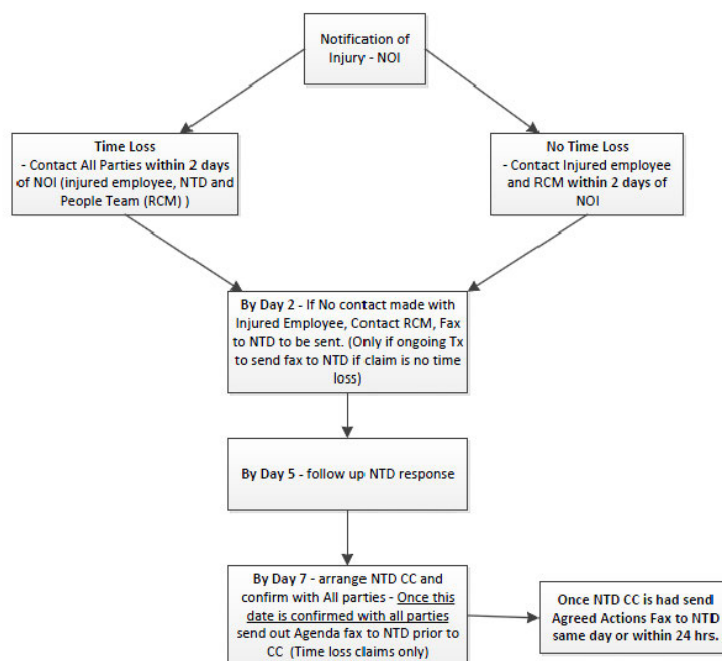
The purpose of early contact is to:

- establish early contact with all parties
- develop rapport with the delegate, employer, employee and doctor
- gain an understanding of the injury and how it came about
- identify whether the employer can offer suitable duties
- identify risks and barriers and put in place early intervention strategies to overcome these barriers
- gather information in order to determine liability
- identify any biopsychosocial factors that may be impacting recovery

What to consider prior to starting early contacts:

- Think about what questions are appropriate to ask given the injury details on notification.
- Do not ask for information that is already on the file.
- Psychological contacts may have more difficulty during the early contact
-

Requirements of an Early Contact



Claims with time loss:

- Contact is to be made with the RCM, Injured Employee and Treating Practitioner where the claim has been identified as potential high risk or where the employee is not fit for their normal duties/hours
- Contacts must commence within 24 hours of notification
- At least three (3) contact attempts are to be made over two days
- If you are unable to contact the injured employee, contact the people team who will be able to assist
- If you are unable to contact the Doctor generate a fax requesting information to the Doctor and set a follow up for a response (due date 5 working days)
- A case conference date should be established by day 7
- Risks and barriers and contact attempts are to be file noted

Claims with no time loss:

- If an injured employee is not losing any time as a result of the injury and has minimal restrictions, contact with the participating agency and employee is still required to confirm that there is no ongoing treatment.
- If there is confirmation of ongoing treatment follow the process for contacting the Doctor to establish treatment requirements and discharge timeframes.

Early Contact Reference Sheet**CONTACT DATE:****Greetings**

Injury Background:

Injured Area:

Symptoms / Current Functional Limitations:

Previous Injuries / Surgeries:

Extra-curricular activities:

Time off Work/ Current Capacity for Employment:

NTD:

WorkCover Certificate of Capacity:

Hospital:

Treatment:

Medications:

Psychosocial Data

Do you find the treatment beneficial so far?

When the incident occurred, did you feel supported by your employer?

Employment Role:

Employment Status:

Normal Weekly Hours:

Normal Weekly Earnings:

Other Employment:

Holidays / Planned Leave:

Transportation Method:

Comcare Advice

Liability timeframes - 20 or 60 days

Incapacity entitlements and step-downs - 45 weeks full pay, then drop down

Medical Entitlements post liability acceptance and reimbursements

Medical Certificates need to be obtained in order to be paid for time of work and for medical expenses to be covered.

All medication, treatment, etc., needs to be specified on the certificate

All Incap payments need a certificate and a claim for time off work form to be submitted in order for any payments to be processed

Treatment plans at 5 sessions - Initial 5 sessions are pre-approved (Costs can only be paid / reimbursed once liability has been accepted) + 1 initial assessment (All treatment needs pre-approval prior to commencement)


Treatment to be outside of work hours

Concurrent treatment will not be approved - Why? Unable to gauge which treatment is providing the worker with a benefit

Requirements of a rehab provider – your employer will be appointing one and they should in contact with the worker shortly

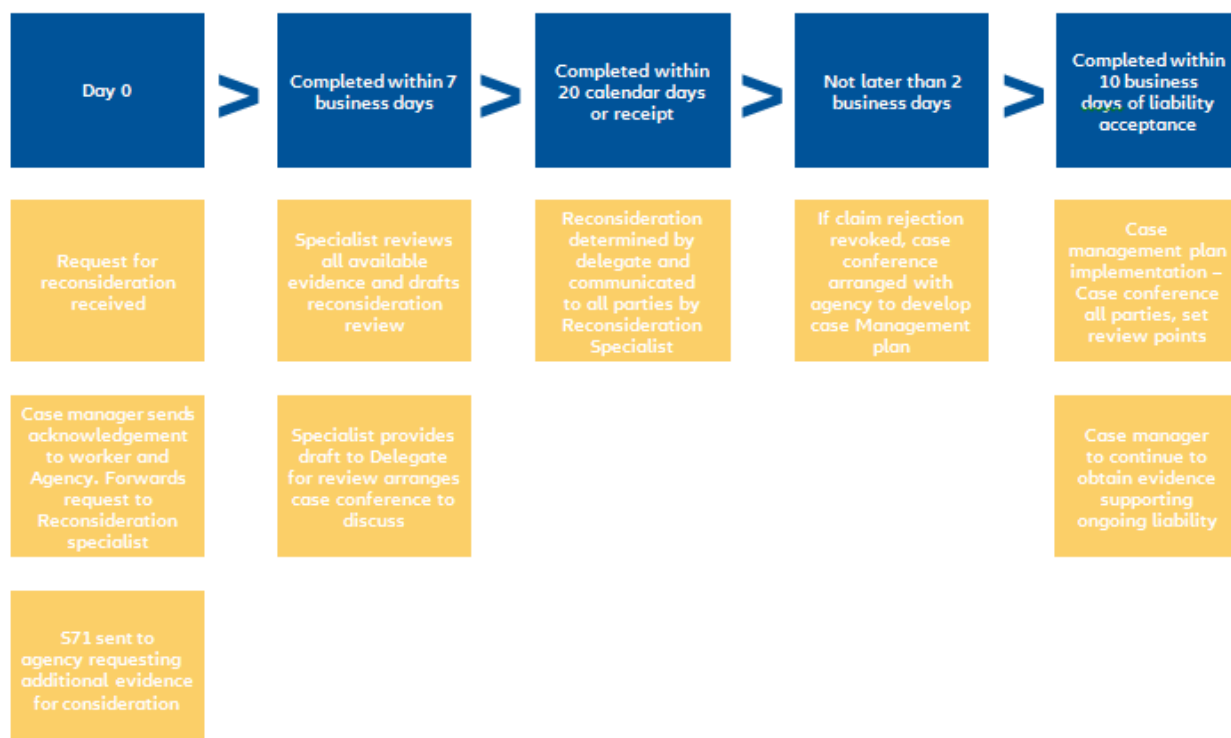
Procedure for processing reconsiderations Section 62

Procedure for Issuing a Determination For Compensation for Injury S62

Step	Action
1	<p>Request for reconsideration submitted by employee or participating agency.</p> <p>The request (by e-mail or using the Comcare form) should be sent to Comcare at general.enquiries@comcare.gov.au or post and scanned.</p> <p>Note: decisions made under section 36 or 37 are to be forwarded to Comcare's Reconsiderations and Appeals team via Team.Reconsiderations@comcare.gov.au</p>
2	<p>The Allianz workload manager allocates the reconsideration request from PRACSYS inbox to a personal Allianz case manager's in tray (It must be a case manager who has not previously dealt with the claim).</p> <p>The Allianz case manager completes the Receipt tab in Manage Reconsideration (MRCE).</p>
3	<p>The Allianz case manager manages the assessment process for the reconsideration decision, including:</p> <ul style="list-style-type: none"> reviewing submissions obtaining further information <p>The Allianz case manager assesses the claim and considers whether:</p> <ul style="list-style-type: none"> an independent medical assessment (refer to S57 procedure) is required to request information from participating agency (refer to S71 procedure). <p>The Allianz case manager should liaise with the participating agency delegate during the assessment process.</p> <p>The Allianz case manager completes the Management and Cost tabs in the Manage Reconsideration (MREC) to reflect the process for reviewing the decision.</p> <p>The Allianz case manager must not complete the decision tab.</p>
4	<p>The Allianz case manager completes the natural justice process, where time permits, providing the draft report to the party that is adversely affected by the decision (claimant or RCM as the employer representative) and allowing reasonable time to feedback on the proposed recommendation.</p> <p>Should timeframes prevent this; the report will be provided at step 8. The employee or employer must be provided with any evidence, (such as a S57 report) before step 8.</p>
5	<p>The Allianz case manager prepares a submission for the participating agency delegate, with reasons (Note- it must be a delegate who has not previously dealt with the claim) – e-mail the submission to approved email address.</p> <p>The e-mail must include the claim number and name and all the claim evidence used in making the submission should be attached.</p> <p>If the recommendation would result in changes in payments, for example additional payments that Allianz can also request delegations under s16 and S19 etc. at the same time as the S62 decision.</p>
6	<p>The agency delegate completes the Liability Decision tab (below) – only the delegate can complete the Decision tab.</p>  <p>The participating agency delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the delegation instrument and statement of reasons (where used) and send it</p>

	to general.enquiries@comcare.gov.au . The delegate will also send an e-mail and the Allianz case manager. NOTE: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.
7	Comcare receives the delegation instrument, scans the documents and adds it to claim record.
8	The Allianz case manager: <ul style="list-style-type: none"> • advises the claimant (and the rehabilitation case manager) of the decision in writing, • contacts the rehabilitation case manager informing them of decision. The delegation instrument is attached and, if notifying by email, ensure all documents are in the PDF format.
9	If the decision results in changes in payments, for example additional payments or an overpayment the Allianz case manager commences these processes, including obtaining delegations under s16 and S19 etc. as required.

The following process outlines the activities, interactions and time frames with our reconsideration process:



Claim Closure

Allianz's procedure for the closure of claims ensures only those claims that have had all matters resolved and the claim has inactivity for three months are closed. This finalisation procedure is embedded into our quality assurance programme and is controlled by the activity being managed by the team leader or operation manager.

Prior to finalisation of a claim, all parties involved in the claim will be contacted to ensure all services and accounts have been resolved and the below letter is sent to the employee. Our case managers will also work through a finalisation checklist to ensure all potential reactivation risks are considered prior to submitting a request for closure to the leadership group.

Closure letter template

Finalisation of your claim

Dear,

I refer to our conversation on [Insert date] and confirm I have received your certificate of capacity issued on [Insert date]. A recent review has been conducted on your claim which has revealed that:

- You have recovered from your workplace injury and have successfully returned to pre-injury duties as of [Insert date].
- All payments of your outstanding entitlements to workers compensation benefits have been made.
- You are no longer in receipt of any ongoing treatment.

Therefore, we intend to finalise your claim on [user enter date 2 weeks from date of letter].

Action required

If on receipt of this letter your circumstances have changed, please advise your employer and contact your case manager on [«USER_Business_Phone»].

Should you have any outstanding claim reimbursements, please forward copies of the invoices and/or receipts to our office prior to [user enter date 2 weeks from date of letter] using one of the below methods:

Email: general.enquiries@comcare.gov.au

Fax: 1300 196 971

Mail: GPO Box 9905
CANBERRA ACT 2601

When forwarding any documentation to Allianz please ensure your claim number is identified on all correspondence.

Important notes

If in the future you require further treatment or have an incapacity for work as a result of the workplace injury. Please contact Allianz on [«USER_Business_Phone»] prior to commencing any treatment.

Your case manager can be contacted on [«USER_Business_Phone»] if you would like to discuss this information directly.

Yours sincerely,

<<SIG>>

«USER_FirstName» «USER_Surname»

«USER_Occupation»

Allianz Australia Insurance Limited

Customer Engagement Process

Regular and timely engagement is crucial for transparent claims management focused on supporting stakeholders through the sometimes complex claims management process and the recovery at and return to work of the injured employee. Allianz will continue to co-design processes with participating agencies as required to support the agencies specific needs and organisational changes. We provide our timeframes as follows:

TRIGGER	TIME FRAME	STAKEHOLDER ENGAGED
Claim Acknowledgement	0 – 24 hours	Injured Employee Rehabilitation Specialist Delegate
Early Contact	Complete by day 2	Rehabilitation Specialist Injured Employee Treating Practitioner
Case Conference	Organised by day 7 for high risk claims or to be conducted by day 10 in appropriate claims	Injured Employee Rehabilitation Specialist Rehabilitation Provider Treating Practitioner

TRIGGER	TIME FRAME	STAKEHOLDER ENGAGED
Development of Treatment Plan	By week 3 following acceptance of liability or by agreement with the Agency	Injured Employee Rehabilitation Specialist Rehabilitation Provider Treatment Provider Treating Practitioner
Determinations/Reconsiderations	All time frames stipulated in guidelines, SRC Act 1998 or service levels	Injured Employee Rehabilitation Specialist
Review Points and update of treatment plans	Within 5 business of any change of circumstance or as agreed with stakeholders	Injured Employee Rehabilitation Specialist Rehabilitation Provider Treatment Provider Treating Practitioner

Allianz Case Managers will maintain open, transparent and proactive communication with Rehabilitation Specialists and delegates to ensure appropriate triaging and integrity of data. Allianz Case Managers will take on an advisory role to the delegates and provide recommendations on intervention, liability and decision making in a timely manner to support the delegate in fulfilling their roles under the Comcare Scheme. We have capabilities in training for this function for Agencies new to this arrangement.

Additionally, Allianz Case Managers will support the Rehabilitation Specialists in offering strategic guidance on intervention and assessments as appropriate through continued communication and information gathering with the injured employee and their treating practitioners.

We will look to engage with participating agencies through regular claim discussions and workshops to target specific areas of opportunity to better support return to work durations and prevent where able injuries in the workplace. Allianz will make available to participating agencies our injury management and technical specialists to provide any advice on process related issues.

Complaints Handling

Our Complaints Management Model provides a consistent and transparent process regardless of the source of complaint or how it was received. The guiding principle is that complaints management is an opportunity to build a rapport with stakeholders through investigation and timely communication to resolve the complaint. Our focus on continuous improvement ensures gaps are identified and trends investigated to assist improve the Allianz customer experience.

Our complaints handling process will ensure that the service level agreement and requirements are met for all complaints:

- Confirmation of receipt of a complaint will be provided to the complainant within one business day of receipt.
- Notify the DCS team that the complaint has been received
- A draft response to complaints will be provided to the Agency within five business days of receipt of the complaint in order to consult with them and obtain their agreement on the response to the complaint.
- The response to the complainant is to be provided within ten business days of receipt of the complaint and a copy also provided to the DCS team.

We have undertaken initiatives to improve the simplicity and transparency of the complaints process for providing feedback or lodging complaints. All complaints in the first instance are to be resolved by the Case Manager. If the Case Manager is unable to resolve the complaint then the matter will be referred to the Team Leader for resolution and entered into our Complaints Handling Register where the matter is escalated further with management oversight.

Level One	
Claims	All complaints to be resolved within two business days.
Level Two	
Team Leader	Complaints will be escalated if not resolved within two days or if customer is not satisfied with response.
Level Three	
Operations Manager	Complaints will be escalated if not resolved within five business days or if customer is not satisfied with response.

It is noted that where we receive a complaint that is not related to a claim managed by us we will forward the complaint to Comcare's Feedback team within two business days of receipt of the complaint.

Complaints will be discussed with the Agency and Comcare at Governance meetings. We will collaborate with both Comcare and the Agency to identify areas that are giving rise to complaints to improve these processes and in turn improve customer satisfaction for all stakeholders.

Claim Handover Process

Comcare schedule claim/ hand over review:

Claim Details					
Review Type		Worker		Claim Number	
DOI		RCM		Allianz Case Manager	
Claim Goal			Anticipated Date to Reach Claim Goal		
Primary Injury			Secondary Injury		
Contacts					
Current Status					
Barriers			Strategies		
Diaries / Invoices					
NA					
Delegations					
Type	SRC	Period	Notes / Comments		
NA					
Checklist					
<i>Actions Required</i>				<i>By</i>	<i>Due Date</i>
Have contacts been completed					
Have the outstanding diaries / invoices been addressed					
Is the rehab plan up to date					
Is the treatment plan up to date (or have delegations been requested to allow the treatment plan to remain valid)					
Author				Date Completed	

Dirpay/Xpay Process

Once Allianz is notified that a claimant has ceased employment, we are required to assess level of incapacity of the claimant.

If it is evidenced that the claimant continues to be incapacitated, then we need to assess the compensation amount payable to the claimant.

The Sections relevant to the Incapacity Payment are section 19, 20, 21, 21A and 22

In order for us to ascertain the applicable section under which ongoing incapacity payments are to be made to the claimant and to avoid an overpayment; we send the following forms to the claimant to complete.



Authority_and_Release_of_Superannuation.pdf



Pay Start Information.pdf

We then send a request for a S114B (2) delegation.

Upon receipt of this information, we send a request to the Superannuation Fund Provider seeking confirmation if the claimant has accessed his/her Superannuation fund since resigning from employment. The form sent to the provider requesting information is below:



Section114BForm.pdf

Based on the response received by the fund provider, we ascertain which section is applicable to assess/calculate the compensation amount payable to the claimant.

Procedure for processing a recovery of overpayment delegation

PROCEDURE FOR RECOVERY OF AN OVERPAYMENT

Step	Action
1	<p>Identify if an overpayment has occurred, noting that the Act does not define the term overpayment. An overpayment is "an amount of compensation has been paid in excess of legal entitlement"</p> <p>Requirement for liability or overpayment review identified by Allianz case manager, RCM or delegate.</p>
2	<p>The Allianz case manager owns the review and assessment process for the reconsideration of own motion decision or recovery of overpayment/duplicate payment, including:</p> <p>Reconsideration of own motion:</p> <ul style="list-style-type: none"> • See reconsideration process <p>Overpayment/duplicate:</p> <ul style="list-style-type: none"> • Identify payments made in error through reconciliation of payments made to stakeholder in PRACSYS. Is it an incapacity payment or non-incapacity payment overpayment? • Create spreadsheet identifying: Individual invoice/item number, payment type and section of the Act, payee, delegation instrument date and detail, folio number of duplicate payment and period. Include the reason the overpayment has occurred e.g. for an incapacity overpayment was the overpayment due to incorrect N.W.E applied etc., or for a non-incapacity overpayment, duplicate travel payments, incorrect amount paid etc. Was the debt a result of an operative decision under the act, i.e. Section 8 for the incorrect N.W.E <p>The Allianz case manager reviews the occurrence and considers whether an overpayment has occurred:</p> <ul style="list-style-type: none"> • A recommendation request needs be made surrounding an s114 (1) (a), s114 (1) (b) or s114 (1) (c) decision.
3	<p>The Allianz case manager prepares a s114 submission for the participating agency delegate, with reasons and emails the submission to the agencies nominated email address.</p> <p>The recommendation is to consider whether the calculated overpayment is correct and what sections are relevant. The recommendation is to consider recovery options available to be offered to the stakeholder. For example, S114B recovery, offset recovery amounts or is repaid straight to Comcare or via instalments to Comcare.</p> <p>If incremental payments are to be considered then the recommendation should offer reference to evidence supporting the period of ongoing claim will meet the recovery period</p> <p>The e-mail must include the claim number, claimant's name and all the claim evidence used in making the submission, along with a copy of the abovementioned spreadsheet reconciling the proposed recovery amount.</p>
4	<p>The delegate provides a signed delegation instrument if recovery relates to 114B or sends an email if it relates to an overpayment decision with reasons. The delegate will scan and send the delegation instrument if applicable and statement of reasons (where used) and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail to the Allianz case manager. If recovery is not made 114B, a decision is to be made and appropriately recorded in an email to the Allianz case manager.</p> <p>NOTE: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p>
5	<p>The recovery notice and instrument detailing the specifics of the recovery is to then be sent to the claimant. Evidence of overpayment is to be provided and alternatives for method of repayment for the amount to be advised where appropriate:</p> <ul style="list-style-type: none"> • Offset options to be considered and discussed if ongoing entitlements available to the stakeholder

	<ul style="list-style-type: none"> • Claimant given appropriate agreed time to respond to overpayment advice. <p>All stakeholder recoveries to be notified by telephone and confirmed via letter/email including provision of s114 instrument.</p> <p>Allianz case manager is to provide a period for response from the claimant and diarise for review.</p>
6	<p>Once discussed with the claimant and a method of repayment agreed, details of the agreement and recovery to be entered into PRACSYS</p> <ul style="list-style-type: none"> • Reference the PRACSYS H-29 guide - Overpayment Recovery (CORA). Guide details method for entering offset agreements/overpayment refunds etc.
7	<p>Following a response from the claimant, should a request to write off the total debt be made, the Allianz case manager is to review the same and if in agreement make a proposal under Section 114C or Section 114D for the same to the agencies nominated email address.</p>

Procedure for processing a S57 determination – New Claim review

PROCEDURE FOR ISSUING DELEGATION FOR – POWER TO REQUIRE A MEDICAL EXAMINATION – SECTION 57

This procedure is used when a determination is required to ensure the claimant undergoes a medical examination for the purpose of a new claim.

Step	Action
1	Allianz case manager may consider an independent medical assessment (S57) is required to assess a new claim.
2	<p>The Allianz case manager prepares a submission/e-mail for the participating agency delegate (with reasons) – and then e-mails the submission to the agencies nominated email address.</p> <p>Note: Check the medical evidence, including allied health and rehabilitation reports that support your reasons for a S57.</p> <p>The e-mail must include:</p> <ul style="list-style-type: none"> the claim number and name of the claimant any evidence that support the reasons for the assessment as attachments information about who the assessment will be with – the selected assessor must be approved by the delegate.
6	<p>The delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the delegation instrument and statement of reasons (where used) and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail to the Allianz case manager.</p> <p>Note: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p>
7	Comcare receives the delegation instrument (or e-mail) scans the documents and adds it to claim record, to enable the invoice to be processed by the Allianz case manager.
8	<p>The Allianz case manager initiates the medical appointment for a S57 assessment and informs the employee and RCM in writing of the reasons for the appointment, the appointment date and the opportunity to provide information for the Independent medical assessor to review.</p> <p>The delegation instrument must be included in the documentation to the employee.</p>
9	<p>The Allianz case manager collates information from the claim documents, medical evidence and any relevant comments from the RCM and employee for the assessor and formulates appropriate questions for the assessor to answer in relation to the ongoing liability of the claim.</p> <p>The Allianz case manager should consult with the delegate on the questions that will be asked.</p>
10	The Allianz case manager is responsible for following up the report from the medical assessment. If further action needs to be taken in regard to new medical recommendations following the process accordingly as new determinations/delegations may be required.

Procedure for processing a S57 determination – ongoing claim review

PROCEDURE FOR ISSUING A DETERMINATION FOR – POWER TO REQUIRE A MEDICAL EXAMINATION – SECTION 57

This procedure is used when a determination is required to ensure the claimant undergoes a medical examination to for the purpose of ongoing liability.

Step	Action
1	Allianz case manager may consider an independent medical assessment (S57) is required due to identified issues within the claim management process in regard to the claimant's ongoing entitlement to liability.
2	<p>The Allianz case manager prepares a submission/e-mail for the participating agency delegate (with reasons) and emails the submission to the agencies nominated email address:</p> <p>Note: Check the following:</p> <ul style="list-style-type: none"> the relevance of previous S57 assessments the medical evidence, including allied health and rehabilitation reports that support your reasons for a S57 <p>The e-mail must include:</p> <ul style="list-style-type: none"> the claim number and name of the claimant any evidence that support the reasons for the assessment as attachments information about who the assessment will be with – the selected assessor must be approved by the delegate.
6	<p>The delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the delegation instrument and statement of reasons (where used) and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail to the Allianz case manager.</p> <p>NOTE: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p>
7	Comcare receives the delegation instrument (or e-mail) scans the documents and adds it to claim record, to enable the invoice to be processed by the Allianz case manager.
8	<p>The Allianz case manager initiates the medical appointment for a S57 assessment and informs the employee and RCM in writing of the reasons for the appointment, the appointment date and the opportunity to provide information for the Independent medical assessor to review.</p> <p>The delegation instrument must be included in the documentation to the employee.</p>
9	<p>The Allianz case manager collates information from the claim documents, medical evidence and any relevant comments from the RCM and employee for the assessor and formulates appropriate questions for the assessor to answer in relation to the ongoing liability of the claim.</p> <p>The Allianz case manager should consult with the delegate on the questions that will be asked.</p>
10	The Allianz case manager is responsible for following up the report from the medical assessment. If further action needs to be taken in regard to new medical recommendations following the process accordingly as new determinations/delegations may be required.

Procedure for processing a S70 General Power Request

PROCEDURE FOR PROCESSING A SECTION 70 REQUEST –

POWER TO DO ALL THINGS - necessary or convenient to be done for, or in connection with, the performance of its functions

Precondition for procedure

This process is ONLY to be used when no other delegation is appropriate and may be required when an expenditure or action is required that is not authorised by another section of the SRC Act; for example:

- a labour market report (OT assessment)
- undertaking Activities of Daily Living Assessment for household help and attendant care
- obtaining a supplementary report from a S57 assessor, after the employee has undergone the assessment.
- Paying for medical reports from treating practitioners

Step	Action
1	<p>The Allianz case manager or participating agency delegate identifies the requirement for an activity that is not covered by another section of the SRC Act.</p> <p>The Allianz case manager prepares a submission/e-mail for the delegate (with reasons) and emails the submission to the agencies nominated email address:</p> <p>The Allianz case manager, in making a recommendation should highlight the need for the delegation to be exercised</p> <p>The e-mail must include the claim number and name and the medical certificate should be attached.</p>
2	<p>The delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the delegation instrument, and statement of reasons (where used), and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail to the Allianz case manager.</p> <p>NOTE: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p>
3	<p>Allianz receives the delegation instrument.</p> <p>The claimant needs to be made aware is implementing relevant claims management action (this can be included in any letter sent to the claimant for information). Claim comments may need to be amended.</p>
4	<p>Participating agency will send documents to Allianz case manager and general.enquiries@comcare.gov.au.</p>
5	<p>Allianz claim managers should note the claim progress in PRACSYS.</p>

Procedure for processing a S71 request

PROCEDURE FOR PROCESSING A SECTION 71 REQUEST – POWER TO OBTAIN INFORMATION FROM A DEPARTMENT OR AUTHORITY

Precondition for procedure

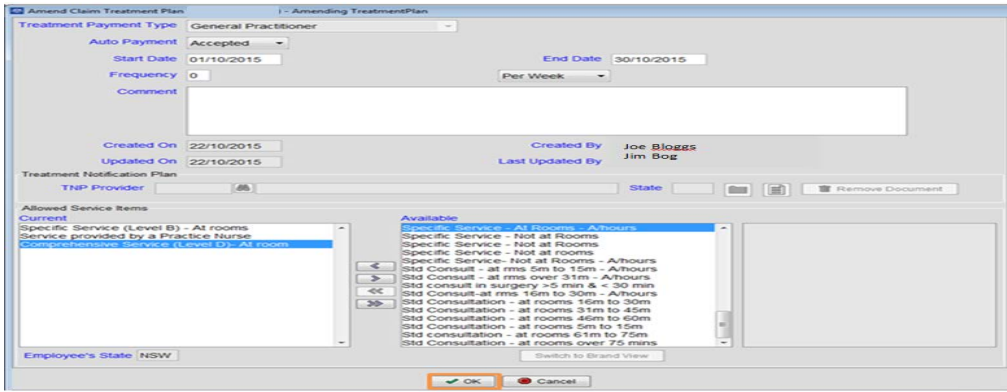
- This process is ONLY to be used when requesting information from a DEPARTMENT or AUTHORITY.
- This is NOT to be used when requesting the claimant or the treating medical practitioner to provide information.

Step	Action
1	Claim documents received by Allianz in Workload inbox (employee and employer sections completed on the claim)
2	Allianz workload manager distributes to case manager personal inbox.
3	Allianz case manager registers the claim in PRACSYS and reviews the claim documentation and identifies a need for further information from the employer (such as a timeline, detailed information about alleged workplace events etc.).
4	<p>The Allianz case manager prepares a submission/e-mail for the participating agency delegate (with reasons) and emails the submission to the agencies nominated email address.</p> <p>The Allianz case manager, in making a recommendation should highlight the need for</p> <ul style="list-style-type: none"> • an employer statement (as likely not provided with initial claim documentation) • Team leader/manager comments • Medical evidence leading pertaining to the claimed injury • Witness statements if needed • Emails and any relevant documentation pertaining to the claimed injury. • Any other relevant matters <p>The e-mail must include the claim number and name and the medical certificate should be attached.</p>
5	<p>The delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the delegation instrument, and statement of reasons (where used), and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail to the Allianz case manager.</p> <p>Note: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p>
6	Allianz receives the delegation instrument and writes/emails the RCM to the Department requesting further information pertaining to the claim. The claimant needs to be made aware the department have been asked for information (this can be included in any letter sent to the claimant for information – see process for S59 request). Claim comments may need to be amended.
7	The agency will send documents to the Allianz case manager and general.enquiries@comcare.gov.au . This will allow Allianz case manager to review documentation quickly (as may need to use for S57 medical assessment) and documents will be scanned from Comcare back to Allianz. Note S71 responses can also be send to Comcare by mail if time allows.
8	Allianz case manager should write/email? To the claimant and advise that Allianz have now received documents from the department and give the claimant the opportunity to comment. Timeframes should be set for the employee to reply.
9	Allianz claim managers should note the claim progress in PRACSYS.

Procedure for processing alterations and modifications under S39

PROCEDURE FOR DETERMINATION OF ALTERATIONS, MODIFICATIONS OR AIDS AND APPLIANCES – SECTION 39

This procedure is used when a claimant requests approval of household and/or work alterations, modifications to vehicle and aids and or appliances for the use of the employee.

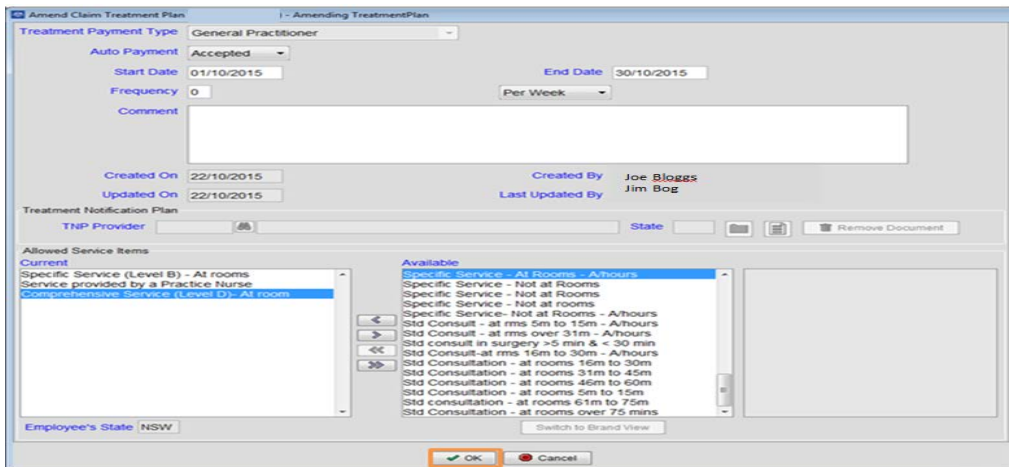
Step	Action
1	<p>Employee completes an application for alteration, modification and/or aids appliances from Comcare website. If part B of the form, that the treating doctor completes is incomplete then contact the employee to ascertain why and ask for completion. If not lodged directly to Comcare then application sent to general.enquiries@comcare.gov.au for scanning.</p> <p>Comcare scans documents into PRACSYS.</p>
2	<p>The Allianz case manager reviews documentation and prepares a submission/e-mail for the participating agency delegate (with reasons) – and emails the submission to the agencies nominated email address. The e-mail must include:</p> <ul style="list-style-type: none"> • details of any discussion with the employee • a copy of the application and treating doctors report • identify if the person has, is undertaking or incapable of undertaking a rehabilitation program • any additional relevant medical evidence that either supports or refutes the appropriateness of the request • if home renovations a valuation of the property prior to renovation • any quote/invoice outlining proposed costs • and a brief summary of any other reasons.
3	<p>The delegate provides a signed decision instrument (or e-mail) with reasons. The delegate will scan and send the instrument and statement of reasons (where used) and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail to the Allianz case manager.</p> <p>NOTE: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p> <p>The delegation may outline approval specific amount/s.</p> <p>The delegate updates the treatment plan. PRACSYS User guide > Claim Treatment Plan > Amend Claim Treatment Plan.</p> 
4	<p>Comcare receives the instrument (or e-mail) scans the documents and adds it to claim record, to enable the Allianz case manager to proceed.</p>
5	<p>The Allianz case manager informs the claimant of the determination in writing/ email outlining reasons, itemized costs approved, also including the delegation instrument and review rights. A copy of the determination is also sent to the agency RCM and to Comcare at general.enquiries@comcare.gov.au.</p>

6	The Allianz case manager updates the PRACSYS claim comments and references the claim record folio for the delegation instrument as per step 3.
7	If an invoice is provided and delegation indicates this is approved then Allianz case manager to create invoice to pay. If over \$2000 Allianz to have supervisor verify invoice.

Procedure for processing household assistance or attendant care S29

PROCEDURE FOR DETERMINATION OF HOUSEHOLD AND ATTENDANT CARE AND OR CHILD/CARE SERVICES – S29

This procedure is used when a claimant requests approval of household and attendant care and/or child care services.

Step	Action
1	<p>Employee completes an application for household, attendant and/or child care form from Comcare website. If part B of the form, that the treating doctor completes is incomplete then contact the employee to ascertain why and ask for completion. If not lodged directly to Comcare then application sent to general.enquiries@comcare.gov.au for scanning.</p> <p>Comcare scans documents into PRACSYS.</p>
2	<p>The Allianz case manager reviews documentation and prepares a submission for the participating agency delegate (with reasons) – the submission to the agencies nominated email address.</p> <p>The submission should include:</p> <ul style="list-style-type: none"> - details of any discussion with the employee - a copy of the application and treating doctors report - rehabilitation program actions and plans - aid to daily living assessment report - any additional relevant medical evidence that either supports or refutes the level of service considered appropriate - any relationship the provider of services has to the claimant - any quote/invoice outlining proposed costs - a summary of reasons.
3	<p>The delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the instrument and statement of reasons (where used) and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail to the Allianz case manager.</p> <p>NOTE: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p> <p>**The delegation may outline approval for the service/s for several months and/or specific amounts.</p> <p>The delegate updates the treatment plan. PRACSYS User guide > Claim Treatment Plan > Amend Claim Treatment Plan.</p> 
4	<p>Comcare receives the instrument (or e-mail) scans the documents and adds it to claim record, to enable</p>

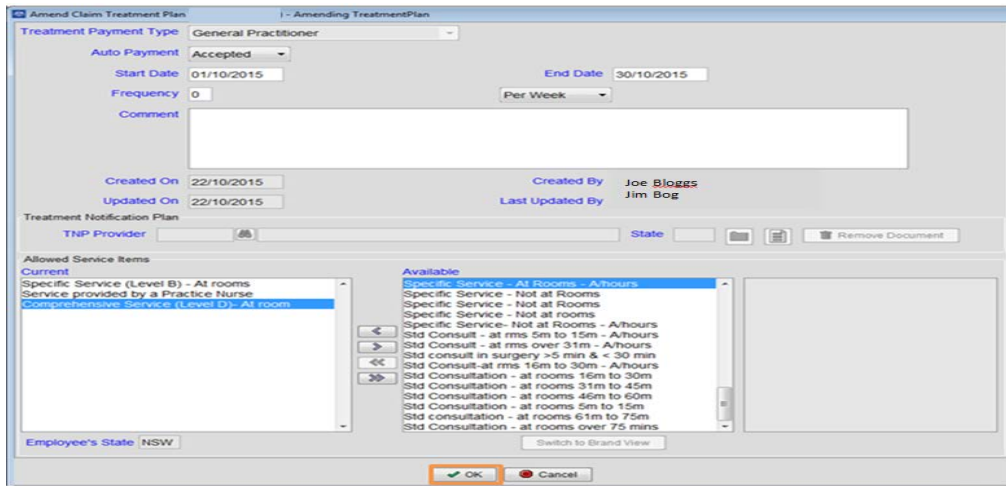
	the Allianz case manager to proceed.
5	The Allianz case manager informs the claimant of the determination in writing/ email outlining reasons, period of coverage and/or costs approved, also including the delegation instrument and review rights. A copy of the correspondence to the employee is also sent to the agency RCM and to Comcare at general.enquiries@comcare.gov.au .
6	The Allianz case manager updates the PRACSYS claim comments and references the claim record folio for the delegation instrument as per step 3.
7	If an invoice is provided and delegation indicates this is approved then Allianz case manager to create invoice to pay. If over \$2000 the Allianz Team Manager verifies the invoice.

Procedure for processing medical treatment expenses under S16

PROCEDURE FOR ISSUING A DETERMINATION FOR – TREATMENT PLAN AND MEDICAL/TREATMENT EXPENSES SECTION 16.

This procedure is for the use of approving ongoing medical costs; including, GP, allied health professional and ongoing treatment by specialists. Delegate approval under section 16 should usually be obtained for the treatment plan.

This procedure is NOT to be used for the pre-approval for surgery, pain management programs or alternative expensive treatments.

Step	Action
1	Medical certificate/report or letter from the treating provider received (usually directly)
2	The Allianz workload manager allocates the document from PRACSYS inbox to a personal Allianz case manager's in tray.
3	The Allianz case manager checks documents for an existing treatment plan record in PRACSYS.
4	<p>The Allianz case manager reviews the proposed treatment plan and prepares a submission/e-mail for the participating agency delegate (with reasons) and emails the submission to the agencies nominated email address and sends it to general.enquiries@comcare.gov.au.</p> <p>The e-mail must include the claim number and name and the medical certificate should be attached or referenced.</p>
5	<p>The delegate will:</p> <ul style="list-style-type: none"> - review the proposal - will send an e-mail to the Allianz Case manager copying in general.enquiries@comcare.gov.au of the decision noting they have considered all relevant matters and are making the decision as a delegate <p>NOTE: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p> <p>The delegate, if the proposal is approved, updates the treatment plan.</p> <p>PRACSYS Userguide > Claim Treatment Plan > Amend Claim Treatment Plan.</p> 
6	Comcare receives the scans the submission document (where required) and adds it to claim record.
7	<p>The Allianz case manager advises the claimant/provider of the approval of the treatment plan through their usual means of contact (letter or e-mail).</p> <p>The letter or email to the employee must include reference that the statement of reasons is consistent with the submission to the delegate and the delegate's final decision.</p>

	If notifying by email, ensure all documents are in the PDF format.
8	Invoice received by RCM and forwarded to Comcare or directly to Comcare from the Biller/claimant.
9	Comcare scans invoice document into PRACSYS.
10	The Allianz Workload manager allocates the invoice from PRACSYS inbox to a personal Allianz case manager's in tray.
11	<p>The Allianz case manager checks the invoice to ensure all information is supplied.</p> <p>If there is an existing relevant approved treatment plan the Allianz case manager creates the invoice in PRACSYS.</p> <p>Check:</p> <ul style="list-style-type: none"> - the treatment plan and notify delegate if this is outside the treatment plan - the costs against the AMA/Comcare published rates. <p>If there is no treatment plan covering the invoice, go to step 4.</p>
12	The Allianz case manager creates the invoice (create invoice) in PRACSYS and references the claim record folio for the delegation instrument as per step 4.
13	If over \$2000 The Allianz Team Manager verifies the payment.
14	<p>The Allianz case manager advises the claimant (and biller, if required) of the approval of the expenses in writing, including information about:</p> <ul style="list-style-type: none"> - who issued made the determination - when was the determination made - what the determination included - notice of rights.

Processing information request for external parties - S59, FOI and All information requests

1. PURPOSE, SCOPE AND USERS

This policy defines the required actions Allianz Comcare employees must take when requests for information are received from external parties.

Users of this document are all Allianz Comcare employees, contractors, engaged third parties, suppliers, consultants and any other personnel with authorisation to access Comcare information.

Failure to comply with Allianz policies and procedures may result in the Allianz Comcare business and its customers being exposed to unnecessary risks, including compromise of information, breach of privacy legislation and financial penalties. Violations of this policy will result in disciplinary or legal action against users, where deliberate or wilful neglect is proven.

2. DIFFERENT TYPES OF REQUESTS FOR CLAIMS INFORMATION

2.1 REQUEST FROM A THIRD PARTY INSURER – NOT AN ALLIANZ COMPANY OR DEPARTMENT

Example: CTP Insurers, Life Insurance companies, General Insurance companies, Ministers office etc.

- Ensure we have a recently signed declaration / authorisation from the Worker which is less than 12 months old
- Send an email or letter to insurer requesting written confirmation they will not release the information to the worker.
- If a media enquiry is received, Allianz Comcare Case Managers are to obtain all possible information about the enquiry and notify their direct manager immediately. Comcare employees are not to provide any information to third parties directly.

Once these are received you may collect the information for review by your team leader/manager prior to release of the information to the insurer, keeping a copy of what is released on the file.

2.2 REQUEST FROM A THIRD PARTY INSURER – ALLIANZ COMPANY OR DEPARTMENT

Example: Allianz CTP, another Allianz Workers Compensation business, Allianz General Insurance etc.

- Ensure we have a recently signed declaration / authorisation from the Worker which is less than 12 months old
- Send an email or letter to insurer requesting written confirmation they will not release the information to the worker.
- If a media enquiry is received, Allianz Comcare Case Managers are to obtain all possible information about the enquiry and notify their direct manager immediately. Comcare employees are not to provide any information to third parties directly.

Once these are received you may collect the information for review by your team leader/manager prior to release of the information to the insurer, keeping a copy of what is released on the file.

2.3 REQUEST FROM A WORKER – s59 of SRC Act

Example: Direct request from worker, authorised representative of the worker acting in the claim.

Direct requests to Comcare for management via Comcare FOI team at s59@Comcare.gov.au

2.4 REQUEST FROM A WORKER – FOI

Example: Direct request from worker, authorised representative of the worker acting in the claim.

- Direct requests to Comcare for management via Comcare FOI team at foi@comcare.gov.au

Procedure for implementation of AAT decisions

Administrative Appeals Tribunal (AAT) Determined Claims Allianz Procedure

Allianz will be notified of an AAT decision by the delegate. The delegate will provide a list of 'implementation actions' of which the case manager is required to complete prior to the AAT case being closed in Pracsys.

Once the case manager is advised of the 'implementation actions' the case manager must complete the following steps;

1. Send to the worker (found in the team folder – 'AAT'):
 - i. The AAT notification letter
 - ii. Medical Services Claim Form
 - iii. Claim for Time Off Work form

- iv. Medical Certificate template
2. With the initial contact with the worker, also request they confirm in writing if they have received
 - i. Medicare benefits (If yes, complete steps 3 – 5)
 - ii. Centrelink Benefits/Income Support from Centrelink (if yes, complete steps 6 – 9)

This is the first contact the case manager has with the worker following the AAT decision. The notification letter lists the steps/forms the worker must complete to allow Allianz to action the AAT decision.

One of these steps required by the worker to complete is the 'History Statement Declaration' form that is sent to them from Medicare (as per our request in step 3). If this is not completed by the worker, due to privacy reasons, Medicare will be unable to issue Allianz a list of services that the worker has claimed under Medicare during the period in which Allianz is liable. It is therefore important to continue to remind the worker to complete this form and return it to Medicare as soon as possible.

Medicare

3. Request a Medicare Clearance by completing the following forms;
 - i. MO026 Medicare History Statement request form
 - ii. MO022 Medicare Notice of Judgement of Settlement form (only for lumpsum payments eg. Permanent Impairment)
 - Fill in all details you know (eg. Workers name, DOB, claim details etc.). Ensure you sign it.
 - Note: for the purposes of these forms, Allianz is the notifiable person.
 - Send the MO026 and/or MO022 form to Medicare with the page of AAT determination that details the liability decision/period via participating agencies nominated email address/fax.
 - Also ensure you send a copy to the claim using general.enquiries@comcare.gov.au.
 - If a Notice of Past Benefits or Notice of Charge – deemed, is received this means the worker has not completed the 'History Statement Declaration' sent to them by Medicare.
 - If the worker has not received the form, call Medicare on 132 127 and request they re-send this document to the worker.
 - After reasonable attempts to obtain the itemised notice, it is possible to pay the 'deemed' notice only if the amount payable is considered by the case manager to be a reasonable amount based on the length of time there is liability. For example, if the 'deemed' notice is for \$5,000 and the liability period is 3 months, it is not reasonable that the worker incurred \$5,000 of expenses in 3 months. If high value single services are known to be included in this amount, the case manager is to discuss with the worker or workers legal representative whether amount may be reasonable and to proceed with payment.
4. When the Medicare Notice of Past Benefits is received, enter each payment line on the notice as an individual invoice item. The payee should be listed as 'Medicare Australia' and the 'Financial Group' and 'Payment Type' are both HIC Reimbursement.
5. Once you have received the Medicare Notice of Past Benefits from Medicare and the Medical Services Claim Form, receipts and medical evidence from the worker you can request the s16 delegations.

Note: do not request a s16 delegation for medical expenses until you have received the Medicare Notice of Past Benefits. If you do, you may risk reimbursing the worker the full cost for a service of which Medicare paid a portion. Allianz would then need to seek recoveries for the overpaid amount.

Pharmaceuticals are not rebated by Medicare, so you can request the s16 delegation for pharmaceuticals if

required.

Centrelink

6. Email the agency payroll department and request the NWE and NWH from the date of injury, until present. Complete the SS445 Centrelink Compensation Advice of Periodic Payments form. Ensure you include all pay increases in section 8 throughout compensable period.
7. Send the SS445 form to Centrelink with the page of the AAT determination that details the liability decision/period via:

Fax: 1300 788 118

If the worker is in receipt of ongoing Centrelink benefits, Centrelink may contact Allianz to determine if we are prepared to commence ongoing payments to the worker. Once the Centrelink Recovery Notice is issued from Centrelink, they will cease payments to the worker and therefore Allianz need to be ready to pay the worker ongoing.

8. To ensure Allianz are able to commence ongoing incapacity payments to the worker, we will need current medical certificates and the worker needs to submit their Claims for Time off Work to the participating agency payroll department so payroll may issue the CTOWs to Allianz. Where workers are detached for the full or part compensable period, pay slips, tax statements or statutory declarations can be considered in the assessment of ongoing benefits.
9. When a Centrelink Compensation Recovery Notice is received, the total recoverable amount needs to be deducted from the incapacity payments made to the worker and this entered using the correct code in to PRACSY

e.g. Compensation recovery total = \$6,000

Number of incapacity periods/weeks claimed by worker = 12

$6000 \div 12 = \$500$ per week owing to Centrelink

Enter 2 lines for each incapacity period:

- One for \$500 with payment type 'Reimbursement to Centrelink'
- One with the total liability for that week with \$500 deducted – to agency/worker

10. If there is any other 'implementation actions' listed by the delegate that you have not completed, action these accordingly.
11. Once you have completed all the implementation actions, send an email to delegate with confirmation that they have been completed.

Key things to consider:

- Confirm with both the worker and the worker's solicitor the method they wish to be paid.
- If the AAT has determined ongoing liability, you are now the case manager of this claim so ensure you obtain updated medical information from the worker and you are liaising with the RCM.
- All payments made need to have delegation however make sure you do not request any delegations covering the period prior to the AAT decision until you have received the Medicare and Centrelink Clearances.

Procedure for processing permanent impairment claim - S24, s27

PROCEDURE FOR ISSUING A DETERMINATION FOR PERMANENT IMPAIRMENT – SECTION 24 and SECTION 27

This procedure is to be used for processing PI applications under Section 24 and non-economic loss under S27. It is not to be used for processing S25 Interim PI payments.

NOTE: Be aware you may need to obtain a S57 delegation if you are going to arrange an independent permanent impairment assessment.

Step	Action
1	Claim for permanent impairment lodged with Comcare. Documents scanned and loaded in PRACSYS.
2	Allianz workload manager refers the claim to the case manager personal in tray. The Allianz case manager launches the Manage Permanent Impairment (MPIC) function and creates a 'new' entry to register the PI claim.
3	The Allianz case manager reviews documentation and decides whether to initiate independent medical (IM) assessment to determine whole person impairment for PI purposes. If so, complete steps for processing a request for a S57 Independent medical assessment with the delegate. NOTE: -If the PI claim is for multiple conditions please discuss with the delegate as several IM assessments may be required. -The IM assessor will need to use an appropriate LQMP specialist.
4	If the S57 assessment is approved by the Delegate and the employee notified of the appointment, the Allianz case manager can input the provider name and date of the report in the PI function (MPIC) in PRACSYS. On receipt of the report from the medical assessor the Allianz case manager can proceed with their recommendation. NOTE: In letter to employee advising them of the s57 appointment, indicate that the IM assessment has been arranged to a) assess the level of any permanent impairment and b) review the injury and ongoing entitlements. Then include both PI and liability questions to IME specialist
5	The Allianz case manager collates the evidence and prepares a submission for the participating agency delegate (with reasons) and emails the submission to the agencies nominated email address. The Allianz case manager, in making a recommendation should provide: <ul style="list-style-type: none"> • application for PI • the WPI medical recommendations (including s57 report) • their reasons for NEL scores (if the recommendations to award a PI. Discussion of NEL assessment is not required if the PI is denied) • any supporting evidence. The e-mail must include the claimant's name and claim number.
6	The delegate (likely a Senior Executive delegate) provides a signed delegation with reasons. The delegate will scan and send the delegation, and statement of reasons (where used), and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail and the Allianz case manager. NOTE: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.
7	The Allianz case manager advises the claimant (and the rehabilitation case manager) of the details of the PI and Non-Economic loss determination in writing.

	<p>The delegation and reasons are attached and review rights given.</p> <p>Section 45 Election – only applies where a PI payment has been agreed and is payable</p> <p>Where an employee is eligible to receive a PI award, when writing to the employee, the Allianz case manager must include information on the Section 45 (Common Law) election.</p> <p>An election is irrevocable. Therefore, if an election is made by the employee or their legal representative, no payment can be made under s24, 25 or 27.</p> <p>What if the employee disputes a favourable PI determination</p> <p>We cannot withhold payment where an award has been made, but recognize that some employees may prefer to delay payment in circumstances where they wish to pursue a recon (and subsequent AAT action). Therefore, where a PI has been awarded but the employee indicates early on they will be seeking a recon, Allianz case manager should confirm whether the employee would like to receive payment of the determined amount now, or prefer that payment is held pending the outcome of the recon (and then any possible AAT action that may follow). If they elect to receive payment now and then have a favourable outcome at recon (or AAT), the balance of any PI award will be paid to the employee at that time. However, the employee should also be made aware that, in the event the recon/AAT reduces the PI award or revokes the determination, this will create an overpayment that will need to be recovered in full.</p>
8	<p>The Allianz case manager finalises the PI application (MPIC screen) in PRACSYS. Best practice suggests a senior Allianz team leader review these prior to finalization due to the monies involved and to ensure the delegation is referenced in the determination.</p> <p>NOTE: The Allianz case manager enters PI section 24 & section 27 amounts for payment, using the date of the determination as the date of service, and emails the delegates for invoice verification.</p>
9	<p>Delegates check the MPIC screen - ensure this is now at determine PI stage and all impairment ratings are coded and correct rate paid.</p> <p>NOTE: CPI for PI usually occurs 1 July so check statutory rates.</p> <p>Delegates go to the ACI screen, check they are same rates as MPIC screen, and verify the invoices for S24 and S27 to release payment [unless the employee has indicated that they will be disputing the award – in which case, see point 7 above].</p> <p>NOTE: PI payments must be made to the employee within 30 days of the date of the determination, unless a recon or AAT appeal is initiated (in which case, the 30 day rule does not apply)</p>

Principle for SRC Delegation

Principles for SRC Act Delegates

These principles are designed to guide participating agency delegates in making decisions under the SRC Act:

- 1) In accordance with section 72 of the SRC Act, decisions shall be guided by equity, good conscience and the substantial merits of the case, without regard to technicalities
- 2) Decisions must be made on the basis of evidence, including submissions from Allianz case managers, medical information, witness statements and submissions from the employee and agency representatives
- 3) Natural justice must be provided to employees in the making of claims management decisions
- 4) Risk management should be applied to the claims management procedures
- 5) Delegates will work in partnership with Allianz case managers and through them, rehabilitation case managers
- 6) Delegates, as decisions makers, will aim to support:
 - a. close integration of injury management and rehabilitation procedures
 - b. that the treatment and injury management strategies will focus on effective recovery at work, rehabilitation and return to independence
- 7) Medical treatment must be reasonable and evidence based
- 8) Employees should be guided to understand their options and responsibilities and be an active participant in the management of their entitlements, their recovery at work and rehabilitation
- 9) Potential conflicts of interest will be managed in accordance with the operational instructions and the Conflict of Interest protocols

Procedure for new claims S14

PROCEDURE FOR ISSUING A DETERMINATION FOR COMPENSATION FOR INJURY S14

Step	Action
1	<p>Claim for workers compensation (claim) form submitted by employee to RCM.</p> <p>or</p> <p>Claim for workers compensation (claim) form submitted by employee to Comcare (without the employer section being completed).</p> <p>or</p> <p>Claim for workers compensation (claim) form submitted by employee to Allianz (without the employer section being completed).</p>
2	If the claim forms were not sent to Comcare, the forms should be sent to Comcare at general.enquiries@comcare.gov.au and scanned.
3	The Allianz workload manager allocates the claim form from PRACSYS inbox to a personal Allianz case manager's in tray.
4	<p>The Allianz case manager checks that the claim form is complete.</p> <p>If the employer section is not complete, the Allianz case manager sends the scanned claim form and a request to complete the employer part of the form to the agencies nominated email address. The agency will forward the incomplete form to the relevant RCM for processing.</p>
5	<p>The RCM and agency Payroll will complete the employer section of the claim form, to confirm employment details, RCM details and cost centre information.</p> <p>RCM and agency Payroll will send the completed form to Comcare to general.enquiries@comcare.gov.au. The RCM will also send an e-mail the participating agencies nominated email address.</p>
6	<p>The Allianz case manager should liaise with the delegate during the assessment process and consider whether:</p> <ul style="list-style-type: none"> - an independent medical assessment (refer to S57 procedure) is required - to request information from the agency (refer to S71 procedure). <p>The Allianz case manager assesses the claim.</p>
7	<p>The Allianz case manager develops the submission for the delegate (with reasons) and completes any quality assurance steps.</p> <p>The Allianz case manager completes the natural justice process, providing new evidence via email confirming a determination is in the process of being made (to a party that is adversely affected by the decision - claimant or RCM as the employer representative) and allowing reasonable time to provide feedback on the evidence provided for consideration in our final recommendation to the delegate.</p> <p>Whilst on occasion a draft recommendation including proposal on liability is provided with the new evidence as above, if it is not possible to provide draft submission to the relevant party, and the decision relies on the results key documents (such as an employer submission or S57 assessment), the relevant party should receive a copy of the documents/S57 report before the determination is made and receive verbal advice on what the recommendation will be. A short timeframe for a response should be set and any response should be provided to the delegate. This is primarily undertaken where time does not allow for a full review period due to the complexities of the delegation process.</p> <p>If the Allianz case manager is unsure that the draft submission can be provided to the employee in time, a copy of S57 report should be forwarded to the employee as soon as it is received.</p> <p>Where we cannot get the key documents/S57 report to the employee, the Allianz case manager should contact the employee by phone and explain what the recommendation is going to be, and why, (and let them know what the S57 report says) before submitting the report to the delegate. A reasonable attempt to contact the employee is required, but if the employee is not reasonably available the process should proceed.</p>

Where a recommendation is proposed to accept the claim, the same notification process should be followed for the RCM.

Summary of natural justice:

For diseases - communication with adversely affected party

A) Where we can:

1. One letter to send the draft report and evidence (such as S57 report)
2. One letter with the determination and reasons.

No phone contact initiated by Allianz - but the employee might.

B) If we cannot achieve A:

1. One phone contact with the employee discuss the draft report and evidence (such as S57 report)
2. One letter with the determination and reasons.

For injuries – communication with adversely affected party

A) Where we can:

1. One letter to send the S57 report (should be simple) and be able to be sent the same day that the report is received
2. One phone contact with the employee to discuss the proposed recommendation to the delegate
3. One letter with the determination and reasons.

B) If we cannot achieve A:

1. One phone contact
2. One letter with the determination and reasons and report.

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The Allianz case manager completes the Initial Liability Investigations tab (icclaim).

The Allianz case manager provides the submission for the delegate (with reasons) and emails the participating agencies nominated email address.

The e-mail must include the claim number and name and all the claim evidence used in making the submission should be attached.

Where the Allianz case manager is recommending that the claim be accepted, the NWE figure at the same time. The Allianz case manager completes NWE entry is created in Change Normal Weekly Earnings CNWE. The entry will be verified by the delegate.

The screenshot shows the 'Normal Weekly Earnings' form. At the top, there is a table with columns: Effect Date, Base Amt, Std Hrs, Overtime Amt, O/T Hrs, Sal Allow, NonSal Allow, Total NWE, Total Hrs, Change Reason, Active, Verified, and Marked Inactive. Below this, the form has several sections. On the left, 'Normal Weekly Earnings' includes fields for Effective Date (27/10/2015), Change Reason (Initial NWE), Base Amount (1,250.00), Overtime Amount (0.00), Shift Penalties Amount (0.00), Allowances Amount (0.00), Total NWE Amount (1,250.00), Standard Weekly Hours (37.30), Overtime Weekly Hours, Total Weekly Hours (37.30), Relevant Period, and Comment (Initial NWE). On the right, 'Is Active' includes fields for Adjustment Source (Claim Adjustment), Created On (23/11/2015 15:18:30), Created By (s 47F), Updated On (23/11/2015 15:18:30), By (s 47F), Verified On, By, Inactivate Requested On, and By. At the bottom, there are buttons: Back, Next, Inactivate, Verify (highlighted in red), and Reset.

9

The delegate completes the Liability Decision tab (below)

Determination Tasks								
Initial Liability Investigations								
Liability Decision								
Determination History								
Conditions								
Status	ICD	Condition Description	Location	Agg	Seq	Start	End	Recon
P Rejected	296.3	major depressive disorder, recu...	Unspecified	Yes	No	21/02/2014		

The delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the delegation instrument and statement of reasons (where used) and send it to general.enquiries@comcare.gov.au and the Allianz case manager.

Note: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.

Where the delegate accepting the claim be accepted, the NWE figure should be verified at the same time. The delegate verifies the NWE entry is created in Change Normal Weekly Earnings CNWE.

- 10 Comcare receives the delegation instrument, scans the documents and adds it to claim record.
- 13 The Allianz case manager advises the claimant (and the rehabilitation case manager) of the decision in writing.
The delegation instrument is attached and, if notifying by email, ensure all documents are in the PDF format.
- 14 If there is a requirement to amend the condition for which liability is accepted as a result of new evidence or sequela claims the same process should be followed as for an initial liability decision when undertaking a reconsideration of own motion.

The delegate completes the Liability Decision tab (below). The Create Determination/Amend Determination (CDET/ADET) is for making changes to the accepted condition(s) after initial liability. This is essentially the same functionality as liability decision tab above.

Principle for power to obtain information under S58 – Claimant

PROCEDURE FOR PROCESSING A SECTION 58 REQUEST – POWER TO REQUEST INFORMATION FROM THE CLAIMANT

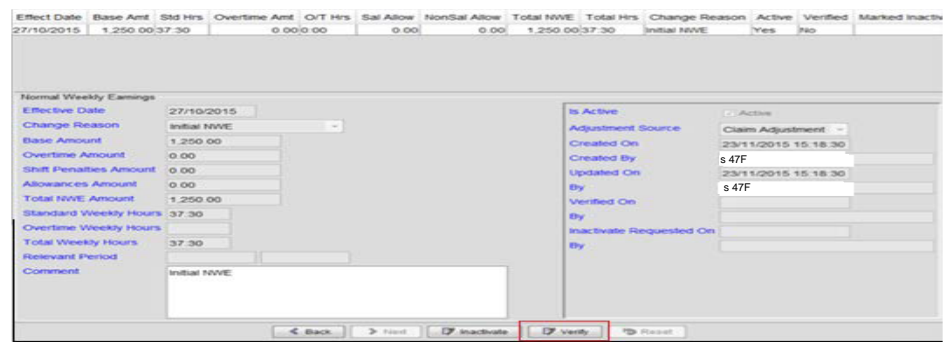
Precondition for procedure

- This process is ONLY to be used when requesting additional information from a claimant.
- This is NOT to be used when requesting information from the department (section 71) or a treating medical practitioner (using the employee's consent form).

Step	Action
1	Claim documents received by Allianz in Workload inbox (employee and employer sections completed on the claim)
2	Allianz workload manager distributes to case manager personal inbox.
3	Allianz case manager registers the claim in PRACSYS and reviews the claim documentation and identifies a need for further information from the employee (such as further explanation of causal factors if no additional info initially provided, need to obtain further medical information).
4	<p>The Allianz case manager prepares a submission/e-mail for the agency delegate (with reasons) and email the participating agencies nominated email address.</p> <p>The Allianz case manager, in making a recommendation should highlight the need for</p> <ul style="list-style-type: none"> • Medical evidence pertaining to the claimed injury, including clinical notes not being made available by workers selected providers • Emails and any relevant documentation pertaining to the claimed injury. • Any other relevant matters <p>The e-mail must include the claim number and name and the medical certificate should be attached.</p>
5	<p>The delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the delegation instrument, and statement of reasons (where used), and send it to general.enquiries@comcare.gov.au.</p> <p>Note: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p>
6	<p>Allianz receives the scanned delegation instrument and writes/emails to the employee requesting further information pertaining to the claim within 28 days. This can be repeated throughout life of a claim.</p> <p>The department needs to be made aware that the employee has been asked for information. An email to the RCM should suffice with a copy of the request to the employee and delegation attached. Claim comments may need to be amended.</p>
7	The employee sends documents to the Allianz case manager and general.enquiries@comcare.gov.au or responds by mail.
8	Allianz case manager should write/email the RCM and advise that Allianz have now received documents from the department and give the department the opportunity to comment. Timeframes should be set for the department to reply.
9	Where information is not provided by the worker, consideration must be made to whether there is information being deliberately/unreasonably withheld and whether consideration should be made as regards refusing to deal with the claim pending provision of reasonable information. Allianz case manager to discuss with delegates on case by case basis.
10	Allianz claim managers should note the claim progress in PRACSYS.

Procedure for processing a medical certificate and incapacity determination S19

PROCEDURE FOR ISSUING A DETERMINATION FOR COMPENSATION FOR INJURY – MEDICAL CERTIFICATE AND INCAPACITY FOR WORK S19

Step	Action
1	Medical certificate received from employee (either directly or through the RCM)
2	The Allianz workload manager allocates the medical certificate from PRACSYS inbox to a personal Allianz case manager's in tray.
3	The Allianz case manager checks documents for an existing medical certificate record in PRACSYS.
4	<p>The Allianz case manager makes reviews changes in hours, AE and NWE and prepares a submission/e-mail for the delegate (with reasons) – e-mail the submission to the participating agencies nominated email address.</p> <p>The Allianz case manager, in making a recommendation for the period of a section 19 determination, should check for potential changes to</p> <ul style="list-style-type: none"> • NWE • actual earnings • adjustment amounts <p>The e-mail must include the claim number and name and the medical certificate should be attached.</p> <p>NOTE: Delegation instruments under section 19 can be issued for longer periods than CTOW for like payment periods, for example, a three month total incapacity period, under 45 weeks with the same NWE and AE.</p> <p>There is a separate process for updating NWE.</p>
5	<p>Where the Allianz case manager assess that the NWE figure needs to change, the Allianz case manager completes NWE entry is created in Change Normal Weekly Earnings CNWE and advises the delegate that the entry needs to be verified.</p> 
6	<p>The delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the delegation instrument, and statement of reasons (where used), and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail to the Allianz case manager.</p> <p>NOTE: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p> <p>The delegate, if the proposal is approved, updates the end date on the treatment plan.</p> <p>PRACSYS Userguide > Claim Treatment Plan > Amend Claim Treatment Plan.</p>

Where the NWE figure needs to be changes it should be verified at the same time. The delegate verifies the NWE entry is created in Change Normal Weekly Earnings CNWE.

- 7 Comcare receives the delegation instrument, scans the documents and adds it to claim record.
- 8 The Allianz case manager processes the medical certificate from the inbox to Create Medical Certificate in PRACSYS.
The Allianz case manager must reference the claim record folio for the delegation instrument in the comments.
- 9 The Allianz case manager advises the claimant (and the rehabilitation case manager) of the approval of the medical certificate through their usual means of contact (letter or e-mail).
- 10 Claim for time off work (CTOW) form submitted by employee to RCM.
- 11 Claim for time off work (CTOW) form processed by Payroll, to confirm actual earnings and submitted to Comcare.
- 12 Claim for time off work (CTOW) form received by Comcare, scanned.
- 13 The Allianz workload manager allocates the CTOW form from PRACSYS inbox to a personal Allianz case manager's in tray.
- 14 The Allianz case manager checks documents for an existing incapacity delegation instrument (refer to the medical certificate record) that applies to the CTOW period.
If there is a relevant delegation instrument, the Allianz case manager processes the CTOW form in PRACSYS and references the claim record folio for the delegation instrument in the record. Then go to step 17.
If there is no delegation instrument covering the CTOW period, go to step 4.
- 15 The Allianz case manager makes any required calculations and prepares a submission/e-mail for the delegate (with reasons) – e-mail the submission to the participating agencies nominated email address.
The Allianz case manager, in making a recommendation for the period of an incapacity determination, should check for potential changes to:
 - NWE
 - actual earnings
 - adjustment amounts

	<ul style="list-style-type: none"> • medical certificate coverage. <p>The e-mail must include the claim number and name and the medical certificate should be attached.</p> <p>Note: Delegation instruments can be issued for longer periods than CTOW for like payment periods, for example, a three month total incapacity period, less than 45 weeks with the same NWE and AE.</p>
16	<p>The delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the delegation instrument, and statement of reasons (where used), and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail to the Allianz case manager.</p> <p>Note: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p>
17	<p>Comcare receives the delegation instrument, scans the documents and adds it to claim record, to enable CTOW to be processed by the Allianz case manager.</p>
18	<p>The Allianz case manager processes the CTOW form in the inbox to create an incapacity payment in PRACSYS. The Allianz case manager must reference the claim record folio for the delegation instrument in the create incapacity payment record.</p>
19	<p>The Allianz case manager advises the claimant (and the rehabilitation case manager) of the approval of the CTOW through their usual means of contact (letter or e-mail).</p> <p>The delegation instrument is attached and, if notifying by email, ensure all documents are in the PDF format.</p>

Procedure for processing a medical certificate and incapacity determination S20 and S21

PROCEDURE FOR ISSUING A DETERMINATION FOR — INCAPACITY FOR WORK WHEN EMPLOYEE IS IN RECEIPT OF SUPERANNUATION - S20, S21, S21A

This procedure applies to employees who are terminated, where the employee has access to their superannuation benefits, for example an invalidity retirement.

Step	Action
1	Participating Agency advises Allianz that the employee has terminated and the method of termination. CHECK that employee is not already an ex- employee and DirPay box ticked on PRACSYS.
2	<p>Where superannuation benefits may be payable the Allianz case manager communicates with the employee and:</p> <ul style="list-style-type: none"> • commences Xpay commencement processes • discusses the implications for superannuation and incapacity payments • checks to see if there has been any overpayment. <p>To avoid/minimise an overpayment it is critical to obtain a s114b delegation and send this within 2 days. The Allianz case manager should request a S114 B (2) delegation instrument to obtain information from the superannuation scheme from the delegate.</p>
3	<p>The delegate provides a signed delegation instrument.</p> <p>The delegate will scan and send the delegation instrument and the Comcare S114B form, and send it to general.enquiries@comcare.gov.au.</p> <p>The delegate will also send an e-mail to the Allianz case manager.</p>
4	The Allianz case manager sends the delegation and form to the superannuation administrator to obtain information about the employee's entitlements.
5	<p>The Allianz case manager reviews the superannuation information, AE and NWE and prepares a submission/e-mail for the delegate (with reasons) – e-mail the submission to the participating agencies nominated email address.</p> <p>The Allianz case manager should consider whether superannuation is or has been accessed by the employee (for lump sum; pension and lump sum, or pension) as this will impact on delegation.</p> <p>Check:</p> <ul style="list-style-type: none"> • separation date from agency • superannuation, employer contribution ONLY • actual earnings if doing other paid work • medical certificate coverage. <p>The e-mail must include the claim number and name, the medical certificate and superannuation amounts should be attached.</p> <p>The Allianz case manager enters the superannuation details in PRACSYS:</p> <p>See: PRACSYS Userguide > Superannuation > Enter or update</p>

Employee Superannuation
 Employee No: S 47F
 Superannuation Fund: PSSB (Comsuper)
 Minimum Contribution %: 2
 Maximum Contribution %: 10
 Contribution Code: S 47F
 Fund Reason: Invalidity retirement

Preserved Amount: 0.00
 Preserved Date:
 Includes Compulsory Component: Yes
 Cease Superannuation Date:
 Retired / Resigned Date: 11/01/1984

Effect Date	Type	Employer Fin Amt	Weekly Amt	Salary for Super	Lump Sum	Change Reason	Active	Verified	Marked Inactive
10/09/2007	Lump Sum	0.00	0.00	817.86	30,153.64	Employee's birth	Yes	Yes	
27/04/2007	Lump Sum	0.00	0.00	766.40	30,153.64	Applied Super C	No	Yes	
10/09/2006	Lump Sum	0.00	0.00	786.40	30,153.64	Employee's birth	Yes	Yes	
10/09/2005	Lump Sum	0.00	0.00	754.70	30,153.64	Applied Super C	Yes	Yes	
10/09/2004	Lump Sum	0.00	0.00	729.18	30,153.64	Applied Super C	Yes	Yes	
10/09/2003	Lump Sum	0.00	0.00	703.16	30,153.64	Applied Super C	Yes	Yes	
10/09/2002	Lump Sum	0.00	0.00	680.04	30,153.64	Applied Super C	Yes	Yes	
10/09/2001	Lump Sum	0.00	0.00	657.68	30,153.64	Applied Super C	Yes	Yes	
10/09/2000	Lump Sum	0.00	0.00	641.64	30,153.64	Applied Super C	Yes	Yes	
10/09/1999	Lump Sum	0.00	0.00	611.08	30,153.64	Applied Super C	Yes	Yes	
10/09/1998	Lump Sum	0.00	0.00	611.08	30,153.64	Applied Super C	Yes	Yes	
12/12/1997	Lump Sum	0.00	0.00	575.85	30,153.64	Commencement	Yes	Yes	

Superannuation Details
 Effective Date: 10/09/2007
 Superannuation Type: Lump Sum
 Change Reason: Employee's birthday
 Employer Financed Amount: 0.00
 Weekly Amount: 0.00
 Salary For Superannuation Purposes: 817.86
 Lump Sum Amount: 30,153.64
 Superannuation Weekly Amount: 74.35

Is Active: Yes
 Adjustment Source: Employee Adjustment
 Created On: 27/08/2007 20:06:52
 By: batch processing
 Updated On: 27/08/2007 20:09:05
 By: batch processing
 Verified On: 27/08/2007 20:09:05
 By: batch processing
 Inactivate Requested On:
 By:

Buttons: Back, Next, Inactivate, Verify, Reset

6

The delegate reviews the submission and, if approved, the delegate will:

- verify the superannuation details
- send an e-mail to and the Allianz case manager.

Note: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.

See: PRACSYS Userguide > Superannuation > Verifying Superannuation Details

Employee Superannuation
 Employee No: S 47F
 Superannuation Fund: PSSB (Comsuper)
 Minimum Contribution %: 2
 Maximum Contribution %: 10
 Contribution Code: S 47F
 Fund Reason: Invalidity retirement

Preserved Amount: 0.00
 Preserved Date:
 Includes Compulsory Component: Yes
 Cease Superannuation Date:
 Retired / Resigned Date: 11/01/1984

Effect Date	Type	Employer Fin Amt	Weekly Amt	Salary for Super	Lump Sum	Change Reason	Active	Verified	Marked Inactive
10/09/2007	Lump Sum	0.00	0.00	817.86	30,153.64	Employee's birth	Yes	Yes	
27/04/2007	Lump Sum	0.00	0.00	766.40	30,153.64	Applied Super C	No	Yes	
10/09/2006	Lump Sum	0.00	0.00	786.40	30,153.64	Employee's birth	Yes	Yes	
10/09/2005	Lump Sum	0.00	0.00	754.70	30,153.64	Applied Super C	Yes	Yes	
10/09/2004	Lump Sum	0.00	0.00	729.18	30,153.64	Applied Super C	Yes	Yes	
10/09/2003	Lump Sum	0.00	0.00	703.16	30,153.64	Applied Super C	Yes	Yes	
10/09/2002	Lump Sum	0.00	0.00	680.04	30,153.64	Applied Super C	Yes	Yes	
10/09/2001	Lump Sum	0.00	0.00	657.68	30,153.64	Applied Super C	Yes	Yes	
10/09/2000	Lump Sum	0.00	0.00	641.64	30,153.64	Applied Super C	Yes	Yes	
10/09/1999	Lump Sum	0.00	0.00	611.08	30,153.64	Applied Super C	Yes	Yes	
10/09/1998	Lump Sum	0.00	0.00	611.08	30,153.64	Applied Super C	Yes	Yes	
12/12/1997	Lump Sum	0.00	0.00	575.85	30,153.64	Commencement	Yes	Yes	

Superannuation Details
 Effective Date: 10/09/2007
 Superannuation Type: Lump Sum
 Change Reason: Employee's birthday
 Employer Financed Amount: 0.00
 Weekly Amount: 0.00
 Salary For Superannuation Purposes: 817.86
 Lump Sum Amount: 30,153.64
 Superannuation Weekly Amount: 74.35

Is Active: Yes
 Adjustment Source: Employee Adjustment
 Created On: 27/08/2007 20:06:52
 By: batch processing
 Updated On: 27/08/2007 20:09:05
 By: batch processing
 Verified On: 27/08/2007 20:09:05
 By: batch processing
 Inactivate Requested On:
 By:

Buttons: Back, Next, Inactivate, Verify, Reset

7

Medical certificate/earnings information received.

The Allianz workload manager allocates the incapacity information from PRACSYS inbox to a personal Allianz case manager's in tray.

The Allianz case manager processes the medical certificate the inbox to Create Medical Certificate in PRACSYS.

8

The Allianz case manager reviews the superannuation information, AE and NWE and prepares a submission/e-mail for the delegate (with reasons).

Allianz case manager creates incapacity in Create Incapacity (CIND) –
 The Allianz case manager must set the CIND entry to 'undetermined' status

NOTE: Ex-employee incapacity is not impacted by the treatment plan.

9 The Allianz case manager provides a submission/e-mail for the delegate (with reasons) – e-mail the submission to the participating agencies nominated email address.

10 The delegate will review the submission and, if approved, will:

- amend the incapacity period from 'undetermined' to 'accept' status in Amend Incapacity (AIND)
- send an e-mail to the Allianz case manager.

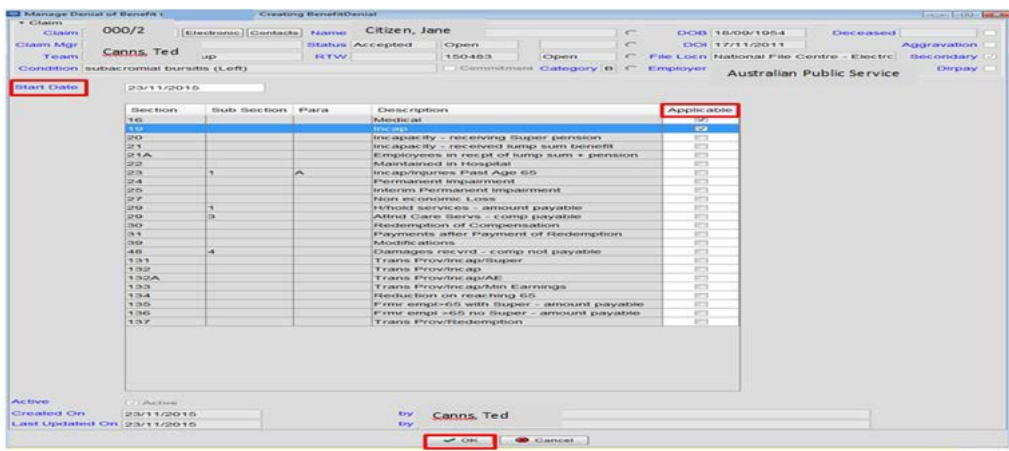
Note: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.

11 The Allianz case manager advises the claimant of the approval of the CTOW through their usual means of contact (letter or e-mail). The period of approval will be clarified as regards medical evidence and payments will be set to auto generate for this evidenced period. Updates and changes to rate will be made manually to the worker pending PRACSYS enhancement.

12 Repeat steps 5 to 12 for future S20,21 and 21A incapacity payments. Superannuation amounts will need to be reviewed periodically and the PRACSYS entry amended as required.

Procedure for processing a no present entitlement delegation Sections 16, 19, 20, 21, 21A

PROCEDURE FOR ISSUING A DETERMINATION – NO PRESENT ENTITLEMENT

Step	Action
1	Requirement for case review identified by delegate, RCM or Allianz case manager.
2	<p>The Allianz case manager manages the assessment process for the no present entitlement decision, including:</p> <ul style="list-style-type: none"> - reviewing submissions - obtaining further information <p>The Allianz case manager assesses the claim and considers whether:</p> <ul style="list-style-type: none"> - an independent medical assessment (refer to S57 procedure) is required - information is required from the employee (refer to S58 procedure) - to request information from the participating agency (refer to S71 procedure). <p>The Allianz case manager should liaise with the delegate during the assessment process.</p>
3	The Allianz case manager completes the Manage Reconsideration (MREC) - The Allianz case manager must not complete the decision tab.
4	The Allianz case manager completes the natural justice process, providing the draft report to the party that is adversely affected by the decision (claimant or RCM as the employer representative) and allowing reasonable time to feedback on the proposed recommendation. Typically 30 days is provided though this is available to be extended if the party requests an extension to allow for collation of evidence or response.
5	<p>The Allianz case manager prepares a submission for the delegate, with reasons– e-mail the submission to the participating agencies nominated email address.</p> <p>The e-mail must include the claim number and name and all the claim evidence used in making the submission should be attached.</p> <p>The Allianz case manager commences the entry for the Manage Denial of Benefits (MDOB) (below) screen. The entry will require activation by the delegate.</p> 
6	<p>The delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the delegation instrument and statement of reasons (where used) and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail to the Allianz case manager.</p> <p>Note: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p>
7	Comcare receives the delegation instrument, scans the documents and adds it to claim record.

- 8 The Allianz case manager advises the claimant (and the rehabilitation case manager) of the decision in writing.
- The delegation instrument is attached and, if notifying by email, ensure all documents are in the PDF format.
- The Allianz case manager must action any outstanding payments (for benefits before the cessation date) and then advise the delegate to activate the Manage Denial of Benefits (MDOB) (below) screen

- 9 The delegate activates the Manage Denial of Benefits (MDOB) (below) screen.

Manage Denial of Benefits - Creating BenefitDenial

Claim: 000/2 | (Electronic) | Contacts: Name: Citizen, Jane | DOB: 18/09/1954 | Deceased: ☐ | Aggravation: ☐
 Claim Mgr: Canns, Ted | up | Status: Accepted | Open: ☐ | DOB: 17/11/2011 | Aggravation: ☐
 Team: ☐ | RTW: ☐ | 150483 | Open: ☐ | File Locn: National F&B Centre - Electrc | Secondary: ☐
 Condition: subacromial buritis (Left) | Commitment: ☐ | Category: B | Employer: Australian Public Service | Display: ☐

Start Date: 23/11/2015

Section	Sub Section	Para	Description	Applicable
16			Medical	<input checked="" type="checkbox"/>
17			Medical	<input checked="" type="checkbox"/>
20			Inc capacity - receiving Super pension	<input checked="" type="checkbox"/>
21			Inc capacity - received lump sum benefit	<input checked="" type="checkbox"/>
21A			Employees in receipt of lump sum + pension	<input checked="" type="checkbox"/>
22			Maintained in Hospital	<input checked="" type="checkbox"/>
23	1	A	Inc capacity Past Age 65	<input checked="" type="checkbox"/>
24			Permanent Impairment	<input checked="" type="checkbox"/>
25			Medical Permanent Impairment	<input checked="" type="checkbox"/>
27	1		Non economic loss	<input checked="" type="checkbox"/>
29	3		Attnd Care Servs - comp payable	<input checked="" type="checkbox"/>
30			Redemption of Compensation	<input checked="" type="checkbox"/>
31			Payments after Payment of Redemption	<input checked="" type="checkbox"/>
39			Modifications	<input checked="" type="checkbox"/>
48	4		Damages rec'd - comp not payable	<input checked="" type="checkbox"/>
13.1			Trans ProvtncalSuper	<input checked="" type="checkbox"/>
13.2			Trans Provtncal	<input checked="" type="checkbox"/>
13.2A			Trans ProvtncalSuper	<input checked="" type="checkbox"/>
13.3			Trans ProvtncalSuper Earnings	<input checked="" type="checkbox"/>
13.4			Reduction on reaching 65	<input checked="" type="checkbox"/>
13.5			Fmr emp -65 with Super - amount payable	<input checked="" type="checkbox"/>
13.6			Fmr emp -65 no Super - amount payable	<input checked="" type="checkbox"/>
13.7			Trans ProvtncalRedemption	<input checked="" type="checkbox"/>

Active: ☒ | Created On: 23/11/2015 | by: Canns, Ted | Last Updated On: 23/11/2015 | by: ☐

☒ OK ☐ Cancel

Procedure for management of invoices

This procedure provides direction to the team leader and case management team as regards daily workflow management, most specifically targeting timeframe management of invoices received.

Step	Action
1	New invoice received by the case manager via email or PRACSYS team in-tray
2	<p>Case manager to review invoice noting SLA to process payment within 14 calendar days of receipt of the invoice. The case manager is to consider:</p> <ul style="list-style-type: none"> Is the invoice received on accepted claim Are the claimed benefits compensable given the accepted injuries of the subject claim Is there a current PRACSYS treatment plan supporting the benefit and claimed period for the invoice Do Allianz hold current clinical evidence to support completion of a S16 liability recommendation to the delegate? Refer to S16 process where required. Where no information is available is a delegation on PRACSYS available to support a case conference or report request to the treatment provider to obtain the necessary evidence. Consider if an independent assessment is required to substantiate liability for the invoice, is a S57 delegation required. Refer to S57 process where required. Follow up the delegate as required for provision of the instrument as required to support early request of evidence from the treatment provider etc. Diarise review of the claim at day 10 to follow up provision of a response from the provider. If pre-payment is required and evidence will not be provided pending this evidence, if a s57 is being instructed to determine liability for the claim, if a case conference is unable to be scheduled within the SLA timeframe; mark the payment as Determination status - Undetermined / Process status – Queried. <div data-bbox="322 1205 1093 1384"> <div> Determination Status <input type="text" value="Undetermined"/> </div> <div> Determination Reason <input type="text" value="<unspecified>"/> </div> <div> Process Status <input type="text" value="Queried"/> </div> </div> <ul style="list-style-type: none"> Do this also if reports / responses have not been forthcoming from the provider despite follow up. Continue to follow up at reasonable intervals and keep the worker and provider updated on the reason for the delay in our ability to assess liability and make payment of the claimed benefit.
3	In support of ongoing proactive management of invoices exceeding the 14 calendar day SLA, an un-actioned invoice report will be provided to the Team Leader on Mondays and Thursdays of each week. This report will be provided to case managers to self-manage invoices relating to their managed portfolio with support/intervention by the team leader as required.
4	The bi-weekly report will also identify invoices exceeding 70 days since receipt. On receipt of the report the Team Leader will instruct the allocated case manager to conduct a final check of available evidence to support and accept or reject delegation recommendation. Final contacts are to be made to payee where relevant. By day 80 these recommendations are to be sent to the delegate for consideration. Where no information is available or has been made available despite reasonable attempts to obtain the same, discussion will be made with the delegate as to whether a recommendation to reject the invoice/treatment should be drafted.
5	The Allianz case manager with support from the Team Leader should ensure that no later than day 90, all payments within PRACSYS are formally rejected or approved

	<p>following receipt of the delegation instrument. All determinations and review rights are to be provided to the worker as required under S61.</p> <p>If no delegation is available a claim note should be entered in to PRACSYS explaining the reasons for the same. Team Leader to work with the Delegate group on an ongoing basis to address all invoices exceeding 90 days until resolved</p>
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PROCEDURE FOR ISSUING A DETERMINATION FOR – REFUSAL OR FAILURE TO UNDERGO AN EXAMINATION BY A LEGALLY QUALIFIED MEDICAL PRACTITIONER – SECTION 57 SUSPENSION


This procedure is used when a determination is required to suspend entitlements under Section 57(2) for refusal or failure to undergo an examination by a legally qualified medical practitioner as part of AAT proceedings.

Step	Action
1	<p>The Comcare Legal Adviser informs the Allianz case manager and AAT Instructing Officer via email that the claimant failed to undergo an examination by a legally qualified medical practitioner as part of AAT proceedings. As part of the notification the Comcare Legal Adviser must provide a copy of the appointment letter and evidence that the claimant refused or failed to attend the assessment. The title of the email should include the claim number and name of the claimant.</p> <p>The notification via email is to be forwarded to general.enquiries@comcare.gov.au & the relevant agency inbox</p>
2	A delegate requests the Allianz case manager to contact the claimant in writing to seek the reason/s for non-attendance at the examination.
3	<p>The Allianz case manager manages the assessment process for the suspension decision, including:</p> <ul style="list-style-type: none"> • Writing to the claimant, seeking the reason/s why they failed to undergo the examination, together with any supporting evidence they may have • allowing the claimant 14 days to respond
4	<p>The Allianz case manager discusses the reasons for non-attendance with the delegate and provides any evidence the claimant provided to the Delegate for consideration.</p> <p>NOTE: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p>
5	<p>The delegate prepares a statement of reasons taking into consideration the reasons/evidence provided by the claimant.</p> <p>(Note- it must be a delegate who has no involvement with the AAT proceedings)</p>
6	<p>Decision to suspend</p> <p>The delegate provides a signed delegation instrument with a statement of reasons in PDF format. The delegate will send the delegation instrument and statement of reasons to general.enquiries@comcare.gov.au, the Allianz case manager and will copy in the relevant agency inbox and the relevant Allianz agency inbox</p> <p>The Allianz Case Manager prepares a cover letter to be issued with the signed delegation instrument and statement of reasons. The cover letter should include options if the employee disagrees with the decision.</p> <p>Decision to not suspend</p> <p>The Delegate will send an email to general.enquiries@comcare.gov.au, the Allianz case manager and will copy in the relevant agency inbox and the relevant Allianz agency inbox advising a suspension will not be implemented and an examination should be rebooked.</p> <p>The Allianz case manager prepares a cover letter to be issued with the signed delegation instrument and statement of reasons</p>

7	<p>The Allianz case manager prepares the MDOB screen in pracsys for the delegate to approve if the claim is suspended.</p> <p>When recording the suspension go to the 'Suspend' tab on MDOB screen. Start date is date of determination and End date is to be left blank. Tick 57(2) in the table.</p> <p>The Delegate approves the MDOB screen in pracsys via the ADOB screen.</p> <p>Note: If the claim is not open or undetermined the Allianz case manager will be unable to update the MDOB screen, however should update the 'Manage Claim Comments' screen (MCOM) with details of the decision. The Delegate will update case notes.</p>
8	<p>The Allianz case manager advises the claimant (AND the rehabilitation case manager) of the decision in writing.</p> <p>The delegation instrument is attached and, if notifying by email, ensure all documents are in the PDF format.</p>
9	<p>The Delegate notifies the Comcare Legal Adviser of the outcome of the assessment of the claimant failing to undergo an examination by a legally qualified medical practitioner as part of AAT proceedings by responding to the original email. Additionally, the Delegate requests that the Comcare Legal Adviser notifies the Delegate when the employee undergoes an examination by a legally qualified medical practitioner as part of AAT proceedings.</p>
10	<p>Lifting the suspension</p> <p>The Comcare Legal Adviser notifies the Delegate that the employee underwent an examination by a legally qualified medical practitioner as part of AAT proceedings.</p> <p>The Delegate issues a s57 Delegation 'Period of Suspension of Entitlements Section 57(2)' and inactivates the suspension in pracsys via the MDOB screen by unticking the active button and entering the end date.</p> <p>The Delegate will send an email to general.enquiries@comcare.gov.au, the Allianz case manager and will copy in the relevant agency inbox and Allianz agency inbox advising that the suspension has been lifted.</p> <p>The Delegate notifies the Comcare Legal Adviser that the suspension has been lifted and pracsys has been updated.</p>

PROCEDURE FOR REPORTING OF FATALITY CLAIMS (s14 (1), s17, s18)

Step	Action
1	<p>Notification of a fatality is received by Allianz. Notification may be received by way of telephone, written or email contact and may surround an existing claim or be notice of a new claim for compensation made by way of a claim for Compensation for a Work-related death.</p> <p>Within 24 hours of notification, the case manager is to advise the Manager, Comcare Operations to notify both Comcare and the Agency of the event. Notice to both parties will be made by telephone and confirmed by email within 24 hours of Allianz notification.</p>
2	<p>Should the notification be surrounding an existing claim, the case manager is to make contact with an appropriate party acting in the claim to best determine (if not known) the cause of death to assess whether the deceased has coverage under at Act. A copy of the death certificate should be requested in confirmation.</p> <p>If the cause is identified to be compensable or have potential to be compensable, a representative for the dependant is to be identified and contacted as to their intentions to pursue compensation. If not able to be identified, the RCM should be contacted to assist location of a representative.</p> <p>Following this discussion all details are to be recorded in a claims note within PRACSYS and the estate provided with a claim for Compensation for a Work-related death form where required. The case manager should also request:</p> <ul style="list-style-type: none"> • a copy of the death certificate • evidence of employment (if not available) • if there are dependents, a copy of the marriage certificate for a spouse and birth certificates for children • copies of any other documents that help establish relationship and dependency details, for example rent/rates notices, bank statements in joint names.
3	<p>Should the notification be made as regards a new incident/not secondary to an existing claim, then the Team Leader is to allocate the claim to a Case Manager and the s14 initial liability review process followed to determine the claim.</p>
4	<p>Delegation is to be sought for a s71 statement from the employer and the template information request specific to fatality claims is to be sent to the RCM for review and completion.</p> <p>Reports are to be sought where required, or able to provide clinical or factual evidence to the cause of death necessary for assessment of liability. Reports may be sought from:</p> <ul style="list-style-type: none"> • medical providers • hospitals • new or secondary employers • any insurer we consider may have contributed to the injury
5	<p>On receipt of all required information, the Allianz case manager prepares a submission for the delegate, with reasons – e-mail the submission to the relevant agency inbox.</p>

	<p>The e-mail must include the claim number and name and all the claim evidence used in making the submission should be attached.</p> <p>A determination of a claim for work-related death may:</p> <ul style="list-style-type: none"> accept liability for death of the deceased and accept liability for payment of lump sum and funeral expenses <p>or</p> <ul style="list-style-type: none"> accept liability for death of the deceased and accept liability for payment of funeral expenses, but deny liability for a payment of a lump sum (if there are no financially-dependent dependents) <p>or</p> <ul style="list-style-type: none"> reject liability for death of the deceased.
6	<p>The delegate completes the Liability Decision tab (below) – only the delegate can complete the Decision tab.</p>  <p>The delegate provides a signed delegation instrument (or e-mail) with reasons. The delegate will scan and send the delegation instrument and statement of reasons (where used) and send it to general.enquiries@comcare.gov.au. The delegate will also send an e-mail and the Allianz case manager.</p> <p>NOTE: If the delegate has insufficient information the delegate will e-mail the Allianz case manager to request further information/action.</p>
7	Comcare receives the delegation instrument, scans the documents and adds it to claim record.
8	<p>The Allianz case manager:</p> <ul style="list-style-type: none"> advises the dependant or their representative (and the rehabilitation case manager) of the decision in by telephone and confirms in writing inclusive of review rights, contacts the rehabilitation case manager informing them of decision. <p>The delegation instrument is attached and, if notifying by email, ensure all documents are in the PDF format.</p>



Allianz Australia Insurance Limited

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2 Market Street, Sydney NSW 2000



DHS TRANSITION-IN PLAN

ALLIANZ AUSTRALIA INSURANCE LIMITED

Date: November 2018



Australian Government

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Comcare



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Transition-In Plan

This Transition-In plan is designed to support the smooth transition from the Pilot arrangements to the new Contract arrangements. This plan will be re-visited at a point when further detail is known about the Tail portfolio arrangement.

Transition-In Indicative Timetable & Assumptions

The timetable will be as an attachment and created following agreement of all steps required.

Monitoring & Reporting

The below provides reporting and monitoring activities that will take place during the transition-in period.

PURPOSE	PROCESS	FREQUENCY	ATEENDEES
<ul style="list-style-type: none"> Establish the Transition-In Plan timetable 	Transition-In Workshop	Initial	DHS Allianz Comcare
<ul style="list-style-type: none"> Progress against Transition-In schedule 	Transition-In Meeting	Weekly	DHS Allianz Comcare

Roles & Responsibilities

Comcare Roles & Responsibilities

ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Provide Key Personnel contact details 	s 47F	09/11/2018
<ul style="list-style-type: none"> Advise Allianz of any special requirements to ensure an effective transition in of services 	s 47F	09/11/2018
<ul style="list-style-type: none"> Provide Transition-In Plan feedback 	s 47F	16/11/2018
<ul style="list-style-type: none"> Provide approval for Media / Ministerial Policy 	s 47F	16/11/2018
<ul style="list-style-type: none"> Schedule Transition-In meetings following Work Order 	s 47F	09/11/2018
<ul style="list-style-type: none"> Provide Work Order 	s 47F	19/11/2018

Allianz Roles & Responsibilities

ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Provide Key Personnel contact details 	s 47F	08/11/2018
<ul style="list-style-type: none"> Provide Allianz Claims Management Model 	s 47F	08/11/2018
<ul style="list-style-type: none"> Draft Media / Ministerial Policy for sign-off 	s 47F	08/11/2018
<ul style="list-style-type: none"> Provide Recruitment plan 	s 47F	08/11/2018
<ul style="list-style-type: none"> Ensure claims management staff are trained in SRC Act 	s 47F	15/11/2018

DHS roles and responsibilities

ACTION	OWNER	DUE DATE
<ul style="list-style-type: none"> Provide Key Personnel contact details 	s 47F	08/11/2018
<ul style="list-style-type: none"> Provide approval for Media / Ministerial Policy 	s 47F	14/11/2018

Key Personnel

ALLIANZ KEY PERSONNEL	RESPONSIBILITY	CONTACT DETAILS
s 47F - Transition Manager	Dedicated Transition Manager responsible for all activities to ensure a smooth and successful Transition-In	W: s 47F M: s 47F E: s 47F @allianz.com.au

s 47F - Account Manager	Key contact for the Agency in respect of the strategic and customer relationship program	W:s 47F M:s 47F E:s 47F @allianz.com.au
s 47F - Comcare Operations Manager	Key contact for the Agency in respect of all operational activities	W:s 47F M:s 47F E: s 47F @allianz.com.au
DHS KEY PERSONNEL	RESPONSIBILITY	CONTACT DETAILS
s 47F - National Manager HR Support	National Manager of Agency delegate team and key contact in respect of the Strategic Program.	W:s 47F E:s 47F @DHS.gov.au
s 47F - A/g Director Injury Management and Compensation	Key contact in respect of all operational and strategic activities	W:s 47F M:s 47F E:s 47F @humanservices.gov.au
COMCARE KEY PERSONNEL	RESPONSIBILITY	CONTACT DETAILS
s 47F Director – Delegated Claims Services	Notify Allianz of the relevant Participating Agency Contact	W:s 47F M:s 47F E:s 47F @comcare.gov.au
s 47F - Assistant Director, Delegated Claims Services	Primary contact for Allianz and Agency in respect of Transition-In Services to support a smooth and successful transition	W:s 47F E:s 47F @comcare.gov.au

Support Personnel

ALLIANZ SUPPORT PERSONNEL	RESPONSIBILITY	CONTACT DETAILS
s 47F - Manager, Risk & Compliance	Key contact in respect of Risk Management and compliance with legislation	W:s 47F E:s 47F @allianz.com.au
s 47F - Senior Business Analyst, Actuarial & Analytics	Key contact in respect of performance reporting and trend analysis	W:s 47F E:s 47F @allianz.com.au
s 47F – Service Provider Representative	Key contact in respect of the contractual requirements	W:s 47F M:s 47F E:s 47F @allianz.com.au
COMCARE SUPPORT PERSONNEL	RESPONSIBILITY	CONTACT DETAILS
s 47F – Assistant Account Manager	Support contact in respect of the Comcare contract	W:s 47F E:s 47F @comcare.gov.au
Helpdesk Support	Contact in respect of system support	W:s 47F (if urgent) E: customer.support@comcare.gov.au

Minimising Disruption

Allianz is committed to having qualified and trained personnel who will be ready to achieve the Transition-In Services by the agreed date and minimise disruption for stakeholders. *Specific requirements using the table below will be established in conjunction with the Agency and Comcare following the approval of the commencement of Services.*

ACTION	OWNER	DUE DATE
• Development of Communication Strategy	s 47F	30/11/2018
• Define Roles & Responsibilities	s 47F	08/11/2018
• Confirm agreement with job descriptions	s 47F	08/11/2018

Systems & Methodologies for Managing Transition-In Services

Allianz understands that a seamless transition is contingent to well planned activities to ensure continuity of services and disruption minimisation.

ACTION	OWNER	DUE DATE
• DHS specific letters and forms developed and approved	s 47F	30/11/2018
• Confirm and distribute communication to DHS employees	s 47F	30/11/2018

Recruitment for Transition-In Services

Based on the historical data trends of the DHS new claim lodgements, we have a complete resourced and trained team in Sydney. Allianz has recruited an additional five people to support Comcare in the event of turnover within Sydney. We currently are waiting to receive security clearances and Comcare approval for Allianz training modules prior to commencing training in Pracsys and SRC Act.

Segmentation & Specialisation

We aim to provide an average of 70 active claims per Case Manager, to ensure appropriate time and care is afforded to each worker in consideration of their individual needs. Based on our current experience with the DHS portfolio, the segmentation will continue for the Transition-In period as follows:

COHORT	CASE LOAD	Staff
Early Intervention (split Psychological / other)	Up to 70 claims	5 resources
Ongoing liability	Up to 70 claims	7 resources
Specialist activities (Permanent Impairment / X-Pay claims / Reconsideration management)	Nil claims	2 resources
Rejected claims / Pure AAT claims	Up to 70 claims	2 resources

Risk Management Plan

We recognise potential risks associated with the Transition-In activities and have developed the Transition-In Risk Register below which can be refined depending on your Agency requirements:

RISK	RISK CAUSES	EXISTING CONTROLS	RISK RATING	TREATMENT PLANS / PLANNED CONTROLS
Business does not meet contractual, legislative or regulatory	Schedule delays impact transition commencement	Transition-in plan: strategy outlining approach to achieve milestones and testing criteria at key intervals		Monitor & update risk if material changes to legal, contractual or regulatory requirements occur.

obligations	Business unable to deliver transition services within Contractual timeframes	Service level management, contract monitoring mechanisms & Governance procedures prior to transition commencement	MEDIUM	Existing controls must be monitored to ensure their effectiveness in mitigating the risk. Compliance reviews, performance reporting & incident reporting will monitored and risk rating updated if changes to control effectiveness or risk rating occurs
COMPLIANCE	Absence of employees; No business continuity plans	Performance & resourcing tracking for early identification of issue Use resource modelling to support recruitment internally and externally		
RISK	RISK CAUSES	EXISTING CONTROLS	RISK RATING	TREATMENT PLANS / PLANNED CONTROLS
	Insufficient planning - time & resources allocated	Transition-in plan: strategy outlining approach to achieve milestones and testing criteria at key intervals	MEDIUM	
	Scheme performance deteriorates	Transition-in plan: strategy outlining approach to achieve milestones and testing criteria at key intervals		
	Technical fault – System / software compatibility issues	IT component of Transition-in plan - resource modelling; timeline; Testing and change control processes Proven experience & expertise in transition service provision		
REPUTATION	Poor communication with transitioning workers, Agency, Comcare & existing providers or stakeholders	Co-designed communication plan & strategy - Comcare, Agency & Allianz - Pre and Post transition Engagement plan for Workers, Agency and service providers Allianz strict media and external communication protocols	MEDIUM	Monitor & update risk if material changes to legal, contractual or regulatory requirements occur. Existing controls must be monitored to ensure their effectiveness in mitigating the risk. Compliance reviews, performance reporting & incident reporting will monitored and risk rating updated if changes to control effectiveness or risk rating occurs
	Service to Agencies and workers are disrupted through the transition process being delayed by Comcare, Agencies or Allianz	Transition-in plan: strategy outlining approach to achieve milestones and testing criteria at key intervals		
	Allianz fails to maintain adequate staff numbers to provide service to Comcare at the level described in the service specifications.	Recruitment and retention strategies Use resource modelling to support recruitment internally / externally		
	Loss of key personnel	Recruitment and retention strategies Use resource modelling to support recruitment internally / externally		
	Need to recruit quickly - Specialised skillset required for Comcare service provision difficult to source in the market	Training for all levels of employees - Change management (Management), Technical and Customer Service (Claims) Involve experienced employees in planning stages for insight to cultural / complexities		
	Delayed payments to workers, Agency or service providers	Transition plan - Advance payments prior to execution; Control in place with Agency to allow for urgent payments until Allianz can process		

	Customer service standards not adhered to during transition	Monitoring through QA framework - Continuous monitoring of performance and compliance		
RISK	RISK CAUSES	EXISTING CONTROLS	RISK RATING	TREATMENT PLANS / PLANNED CONTROLS
Release of personal information to unauthorised party COMPLIANCE	Malicious actions by employees	Allianz Code of Conduct for Business Ethics and Compliance	MEDIUM	Monitor & update risk if material changes to legal, contractual or regulatory requirements occur. Existing controls must be monitored to ensure their effectiveness in mitigating the risk. Compliance reviews, performance reporting & incident reporting will monitored and risk rating updated if changes to control effectiveness or risk rating occurs
	Unmotivated / disgruntled employees	Employee engagement programs		
	Lack of or ineffective privacy and security awareness and training	Mandatory training - information security & privacy legislation		
	Employees do not follow procedures	Physical and environmental security controls		
	Inadequate physical security & protection of information	Accountabilities & job descriptions including privacy		
	Non-secure disposal of information or media	ISMS Compliant with ISO 27001:2013		
	Technical faults	Mandatory training - information security & privacy legislation		
	Inadequate security awareness and training	Information security policies & procedures		

Transition-In Acceptance Plan

Allianz will ensure testing is conducted to ensure achievement of all Deliverables as part of the Transition-In of Services.

Activity	Description	Owner	Method	Due Date
Work Order Signed	Ensure execution of Work Order within 10 business days of receipt from Comcare.	s 47F - Comcare s 47F - Allianz	Email confirmation	30/11/2018
Training	Confirmation of security clearances and training achieved for all staff involved in managing DHS claims	s 47F Allianz -	Email confirmation	30/11/2018
Transition-In	Sign-off for all activities associated with Transition-In	s 47F Allianz -	Email confirmation	30/11/2018



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Claims Management Model

ALLIANZ AUSTRALIA INSURANCE LIMITED

Date: October 2018

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Comcare Claims Management Model

The national Allianz claims management approach has continuously evolved over many years to look beyond simply meeting legislative obligations in claims and injury management, to consider the benefits of actively supporting employees in their return to health and work journey. Our model has developed through extensive experience in state workers compensation Schemes where we work with a variety of government and corporate clients supporting large and small operations.

Through ongoing activities in the Comcare space Allianz has been afforded the unique opportunity to design and implement a Comcare specific claims management model incorporating the specific needs of government Agencies through targeted activities specific to the environment. Having integrated the requirements of Comcare into our existing operational activities, designed and established effective learning and development modules for Comcare specific claims activities and having the ongoing support from our expert audit and quality assurance program, Allianz has the experience and claims program in motion to support the needs of Government Departments and their valued workers.

Our unmatched knowledge of the claims management platform which will continue to be utilised going forward also enables us to eliminate risks associated with transition of your claims and allows our focus to be placed in supporting your rehabilitation teams in continuity of service. Whilst our model is established and is providing leading performance results, we will co-design a model specific to each Agency going forward to ensure activities are targeted to the individual Agency needs and goals.

Our Comcare Claims Management Model is based on recovery at work which has been shown by extensive independent studies to support the earliest and most sustainable return to work and where appropriate, reference and incorporate the Claims Management Instructions issued by Comcare. Our Claims Management Model will be reviewed at minimum on an annual basis in line with the Agency Services Plan and Annual Business Plan, and will incorporate the Claims Management Instructions issued by Comcare. Where Comcare provides instructions outside of the annual review date, the Claims Management Model will be reviewed and updated where needed within two weeks.

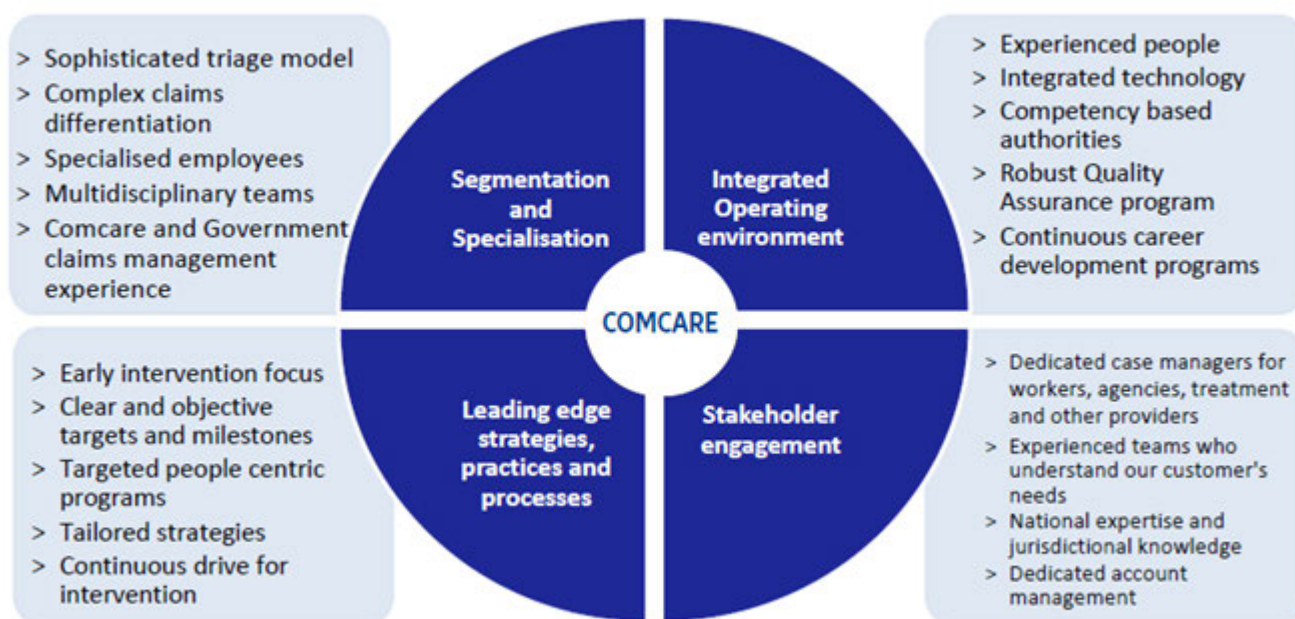
The core claims management activities of our Model support the development of effective treatment plans aimed at influencing and achieving early and successful recovery at work or return to work. The Model has been designed and continuously refined to include:

- Early intervention, claim triage, segmentation and proactive case management to ensure the most appropriate case manager is allocated
- Consistent collaborative approach with all stakeholders in setting plans, responsibilities and timeframes in treatment and graduated return to work management
- Sound, evidence-based decision making and outcomes-focused case management practices including natural justice periods to support the workers understanding and provide additional opportunity to participate in the decision-making process
- Best practice tools to provide all stakeholders with guidance material and reference points on expected recovery timeframes
- Support for early referral to workplace rehabilitation services or option of collaborative management of RTW activities between the rehabilitation and case management team to reduce costs and contacts required in supporting the worker back to health
- Early identification of psychosocial barriers to structure claim management strategies and worker communications
- Utilisation of the behavioural insights philosophy in all modes of communication, with all parties

Our Comcare Claims Management Model is underpinned by an integrated claims operation incorporating;

- Skilled personnel utilising psychosocial questioning to undertake triage assessments and risk profiling from day one and throughout the life of a claim, facilitating management of potential or identified barriers to return to work
- Tailored case strategies, which are regularly reviewed, are implemented for every claim and take into consideration known factors and expected developments relevant to each claims individual requirements
- Quality assurance activities, focused on return to work outcomes at every stage of a claim.
- Active involvement of the worker in their own recovery
- Collaborative management with key stakeholders, based on agreed objectives, milestones and responsibilities, to critically assess each claim and provide an opinion to ensure return to work is the key aspect of the treatment plan.

Comcare Claims Management Model



Supported by combined investment in technology, your people, and our people

We recognise we are not an authorised delegate under the contract and will be taking on an advisory role for the Participating Agencies. Our Claims Management Model document is prepared in line with the Statement of Requirement 4.3, Schedule 6, and Attachment 3. Requirements specific to each target Agency have been incorporated into our specific, albeit generalised, Comcare Claims Management Model to the best of our knowledge. As contracts are confirmed we would co-design Agency-specific models prior to transition of the Agency portfolio.

Claims Triage & Continuity of Claim Management Services

Our triage and segmentation model is a multifaceted and innovative approach designed to support Agencies in their transition of claims to Allianz, triaging and ongoing development of treatment and case management plans. As detailed within our transition plan:

- Allianz has unique experience in transition of claims from Comcare and are experts in the use of PRACSYS. In collaboration with the Agency Allianz can mitigate any transitional risks to ensure ongoing support of all stakeholders engaged in the transitioning claim portfolio.
- Our ongoing triage process ensures Case Managers can immediately address and alleviate any factors affecting an early return to work outcome.
- An internal specialist resource comprehensively reviews the claim and provides advice and support to the claims manager. Reviews are undertaken on technical and medical aspects of each claim.
- We use targeted strategies and monitor them throughout the claim supporting all stakeholders towards a shared goal.

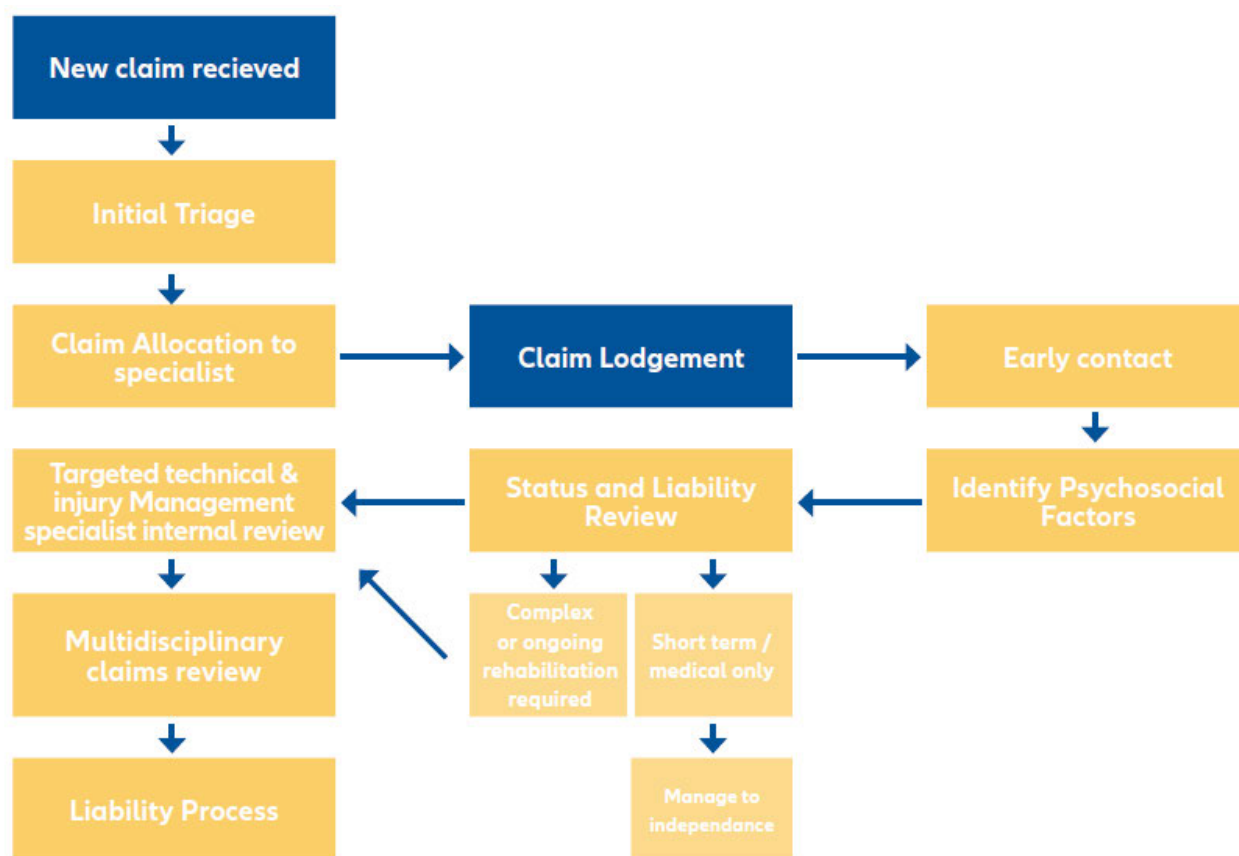
Following claim submission, our Claims Service Officers, in conjunction with the Technical and Injury Management Specialists, will review the claim type and lodge the claims in PRACSYS. Following claim acknowledgement to all stakeholders, the claim will be allocated to an appropriate early intervention cohort Case Manager. If any psychosocial barriers are evident, we will assess whether that claim requires specialist claims management. For example, all our psychological claims are immediately directed to a specialist Psychological Case Manager. This ensures that each and every claim is allocated to the most appropriately skilled Case Manager to meet the specific needs of the worker.

Second level triaging is then progressed, with a review of a claim's complexity, to establish if there are barriers to achieving return to work. Allianz Case Managers will work closely with Agency Rehabilitation Specialists under S71

of the SRC Act to understand the specific nature of the claim, history of the injured employee and to accurately establish the date of injury and mechanism of injury. The Technical and Injury Management Specialist will assist the Case Manager to set up an appropriate strategy to build capacity for work and achieve timely return to work.

As claims develop and it is clear the worker will require ongoing rehabilitation and treatment support beyond three months from the date of liability acceptance, claims will move to specialised Case Manager experienced in complex or long-duration Comcare injury claims. This ongoing segmentation enables appropriate claim strategies to be consistently applied facilitating the best individual outcome.

Claims Triage Model



For the existing open claims transitioning to Allianz claim management, a modified approach will be adopted in collaboration with each Agency. We will seek to hold face to face high risk claim handover discussions between Comcare and Allianz Case Managers, with invitations extended to the Agency Rehabilitation Specialist. These discussions will outline the status and ongoing activities in those claims in support of continuity of services to the worker and to reduce potential impediments in reviewing complex matters again to allow transition activities to be prioritised appropriately.

Following the handover, we will triage all claims in line with our segmentation model as outlined below. We note that we will co-design a transition and triage model relevant to each Agency, leveraging our current experience in claims exiting Comcare claims management.

Through our triage program, all claims will be further segmented to include consideration of the worker's capacity for work and their current status in respect of return to work. This will ensure focused intervention and targeted approaches continue to be applied by our team with the greatest available efficiency.

The Case Managers, with support from the Allianz Claims Specialists, will complete a file review of each claim to consider:

- Stakeholders for each claim
- Contact to be established with stakeholders and whom should make the contact (contact primarily RTW or treatment related)
- Identification of outstanding liability determinations or reconsideration reviews
- Identification of any outstanding or claims management activities
- Identification of any upcoming milestones such as payment step downs or pending x-pay activities
- Identification of any high risk or sensitive issues within non-high risk cohort claims
- Review of liability decisions current on each claim and review requirement for updated evidence to maintain
- Review of current treatment and the reasonableness of such treatment considering Clinical Framework etc.

Segmentation & Specialisation

We aim to provide an average of 70 active claims per Case Manager, to ensure appropriate time and care is afforded to each worker in consideration of their individual needs. We have a unique understanding of the caseload and structural design requirements needed to support this delegation environment and will assist Agencies in the design and structure planning of their internal delegation officers. With experience in this delegation environment, with our portfolio reporting and personnel information, we will ensure an appropriate number of experienced and appropriately trained Case Managers are available to manage claims and continue to service and support to Agency. Our tailored approach to triage and segmentation requires identification of the maximum case load per Case Manager as per the following table:

COHORT	CASE LOAD
Early Intervention (split Psychological / other)	70 claims
Ongoing liability	70 claims
Specialist activities (Permanent Impairment / X-Pay claims / Reconsideration management)	Nil claims
Rejected claims / Pure AAT claims	Up to 70 claims

Our approach to understanding portfolio projections and personnel leave will ensure the average case load will not be exceeded throughout the contract. Historically throughout the Comcare Pilot, we have run lower than plan due to the successes of our Pilot claims management activities. Inactive claims and various administrative tasks have been removed from the general case management roles and placed within support roles.

The segmentation of claims is a critical activity to follow on from the initial triage. Our approach to segmentation supports positive outcomes for stakeholders by:

- Having appropriately trained and specialised Case Managers
- Offering flexibility to work within the structure of each Agency to support their goals and collaborate on claim strategy
- Promoting consistency where appropriate in claims management practices
- Ensuring a case by case approach is taken to segmenting claims based on individual characteristics including sensitivity, complexity, injury type and severity, type of compensation payable and capacity for work

SEGMENTATION MODEL	
COHORT	DESCRIPTION
Medical only and non-complex claims	Following claim notification, these claims are segmented to specialised claims managers that focus on worker support, monitoring treatment and claim strategies supportive of early worker independence from claim.
Psychological claims	Following claim notification, psychological claims are segmented to highly experienced claims managers with specialist skills and knowledge on handling these sensitive claims. This segmentation ensures that targeted intervention and tailored support is provided to facilitate sustained return to work outcomes.
Complex and long term rehabilitation claims	Following claim notification, if it is identified that the injured employee is not able to return to work in full capacity or where there are identified complex factors, the claim will be segmented to claims managers who focus on providing recovery at work and return to work support.

Dedicated Claims Personnel

Experienced personnel involved in supporting the Participating Agencies in claims management are dedicated solely to each individual portfolio. These individuals will be managed and will operate discretely from other personnel managing claims within other business units within Allianz. Staff have and will be recruited and trained specifically for Comcare claims management and where required, to a specific skill requirement relevant to the Agency. All staff will be supported by ongoing development and training throughout the contract. Our quality assurance program and performance management approach ensures personnel continue to be suitably skilled and performing at the appropriate level.

Allianz has established workers compensation specialist offices in Sydney, Canberra, Melbourne, Darwin, Brisbane, Launceston and Newcastle. We will facilitate an initial planning workshop with Participating Agencies to identify the optimal location suited for claims management services. Our claims management structure will ensure claims are streamed to dedicated personnel aligned with each Agency so that we are able to build relationships with each Agency's personnel in order to drive the best possible claims outcomes and share innovations throughout the term of the contract.

Our team structure is designed to streamline communication for each Agency by providing one dedicated point of contact for each claim whilst leveraging the expertise of a multi-disciplinary team. Our Claims Management Model is adaptable and can easily take into account the structure of each Agency to ensure the appropriate relationships are built and requirements are met for all parties.

Allianz is committed to developing capable, empathetic and engaged personnel who can provide exceptional customer service. Our approach will ensure that our personnel meet all Agency and Comcare's required competency standards for all claims management personnel.

Our multi-disciplinary team structure has continuously evolved throughout our Comcare Contestability Pilot experience and has been developed to ensure support of our personnel and the Agency needs:

TEAM LEVEL SUPPORT	
Role	Description
Team Manager/Leader	Leads a team of case managers, injury management and technical specialists. Monitors, coaches and communicates with the team to ensure performance measures are met or exceeded and is the primary contact for the Agency delegates.
Minimum knowledge & Experience	
Prior experience and exposure in: <ul style="list-style-type: none"> - Extensive liability or personal injury claims management experience - Extensive people management skills and demonstrated success in leading high performing teams - Strategic claims management 	
Minimum Competencies	
Results Orientation	<ul style="list-style-type: none"> - Works towards goals, overcoming obstacles, setbacks and uncertainty - Identifies obstacles to goal achievements - Plans for contingencies to ensure delivery
Entrepreneurial Orientation	<ul style="list-style-type: none"> - Uses financial assessment techniques in evaluating commercial opportunities - Identifies best practices to increase profit and reduce cost in own area - Applies understanding of practical profitability and cost saving issues in own area
Strategic Orientation	<ul style="list-style-type: none"> - Understands and aligns performance to company's strategy and objectives - Evaluates strategic options against anticipated trends - Adapts short term plans as business priorities evolve for the company
Market Insight	<ul style="list-style-type: none"> - Develops detailed understanding of own market needs, issues and priorities and how well they create profit and value in order to build business strategies that best serve customer groups - Identifies customer and market trends

Driving Change & Innovation	<ul style="list-style-type: none"> - Openly challenges status quo - Communicates need for change and innovation - Produces new ideas and approaches in relation to own team
Fostering Relationships	<ul style="list-style-type: none"> - Actively seeks or invites colleagues' input in decision-making - Shows others how their objectives align with own objectives - Invests in building relationships with others
Customer Focus	<ul style="list-style-type: none"> - Knows how organization performs against customer expectations - Responds reliably to customer requests that support the business - Works to improve customer satisfaction within the framework of the current product/service offered
Role	Description
Technical Specialist/CTC	Provides direction on the reconsideration process and manages the quality review process for compliance measures within the team, claim review activities with various stakeholders, analyses results, identifies trends and assists with team development through training, providing strategies to achieve desired outcomes.
Minimum knowledge & Experience	
<ul style="list-style-type: none"> - At least of 3 years' Workers Compensation Case Management experience; minimum Senior Case Manager Level 1 - Demonstrated exceptional customer service and customer focus skills - Demonstrated ability to manage relationships and influence people at all levels of an organisation - Excellent communication, problem-solving and decision making skills - Demonstrated negotiation and influencing skills - Ability to effectively resolve customer complaints - Demonstrated strong coaching skills 	
Minimum Competencies	
Results Orientation	<ul style="list-style-type: none"> - Works towards goals, overcoming obstacles, setbacks and uncertainty - Identifies obstacles to goal achievements - Plans for contingencies to ensure delivery
Entrepreneurial Orientation	<ul style="list-style-type: none"> - Understands key profit and cost drivers for own area - Shows understanding on how own area contributes to profitable org. growth - Uses general understanding of how the business makes money in decision making
Strategic Orientation	<ul style="list-style-type: none"> - Understands and starts working towards strategic priorities - Understands and aligns performance to own area's strategy and objectives - Sees opportunities for mid-term change within own area
Market Insight	<ul style="list-style-type: none"> - Can describe general industry characteristics and trends - Relates work to the basic elements of the market (e.g., customers, products, services) - Captures basic market practice in daily activity
Driving Change & Innovation	<ul style="list-style-type: none"> - Openly challenges status quo - Communicates need for change and innovation - Produces new ideas and approaches in relation to own team
Fostering Relationships	<ul style="list-style-type: none"> - Uses input and recommendations from others - Considers the concerns, feelings and expertise of others to improve collaboration - Facilitates development of an open, positive atmosphere within the team
Customer Focus	<ul style="list-style-type: none"> - Knows how organization performs against customer expectations - Responds reliably to customer requests that support the business - Works to improve customer satisfaction within the framework of the current product/service offered

Role	Description
Injury Management Specialist	Provides direction on the development of proactive injury management strategies and performs a coaching and quality role within the team. Primary contact for Agency rehabilitation management directors.
Minimum knowledge & Experience	
<ul style="list-style-type: none"> - Tertiary qualifications in allied health - Several years experience in Workers Compensation or the Personal Injury sector - Solid knowledge of the Insurance for NSW remuneration model and Workers Compensation legislation - Strong analytical and problem-solving skills - Excellent coaching skills - Demonstrated high level influencing and negotiation skills - Project management skills - Skills in data analysis 	
Minimum Competencies	
Results Orientation	<ul style="list-style-type: none"> - Works towards goals, overcoming obstacles, setbacks and uncertainty - Identifies obstacles to goal achievements - Plans for contingencies to ensure delivery
Entrepreneurial Orientation	<ul style="list-style-type: none"> - Understands key profit and cost drivers for own area - Shows understanding on how own area contributes to profitable org. growth - Uses general understanding of how the business makes money in decision making
Strategic Orientation	<ul style="list-style-type: none"> - Understands and starts working towards strategic priorities - Understands and aligns performance to own area's strategy and objectives - Sees opportunities for mid-term change within own area
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Driving Change & Innovation	<ul style="list-style-type: none"> - Openly challenges status quo - Communicates need for change and innovation - Produces new ideas and approaches in relation to own team
Fostering Relationships	<ul style="list-style-type: none"> - Uses input and recommendations from others - Considers the concerns, feelings and expertise of others to improve collaboration - Facilitates development of an open, positive atmosphere within the team
Customer Focus	<ul style="list-style-type: none"> - Knows how organization performs against customer expectations - Responds reliably to customer requests that support the business - Works to improve customer satisfaction within the framework of the current product/service offered
Role	Description
Claims Manager	Stakeholder primary contact and dedicated claims management specialist for their allocated portfolio of claims. Works in collaboration with participating agencies to set and direct agreed work health plans and claim strategies.
Minimum knowledge & Experience	
Customer Service experience	
Minimum Competencies	
Results Orientation	<ul style="list-style-type: none"> - Follows through on most responsibilities - Delivers as long as there are no major obstacles - Identifies what needs to be done to move the work forward

Entrepreneurial Orientation	<ul style="list-style-type: none"> - Understands the importance of saving costs - General understanding of how activities link to financial metrics
Strategic Orientation	<ul style="list-style-type: none"> - Understands and starts working towards strategic priorities - Understands and aligns performance to own area's strategy and objectives - Sees opportunities for mid-term change within own area
Market Insight	<ul style="list-style-type: none"> - Focuses on internal (abilities, processes) but not on external factors (customers, competitors) - Knows own immediate operating environment well - Demonstrates understanding of internal processes and procedures to deliver standardized answers to customers
Driving Change & Innovation	<ul style="list-style-type: none"> - Changes inefficient work practices when directed - Genuinely considers new ways of doing things - Implements change if told what to do
Fostering Relationships	<ul style="list-style-type: none"> - Shares valuable information with colleagues - Offers help when there is mutual gain or when convenient - Instructs rather than engages with others
Customer Focus	<ul style="list-style-type: none"> - Listens to customer feedback informally and acts on it - Explores customer needs to better satisfy the client on an ad hoc and reactive basis - Has basic understanding about how internal or external customers use our products and services

Role	Description
Claims Service Officer	Provides support to the team including claim lodgment, payment processing and general administrative support to allow the team to focus on their key role.

Minimum knowledge & Experience

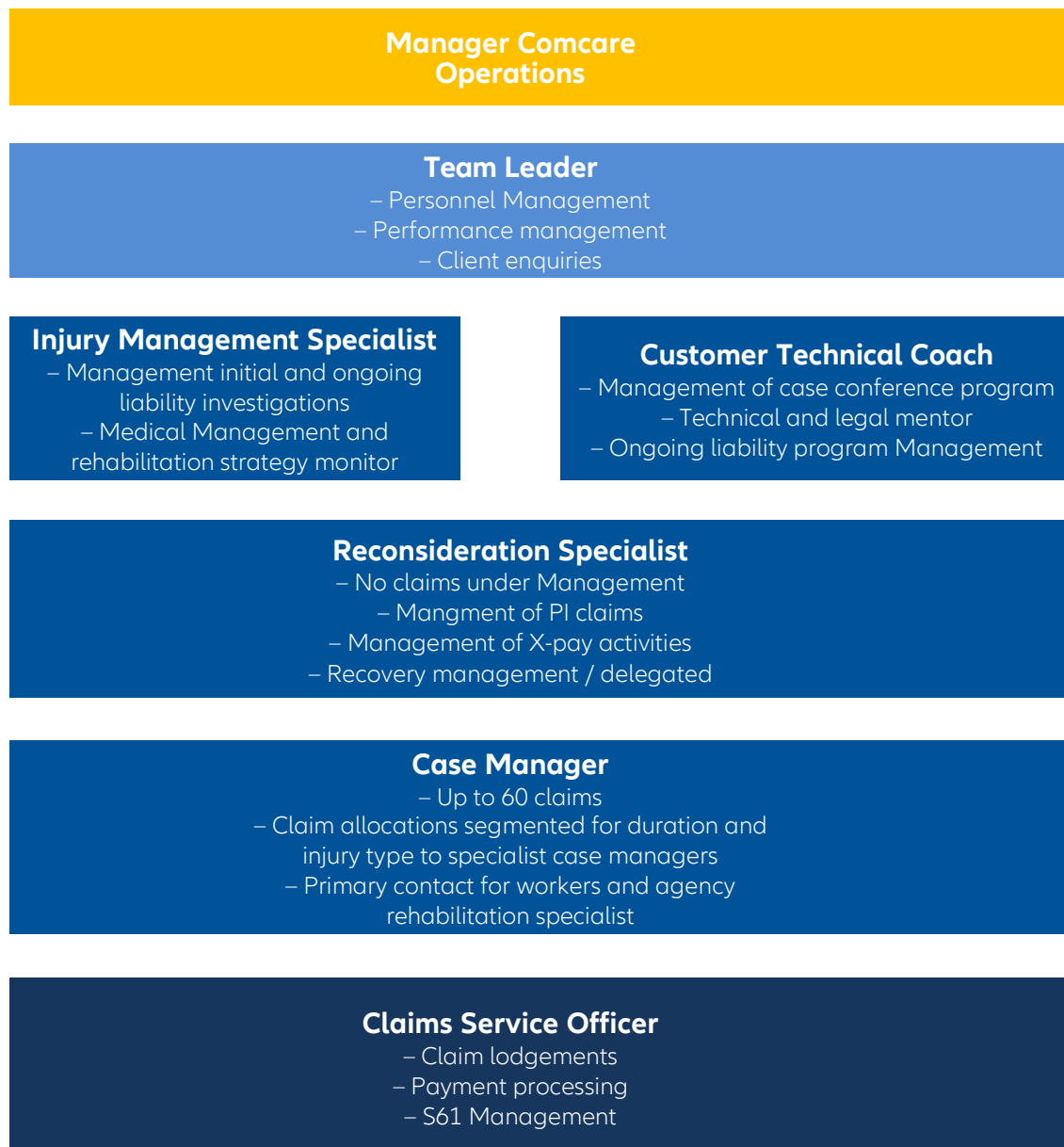
Customer Service skills preferable

Minimum Competencies

Results Orientation	<ul style="list-style-type: none"> - Works on assigned roles and tasks - Uses common standards to guide performance
Entrepreneurial Orientation	<ul style="list-style-type: none"> - Understands the importance of saving costs - General understanding of how activities link to financial metrics
Strategic Orientation	<ul style="list-style-type: none"> - Thinks in terms of present problems and issues - Participates in practical planning of work processes - Demonstrates understanding of and describes business issues that impact own area
Market Insight	<ul style="list-style-type: none"> - Focuses on internal (abilities, processes) but not on external factors (customers, competitors) - Knows own immediate operating environment well - Demonstrates understanding of internal processes and procedures to deliver standardized answers to customers
Driving Change & Innovation	<ul style="list-style-type: none"> - Changes inefficient work practices when directed - Genuinely considers new ways of doing things - Implements change if told what to do
Fostering Relationships	<ul style="list-style-type: none"> - Provides help or support only when it has been requested - Redirects request for help to somebody else if possible

Customer Focus	<ul style="list-style-type: none"> - Listens to customer feedback informally and acts on it - Explores customer needs to better satisfy the client on an ad hoc and reactive basis - Has basic understanding about how internal or external customers use our products and services
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The claims management team structure that Allianz has effectively utilised for Comcare claim management is outlined below:



The image above details the claims management team structure that Allianz developed for the Pilot. However, this model will be adjusted as required to suit each Agency's specific requirements. We have prepared job descriptions for each claims management role for the Comcare Scheme; as well as competency standards for claims management personnel as specified by Comcare.

Development of Treatment Plans

We firmly believe that effective strategies applied early in a claim can achieve the greatest and best outcomes to the extent we are a signatory of the Australasian Faculty of Occupational and Environmental Medicine's Consensus Statement on the Health Benefits of Work.

Transparency on expectations, roles and responsibilities is crucial in the early stages of a claim to build rapport and support an early, sustainable recovery and return to work; which is why Allianz has developed a tailored treatment plan

following a case conference with all stakeholders. Through frequent stakeholder engagement, new information is applied to Treatment Plans as they are continually monitored, reviewed and updated as claim circumstances change.

In collaboration with the Agency, Allianz will meet to co-design Agency requirements for minimum frequencies of treatment plan updates relevant to Agency claims experience. In consideration of the Clinical Framework Allianz can review plans at weeks 5, 10, 20 and then biannually, or on agreement with the Agency as is required for each claim, for each individual Management's circumstances.

As claims are transitioned from Comcare management, Allianz will track the date of the last issued treatment plan and ensure they follow the same review points agreed with the Agency placing particular attention into ensuring continuity of treatment for the rehabilitation support of each worker.

The development of a tailored and effective treatment plan relies on the collaboration and input of all stakeholders and Allianz aims to commence this collaboration through a case conference which includes the worker, the Agency rehabilitation specialist and the treatment provider where available within the first seven days of receiving notification of a new claim. We believe case conferencing is a valuable tool in communication and providing transparency in goals and expectations for all stakeholders. It enables focus to be directed towards return to health at work activities and communication of the expectations defined in the Clinical Framework.

The quality and timeliness of treatment plans will be regularly reviewed by our injury management and technical specialists and independent compliance officer to ensure the plans issued are clearly influencing early and successful return to work outcomes.

Suitable Duties

Allianz understands the importance of identifying suitable duties at the earliest stage of an injury and facilitating discussion with each Agency, the treating doctor and injured employee regarding the appropriateness and availability of these duties. Our goal is to support the Agency in returning the employee to return to their pre-injury duties. Our Case Managers are familiar with the return to work hierarchy and supporting parties to develop appropriate short and long term return to work goals in collaboration with key stakeholders. We are experienced at supporting employers who manage the return to work program remote to the injured employee and we work strategically with rehabilitation providers to support this. Our panel rehabilitation providers who already work in the Comcare environment will assist in any necessary training and support to our Case Managers surrounding the S36 and S37 activities delegated by your Rehabilitation Specialists.

We recognise the importance of clearly setting expectations regarding an employees' participation in a return to work program. Our regular claim review points and open discussions with stakeholders provide the claims manager the opportunities to address these issues without impacting the return to work planning process. Where there is evidence of non-compliance we will support the Agency in managing this behaviour. We would be happy to tailor our step by step process for managing compliance for the Agency and Comcare.

The following key strategies are utilised to ensure recovery at and return to work is expedited:

- We will work with the Agency to identify a 'job dictionary' and a list of all available suitable duties that can be referred to quickly at the initial stage of each and every claim.
- We quickly identify those suitable duties for the particular injured employee and, with the Agency, influence the treating doctor to certify the employee to recover at work performing suitable duties.
- We promote the health benefits of recovery and return to work to the injured employee and the treating doctor.
- We suggest a referral to a service provider, such as a rehabilitation provider or independent specialist, to assist only after repeated attempts have not resulted in an outcome.
- We review the strategic use of work trials as part of a return to work plan and if required as a transition to a new role.
- Use of case conferencing to support return to work where the Agency Case Manager is not located geographically with the employee.
- We have extensive expertise in managing job detached and long tail workers in the Comcare space through assisting and supporting a return to work with a new employer. We understand the challenges associated with transitioning government employees to working outside government employment and have tailored approaches available relevant to the Scheme.

Bringing our experience in this area along with our networks, we will work with the Agency and adopt the following strategies to ensure a cost effective and outcome focused approach to managing redeployment:

- Allianz will take a lead in establishing relationships with additional Agencies to form a "Job Network" to promote inter-Agency redeployment opportunities.
- We will work with the Agency and service providers to consider approaches of redeployment outside the Agency and

Commonwealth only after all other avenues have been exhausted (in accordance with the definition of suitable employment and separation requirements).

- We will leverage our experience working with service providers and businesses across our other workers compensation divisions to source and achieve the most effective redeployment outcomes.
- We will support the Agency with an Invalidity Retirement Model if required. We have experience and skills in managing long tail and job detached workers and have achieved Scheme leading results.
- In consultation with the Agency we will discuss the strategic use of services such as work trials, retraining, job-seeking and job readiness services.
- We expect that providers not only deliver job seeking training but also use innovative strategies to support the employee in seeking a new role through reverse marketing, using job banks, use of networks to secure roles in other Government Agencies.
- We will ensure providers have a clear understanding and focus on outcomes and that they undertake six-weekly strategic reviews of open claims for different employer services.
- We will adopt a number of networking tools to work with the Agency in locating suitable employment within other Government Agencies.

Initial Liability Determinations

Following the initial triage of claims and allocation to the appropriate claims manager, initial contacts with stakeholders commence in order to gather information to support recommending a liability determination to the delegate. The attached flow charts and overviews of our processes outline the interaction between Allianz Case Managers and relevant stakeholders regarding assessment and communication of determinations. Processes will continue to be refined through the transition period to best support each Agency and its workers.

Allianz's performance in Initial liability management is industry leading and our processes have been refined repeatedly throughout our experience to best support the needs of our Pilot Agency. New claims are triaged on the limited information available as provided by the worker at the time of lodgement typically limited to medical certification. Allianz will arrange s71 delegation and facilitate discussion between all other stakeholders including Agency Rehabilitation Specialists, external rehabilitation, providers and treatment providers. We assess the appropriateness of acceptance of the claim at this time or recommend ongoing investigation to determine liability.

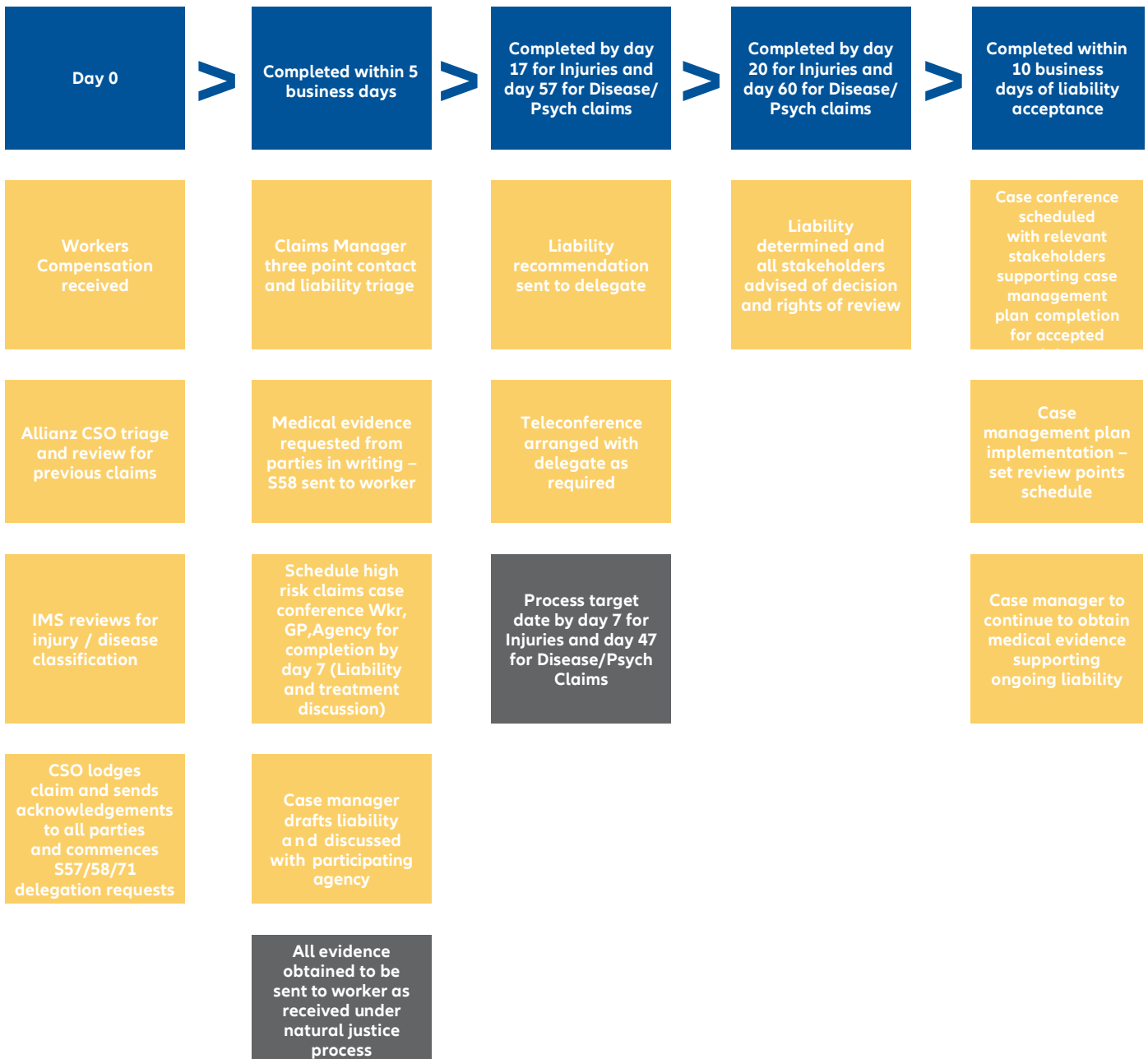
The Allianz model supporting our current successes within the Comcare space focusses on evidence based approach in determination of liability in new claims as well as through ongoing assessment of liability at all stages of a claim. During our ongoing Comcare claims management activity we have determined approximately 700 claims. To date compliance in timeliness of these decisions is 92%.

Where appropriate new claims are directed to an S57 assessment and this independent assessment in combination with having obtained full clinical notes from treatment providers and discussions with the worker and treatment providers will form the basis of our liability recommendation to the delegate in each instance. This holistic and thoroughly documented approach is evidenced to significantly reduce worker disputes of liability decisions and additionally has led to a high withdrawal rate at AAT and affirmation rate following AAT review. In summary our initial liability process involves the following key activities:

- The Case manager will send an acknowledgement letter to the worker and the Agency within 24 hours of lodgment and commence 3 point contacts for completion by day 5.
- High risk claims are case conferenced with all relevant stakeholders by day 7.
- Liability to be reviewed at lodgment of all new compliant claims and recommendations provided to the delegate by day 17 for injury claims or day 57 for disease and psychological claims supporting determination within Service Level timeframes.
- This determination will be communicated to all parties within 2 days of the decision date. The case manager will call the worker and Agency rehabilitation specialist to discuss the specifics of the decision along with their rights of review.
- Case management plans will be negotiated and agreed between relevant stakeholders for distribution by the 10th working day following liability acceptance. Case management plans will include details of scheduled review points specific to the requirements of the claim or at agreed points in consultation with the Agency.
 - Ongoing review points and updated case management plans inclusive of incapacity claim details will be distributed to all stakeholders. Responsibilities of all parties will be documented within these plans and parties managed to these timeframes.
 - Allianz will provide monthly reporting to the Agency on the number of new claims received, timeliness of determinations made and outcome of determinations made. Risk management and duration management reporting will also form part of our monthly performance reporting along with additional Agency specific reporting to be agreed.

The below initial liability process outlines the interaction and time frames in our current model. This will continue to be

refined throughout the transition process in consultation with each Agency.



Reconsideration

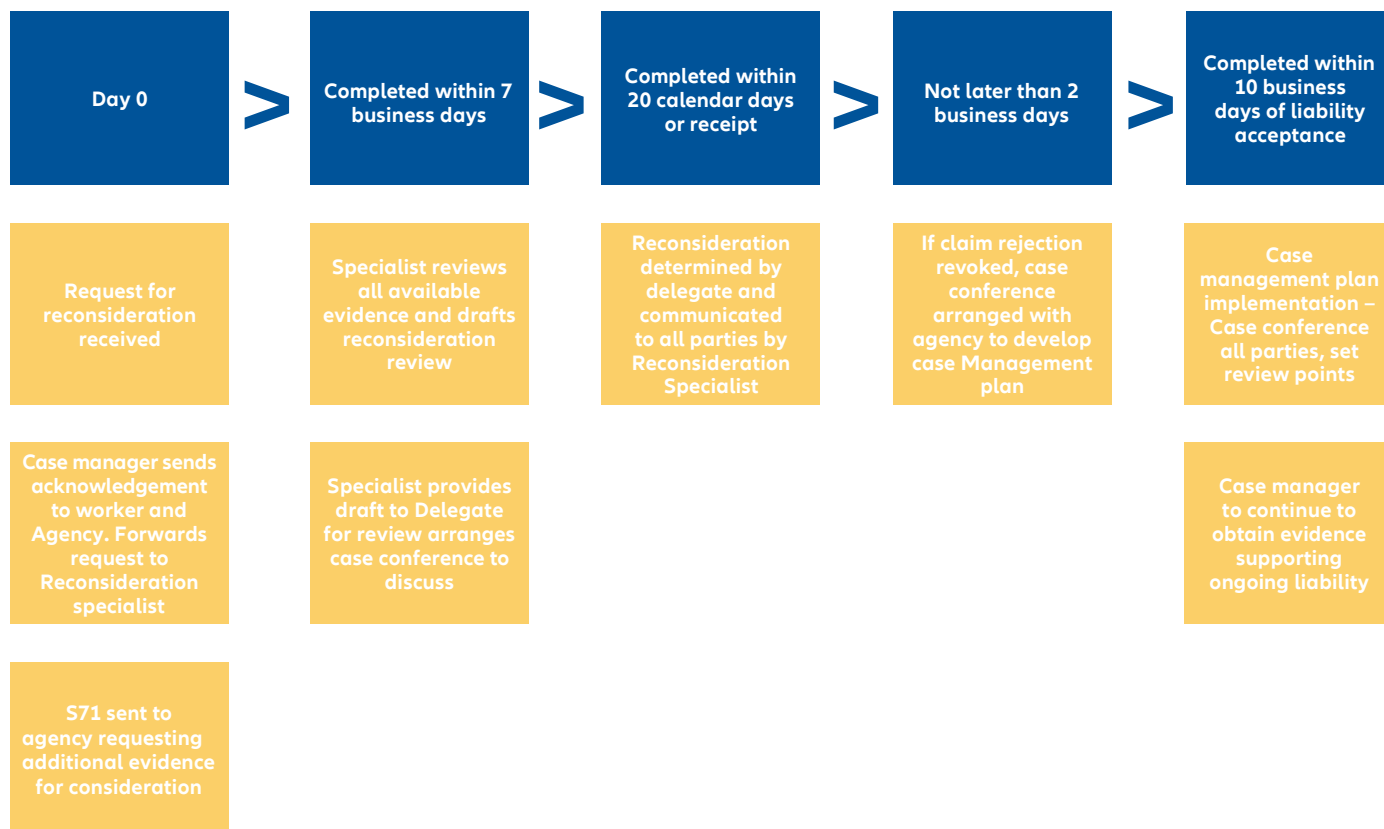
At lodgement reconsiderations are reviewed by the team leader and your reconsideration specialist. This ensures decision making is impartial, sound and consistent with legislation and guidelines. The reconsideration specialist is trained to review clinical and technical evidence to determine the appropriateness and sustainability of the initial determination.

Allianz has over a period of 27 months achieved 97% of determinations made by day 30 over 372 reconsiderations. We further note an affirmation rate of 93% leading to the sustainability of our comprehensive and collaborative initial liability determination process. Allianz make rapid determinations to revoke initial rejections where new evidence is obtained to support liability for the worker and we ensure urgency in establishment of case management plans in support of worker rehabilitation. The process involves the following key activities:

- The reconsideration specialist will ensure the reconsideration has been received within the prescribed time frame, 30 days of receiving the original decision.
- The reconsideration specialist will ensure an acknowledgement letter is sent to the worker and rehabilitation team within 2 working days. Revised s71 delegations relevant to the reconsideration request are sought from the delegate to allow your rehabilitation team to review the request for provision of any additional information to assist in our reconsideration review.
- The reconsideration specialist will review all information on the claim file and additional information provided during the reconsideration process in reaching their determination.

- The reconsideration specialist will call the worker and rehabilitation manager to discuss the specifics of that decision along with their rights of review. This determination will be documented and distributed and will include details of the AAT and prescribed timeframe of 60 days from the day the reviewable decision is received to file an application for review.
- Learnings taken from the review by the reconsideration specialist are provided to the technical specialist to ensure these are shared across the Comcare group for consistency and to ensure best practice.
- Allianz will provide monthly reporting to the Agency on the number of reconsiderations received, nature of reconsiderations and outcome. Any learning taken to assist in risk management will also be reported.

The following process outlines the activities, interactions and time frames with our reconsideration process:



Touch Points

Regular and timely touchpoints are crucial for transparent claims management focused on supporting stakeholders through the sometimes complex claims management process and the recovery at and return to work of the injured employee. Allianz will co-design with the Agency specific touchpoints, but provides our proposed timeframes (excluding the delegates) as follows:

TRIGGER	TIME FRAME	STAKEHOLDER ENGAGED
Claim Acknowledgement	0 – 48 hours	Agency Injured Employee
Early Contact	By day 5	Agency Rehabilitation Specialist Injured Employee Treating Practitioner
Case Conference	Organised by day 7 for high risk claims or to be conducted by day 10 in appropriate claims	Treating Practitioner Injured Employee Agency Rehabilitation Specialist Rehabilitation Provider

TRIGGER	TIME FRAME	STAKEHOLDER ENGAGED
Development of Treatment Plan	By week 3 following acceptance of liability or by agreement with the Agency	Treating Practitioner Injured Employee Agency Rehabilitation Specialist Rehabilitation Provider Treatment Provider
Determinations/Reconsiderations	All time frames stipulated in guidelines, SRC Act 1998 or DAPKIs	Injured Employee Agency Rehabilitation Specialist
Review Points and update of treatment plans	Within 5 business of any change of circumstance or at week 5, 10, 20 / at Agency agreed timeframes	Treating Practitioner Injured Employee Agency Rehabilitation Specialist Rehabilitation Provider Treatment Provider

Allianz Case Managers will have open, transparent and proactive communication with Agency Rehabilitation Specialists and delegates to ensure appropriate triaging and integrity of data. Allianz Case Managers will take on an advisory role to the Agency delegates and provide recommendations on intervention, liability and decision making in a timely manner to support the delegate in fulfilling their roles under the Comcare Scheme. We have capabilities in training for this function for Agencies new to this arrangement.

Additionally, Allianz Case Managers will support the Agency Rehabilitation Specialists in offering strategic guidance on intervention and assessments as appropriate through continued communication and information gathering with the injured employee and their treating practitioners. We will look to hold regular workshops with the Agency to target specific areas of opportunity to better support return to work durations and prevent where able injuries in the workplace. Allianz will make available to the Agency our injury management and technical specialists to provide any advice on process related issues. Our claims management model is agile and is able to be updated as opportunities to improve claims management outcomes or service delivery arise. Any process issues that result in a change as it relates to our claims management model will be discussed with the Agency and where required Comcare prior to formalisation.

Quality Assurance Program

Allianz provides a structured performance management framework and an integrated quality assurance function to ensure continuous review of claim progress and outcomes. Our program is multi-layered across roles and includes a technical and injury management specialist within the team and specialist support from a dedicated Compliance Analyst.

Our Quality Assurance Program focuses not only on meeting required standards but also on continuous improvement by incorporating the following processes:

- Planning to ensure the quality assurance model aligns with the strategic business plan and Agency / Comcare objectives.
- Implementing strategies, policies and procedures in a structured manner to ensure consistency and accountability for employees.
- Analysing results against the benchmarks and targets identified in the planning phase.
- Identifying and implementing recommendations for continuous improvement.
- Conducting follow-up reviews to ensure success of recommendations implemented.
- Continuous improvement of services through enhanced processes and training.

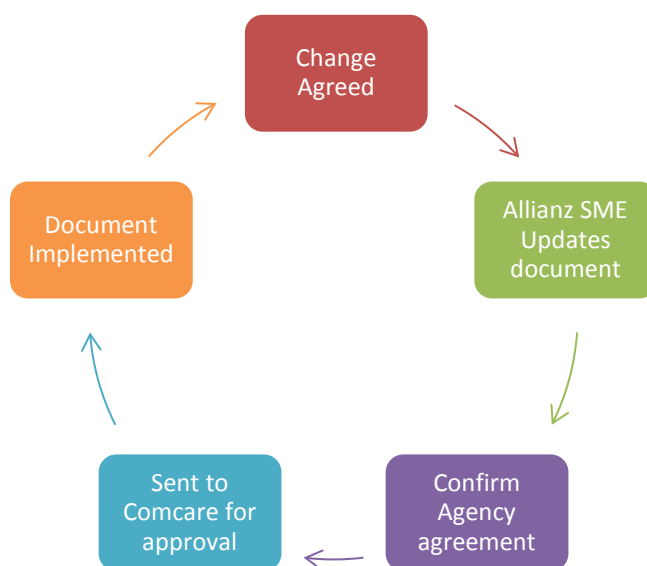
We utilise our injury management and technical specialists to complete an independent quality review of the claims manager's work in line with set criteria for that claim intervention. Where required, feedback is provided to the claims manager and if remediation is required, the specialist will review again until the identified actions are completed.

A quality assurance process, where key actions are reviewed by our Technical and Injury Management Specialists, drives enhanced return to work outcomes through the early identification of barriers and implementation of strategies. Whilst we assess compliance with the legislation and ensure adherence to service standards, our primary focus is on ensuring effective collaboration with stakeholders and that our strategies are focused on recovery and return to work. Key activities in our quality assurance process include:

- Triage and screening
- Stakeholder engagement / communication management
- Accuracy in determining liability for incapacity, benefits and permanent impairment
- Timeliness of determinations
- Reconsiderations

All process maps will be reviewed as part of the Quality Assurance Program to ensure alignment with Agency requirements, Comcare instructions, and learnings. The team has two weeks to consider the change and update accordingly as per the process below:

Document review process:



Claims Closure

Allianz has an established procedure for the closure of claims which ensures only those claims that have had all matters resolved and the employee has maintained three months minimum full time return to work are actively closed. This finalisation procedure is embedded into our quality assurance program and is controlled via a permission based sign off procedure. Where claims have been rejected, a suitable sustainability period is afforded the worker to make application for Reconsideration or AAT application prior to the claim being prepared for closure.

Prior to finalisation of a claim, all parties involved in the claim will be contacted to ensure all services and accounts have been resolved. Our Case Managers will also complete a finalisation checklist which will be peer reviewed prior to any claim being finalised. We note our reopen rate throughout our Pilot activities was in excess of 98%. A copy of the finalisation checklist Allianz will utilise is attached for your reference.

Panel Service Providers

Our comprehensive system for the management of third-party service providers emphasises that high quality standards are met. Providers have increased accountabilities, which lead to better outcomes for injured employees and Agencies. We assess provider use and costs across multiple measures. This allows for the clear evaluation of trends in expenditure and services, so that the quality of provider results are maximised. Providers are managed against:

- quality;
- cost;
- effectiveness in delivering services for recovery at work and return to work;
- alignment with Agency objectives.

Our structures, processes and service expectations for providers are designed to align services with delivering recovery at work and return to work outcomes. We understand Agencies have established and well managed rehabilitation services panels that Allianz will engage and collaborate with in line with your practices. After understanding each Agency's specific requirement, Allianz will offer rehabilitation panel management support on complimentary or alternate offerings available

to them based on our experience in the Scheme in consideration of delegation restrictions. Our rehabilitation panel management tools can also be shared with Agencies to ensure oversight of panel service providers in both application and management should they wish to maintain independent management of rehabilitation activities.

Where the need for engagement of an external vocational rehabilitation service is required, in collaboration with your rehabilitation team we are available to liaise with the injured employee, and treating practitioner(s) as appropriate to support your rehabilitation specialist in the most appropriate and cost effective referral.

The Allianz dedicated injury management specialist will work in collaboration with your rehabilitation specialist to ensure that rehabilitation panel service providers deliver best practice treatment, by offering advice and support with:

- Analysing expenditure and implementing initiatives.
- Analysing poor performing providers to review the link between service delivery, recovery and return to work, then suggesting initiatives to intervene promptly on the claim.
- Effective third-party provider integration into claims strategy by discussing expected recovery guidelines from the claim's outset to ensure goals are aligned.
- Review treatment plan and return to work plan to ensure alignment of goals and objectives
- Peer-review certain high cost and treatment approval requests.
- Organise event based case conferencing to review strategies, treatments and services, ensuring they are on track to deliver outcomes, realigning strategies and goals where needed.

It is understood Comcare and the Participating Agencies retain full ownership and management responsibilities of legal provider engagement including the sourcing of legal advice. We note Allianz has long standing relationships with legal providers experienced in Safety, Rehabilitation and Compensation Act 1988 legal management. Allianz where appropriate will utilise this experience and our extensive provider relationships in ensuring our claim operation is supported with provision of updates to policy, legislation and legal precedents supportive of our ongoing best practice case management.

For any claims where there is indication for referral to an Independent Medical Examination (s57), we will discuss the claim and the choice of Independent Medical Examiner specialty with the rehabilitation specialist and delegate prior to making any referral. Due to the impact on the worker and as regards the costs of such assessments, all efforts are made by the case management team to obtain evidence through alternate methods collaborating with the treatment providers instructed by the worker, however in instances where a s57 assessment is necessary we will collaborate on the referral questions to ensure a holistic approach to the review. We continue will utilise firms with whom strong independent performance and timeliness of services has been established including:

- Australian Medico-legal Group
- Specialist Opinion Group
- Medico Legal Specialists
- Medico Legal Opinions
- Medico Legal Consultations of Australia
- Assess Medical Group

Rehab Provider Engagement

Our experience in comprehensive management of third-party service providers ensures that high quality standards are met. We can assist with assessing provider use and costs across multiple measures. This allows for the clear evaluation of trends in expenditure and services, so that the quality of provider results are maximised. Whilst the ownership of the relationship with panel providers sits with the Agency, Allianz will support the Agency in building capability in strategically partnering with third-party providers.

We are constantly reviewing and undertaking Pilots of new innovative services to explore alternative avenues and strategies to foster early return to work outcomes for cohorts of claims and would share this information with Comcare and the Agency for use.

Technical Advice

We have a team of claims management personnel who will be readily available to assist all stakeholders including the Agency in providing ad-hoc technical advice and support on any element of the workers compensation process or system use. A contact tree will be provided to the Agency at commencement of services with a clear description on the roles within our claims team structure.

Legal Requirements

Our experienced and knowledgeable personnel can be made available on-site to work side by side with the Agency as they require in order to provide support and advice in respect of process definition, ongoing decisions, return to work activities, treatment and injury recovery and panel service provider management. We are also able to easily connect Agency personnel to our established relationships with service providers across the industry nationally.

Records Management

Allianz agrees to comply with Comcare's Management Records Management Policies and Procedures and supports the achievement of the following Comcare objectives through the implementation of records management procedures and practices:

- Comcare's records must be captured, managed and maintained for as long as they are required, according to legislative and historical purposes
- Comcare is committed to establishing and maintaining recordkeeping practices that meet its business needs, accountability requirements and stakeholder expectations

To support these objectives, Allianz has a documented Records Management Process which incorporates all elements of Records management including:

- All legal and compliance requirements
- Storage, security and access to records
- Retention of records
- Destruction of records following the retention period
- Information classification policy

In order to effectively satisfy claim management contract expectations, CIS reporting will be utilised daily in the updating of Excel spreadsheets detailing Service Level timeframes. Excel spreadsheets reporting AAT and ongoing liability reviews are also utilised in satisfaction of the contract and all such spreadsheets are stored within a secured folder accessible only to approved Comcare case managers and management staff. With future enhancements to PRACSYS in collaboration with Comcare it is anticipated these manual spreadsheets will be rendered obsolete in due course.

Standardised letters, forms and fact sheets not available in PRACSYS to the Allianz claims management team are also stored in secure folders within Allianz network drives. These documents are locked for editing and loaded to PRACSYS in all instances where used in management of claims.

Communications made to stakeholders through Lotus Notes are also copied to general.enquiries@comcare.gov.au in all instances.

Our approach and commitment to records management is comprehensive and any breach is taken seriously. Any occurrences will be reported to Comcare with an assessment completed of any control breakdown and associated remediation plan.

Recruitment, Training & Development

Recognising people as our greatest asset, we place significant importance and priority on our recruitment process to select people with the desired attributes for a role. Appropriate appointments ensure that we can provide a high level of customer service and can capably meet the needs and achieve the stated objectives of the Agency.

In addition to a well-established and proven recruitment model, at Allianz we also place a strong focus on employee engagement and retention, as we believe that together they achieve:

- A stable workforce providing continuity of service for injured Workers and the Agency
- Employees who understand our shared objectives can positively contribute to achieving team goals
- A business able to manage change effectively in a positive and supportive work environment

Allianz will minimise turnover by appointing experienced and senior personnel that display all the necessary competencies and also show a desire for stability. We will offer roles aligned with long term career plans and will

support people who are seconded. We will monitor and report on turnover to Agency immediately and then formally via our monthly operational reporting.

In addition to our engagement and retention strategies, there will continue to be a strong focus on and ongoing recruitment (where required) to ensure that there is minimal disruption to the continuity of services provided. On commencement of the contract, Allianz will have a team of competent case management personnel ready to manage the number of claims prescribed that will be transferred to Allianz. Any new employees recruited externally will be recruited using our competency based recruitment process and will complete a comprehensive learning and development program to ensure they are fully conversant with Comcare Scheme and appointed Agency specific requirements.

Our Learning and Development team will update our suite of Comcare specific learning modules to ensure all claims management activities comply with updated statutory obligations and adherence to the agreed Service Standards. Additionally, new modules specific to Comcare and Agency requirements will continue to be developed and delivered (as required). These modules will also incorporate and reflect the fundamentals of this claims management model.

Programs specific to the learning needs of the Agency staff can also be developed and delivered on request such as management of the delegation processes and implementation of the collaborative case management/rehabilitation management philosophy.

All claims management personnel for the contract will undertake Comcare and Agency specific training delivered by our specialised learning and development team in collaboration with our existing high performing Comcare team. Our existing personnel have extensive experience in the Comcare environment and can offer valuable insight into opportunities to improve on past portfolio performance and RTW outcomes.

In addition, support service teams will receive the necessary training and support to ensure they are conversant with the Comcare Scheme, requirements and obligations. There will be an ongoing focus on Learning and Development over the course of this contract to ensure our employees deliver optimal services to the Agency. Continued support will be provided to all personnel as the relationship with Agency matures and as processes are practiced and refined, and we will tailor ongoing training accordingly. Our ongoing approach to learning and development is central to our Claims Management Model and includes online training, face to face training, workshops and team meetings to disseminate and reaffirm information.

We note our existing team has extensive knowledge in the use of the PRACSYS system and whilst this eliminates risks associated with transition of Agency claims to Allianz case management, we have capability in the training of use of PRACSYS and will be active in training in this regard to assist the Agency in transition and management of ongoing activities.



Allianz Australia Insurance Limited

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KEY PERSONNEL PLAN

ALLIANZ AUSTRALIA INSURANCE LIMITED
Date: August 2020

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Key Personnel Plan

Overview

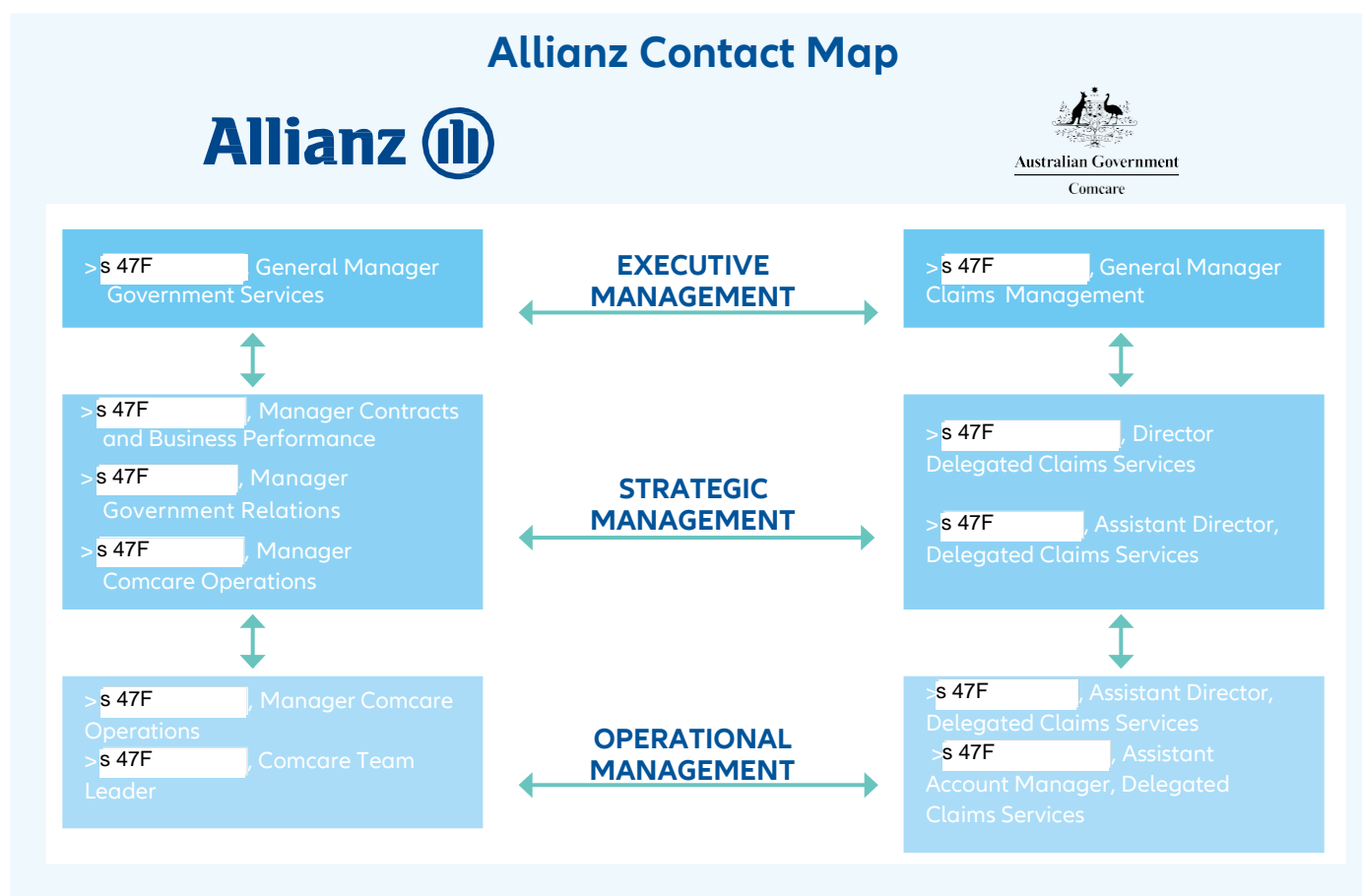
This plan outlines our approach to sourcing Key Personnel to deliver the Services as well as a detailed approach to the retention and ongoing training of Key Personnel to provide the Services.

Our organisational structure allows visibility and governance in the delivery of services to Comcare and Agencies. Our Senior Management Team has oversight of the program and monitors the regular quality assurance and risk reports provided by our specialised independent risk, compliance and reporting staff. Our dedicated workers compensation division drives a customer-centric focus on delivering outcomes for injured workers. This has been achieved by leveraging our national capabilities in unison with the unique knowledge our Comcare Team possess, having been involved in the Comcare Contestability Pilot.

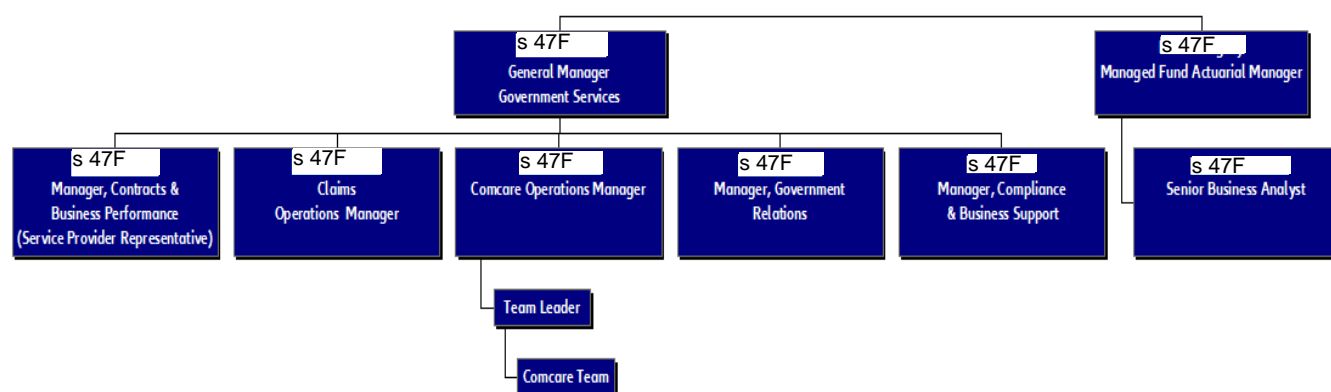
Our approach for Comcare will facilitate open and honest communication, transparency and accountability; and will address the Statement of Requirement. The Model is comprised of three tiers:

- **Executive Engagement** – to provide oversight of the entire program and delivery of services.
- **Strategic Engagement** – to provide strategic program management and drive continuous improvement.
- **Operational Engagement** – to provide the day to day claims management, support best practice Rehabilitation and Return to Work, and all other operational activities.

The Key Personnel Plan is supported by the Transition-In Resource Plan and the Implementation Resource Plan.



Organisational Structure



Key Personnel

Our Partnership and Account Management approach will be underpinned by an Executive Management Group who understand the public sector and will ultimately be accountable for the delivery of services in accordance with the Contract, the Statement of Requirements while ensuring quality customer services to all stakeholders. The Executive Management Group will oversee all services across Comcare and all Participating Agencies, ensuring we continuously provide a high level of service, led by our Chief General Manager, § 47F.

§ 47F

Chief General Manager, Workers Compensation Division

§ 47F joined Allianz in 2000 and in May 2019 was appointed as Executive General Manager of Workers Compensation. Previously, § 47F was General Manager of the Victorian Workers Compensation business following 6 years as General Manager of our NSW Treasury Managed Fund business which also included responsibility for workers' compensation contracts with Comcare, the NT Government and State Super.

§ 47F has also held a number of key management positions in our NSW Managed Fund Worker's Compensation business including Claims Service Manager and Tail Claims Manager where § 47F was successful in leading significantly liability reduction initiatives in our long tail businesses. Prior to her career at Allianz, § 47F held positions with WorkCover NSW overseeing the accreditation of rehabilitation providers and vocational programs coordinated through the Scheme through the Scheme regulator.

§ 47F is the **Executive Sponsor** for the Comcare contract and will oversee our services, ensuring we continuously deliver excellence.

Our Key and Support Personnel have already been appointed and are positioned to implement Services and are highlighted below:

Key Personnel	Role	Availability	Time Commitment (%FTE)
§ 47F	General Manager, Government Services (Service Provider Senior Executive)	At commencement of services	50%
§ 47F	Manager, Contracts & Business Performance (Service Provider Representative)	At commencement of services	100%
§ 47F	Manager, Government Relations (Account Manager)	At commencement of services	50%
§ 47F	Manager, Comcare Operations	At commencement of services	100%

- Bachelor of Arts and a Diploma of Education through the University of New South Wales
- Security Clearance Received

s 47F leads the strategic delivery and leadership of claims and injury management services to federal, state and territory government personal injury Schemes. He drives innovation and people-centred solutions to improve the quality of life for injured workers while delivering strong financial outcomes for employers and government partners.

s 47F has been integral to the successful 10 year partnership Allianz has with icare Insurance for NSW through understanding the complexities of the political landscape and the competing priorities of government Agencies.

s 47F brings a wealth of knowledge and experience to Comcare with over 30 years' in workers compensation. s 47F has worked across a number of areas in personal injury, from underwriting and distribution, claims and injury management, strategic program development and senior corporate and operational roles.

s 47F is our nominated **Service Provider Senior Executive and Lead Manager**, authorised representative and key contact for notices under the Contract.

ROLE	NAME	Effort (%FTE)	Contact Details	Location
Lead Manager	s 47F	50%	W: s 47F M: s 47F E: s 47F @allianz.com.au	s 47F

Minimum Knowledge & experience

5 years' experience in:

- liability or personal injury claims management experience
- Strategic business planning in insurance/corporate advisory roles

Minimum Competencies

Results Orientation	<ul style="list-style-type: none"> - Systematically identifies the root causes of complex problems - Introduces significant improvements to process, operations, or practices that improve business performance - Identifies alternatives using fact-based analysis
Entrepreneurial Orientation	<ul style="list-style-type: none"> - Focuses on implementing ways to improve profitable growth - Anticipates and acts on evolving internal and external trends - Consistently uses best practices to develop business and cost savings
Strategic Orientation	<ul style="list-style-type: none"> - Translates company objectives into strategy and action plan for own area - Integrates a variety of information into the definition of a clear, focused and long-term product or functional strategy - Takes into account the objectives, needs or priorities of other parts of the company when planning for own area
Market Insight	<ul style="list-style-type: none"> - Uses detailed market knowledge beyond own area to leverage and integrate own work with other areas - Identifies emerging segments and trends - Identifies opportunities to modify internal processes, services and structures to improve ability to execute profitable, differentiated customer strategies
Driving Change & Innovation	<ul style="list-style-type: none"> - Empowers others to initiate and pursue change opportunities on their own - Personally, acknowledges the change and publicly praises others who act in line with it - Tracks progress of innovation and change efforts publicly

Customer Focus	<ul style="list-style-type: none"> - Anticipates and responds to customer's evolving needs - Aligns services and solutions to customer's organization, industry, processes and preferences (know your client) - Considers how the customer perceives its business relative to competitors/ market to better serve them
Driving Diversity	<ul style="list-style-type: none"> - Challenges practices that hinder diversity; - Challenges actions of others whose behaviour is not aligned with diversity values - Works effectively across diverse environments to enhance business opportunities
Fostering Relationships	<ul style="list-style-type: none"> - Builds seamless partnering relationships with customers, suppliers and other stakeholders - Systematically fosters collaboration with other units - Works to ensure that the mutual interests of all parties are met
Leading People	<ul style="list-style-type: none"> - Removes barriers or provides resources to further group progress - Inspires the team to perform beyond current expectations - Motivates team members to make personal trade-offs for the benefit of the team
Developing Capability	<ul style="list-style-type: none"> - Benchmarks people capability and development processes against competitors - Conducts systematic capability reviews in order to assess organization's capacity to deliver on strategy - Anticipates future people capability needs and takes action to build that capability across the organization

s 47F - Manager, Government Relations

- Double Degree, Bachelor Commerce (BCom) & Bachelor Exercise Science (BPhEd)
- Security Clearance Received

s 47F has over 18 years' experience in the insurance industry. Most recently, s 47F has provided strategic oversight in the management of our relationship with the Department of Human Services in the Comcare Contestability Pilot. Prior to this, he has worked in various positions in personal injury including claims, rehabilitation, product development and account management.

s 47F began his career in New Zealand working for the Accident Compensation Corporation (ACC) after graduating with a double degree in Commerce and Exercise Science. He also spent seven years in the UK working for Unum where he managed a portfolio of group income protection and life insurance Schemes providing risk management solutions to employers and brokers. He has been with Allianz for nine years working with some of Allianz's largest national corporate clients.

In his previous role as Corporate Workers Compensation Manager, s 47F led a team that was responsible for the co-ordination and management of all service offerings in which he achieved exemplary retention and new business results. He has enjoyed long-standing strategic relationships with Allianz's largest corporate clients including Qantas, IBM, Downer and Broad-spectrum.

s 47F is the Strategic Manager and Account Manager for the program supporting the Agencies

ROLE	NAME	Effort	Contact Details	Location
Account Manager	s 47F	50%	W: s 47F M: s 47F E: s 47F @allianz.com.au	s 47F
Minimum Knowledge & experience				

5 years' experience in:

- professional consulting , account management / corporate sales, customers service
- Workers Compensation, Risk Mgt , OH&S
- Strategic business planning in insurance/corporate advisory roles
- Qualifications in business management or related degrees.

Minimum Competencies

Results Orientation	<ul style="list-style-type: none"> - Perseveres in solving problems and taking action to complete challenging work beyond expectations - Sets stretch goals for self and team with relevant metrics - Achieves goals beyond expectations
Entrepreneurial Orientation	<ul style="list-style-type: none"> - Focuses on implementing ways to improve profitable growth - Anticipates and acts on evolving internal and external trends - Consistently uses best practices to develop business and cost savings
Strategic Orientation	<ul style="list-style-type: none"> - Translates company objectives into strategy and action plan for own area - Integrates a variety of information into the definition of a clear, focused and long-term product or functional strategy - Takes into account the objectives, needs or priorities of other parts of the company when planning for own area
Market Insight	<ul style="list-style-type: none"> - Uses detailed market knowledge beyond own area to leverage and integrate own work with other areas - Identifies emerging segments and trends - Identifies opportunities to modify internal processes, services and structures to improve ability to execute profitable, differentiated customer strategies
Driving Change & Innovation	<ul style="list-style-type: none"> - Communicates clear direction for change - Engages others by providing the case for change - Sets clear change targets that address people's change needs (e.g., buy-in, training)
Customer Focus	<ul style="list-style-type: none"> - Anticipates and responds to customer's evolving needs - Aligns services and solutions to customer's organization, industry, processes and preferences (know your client) - Considers how the customer perceives its business relative to competitors/ market to better serve them
Driving Diversity	<ul style="list-style-type: none"> - Behaves in ways that align with the needs of diverse people, cultures and functions - Adapts and changes own behaviours as appropriate when in contact with people from different cultures - Demonstrates flexibility in communicating and interacting with diverse people (individual and cultural differences)
Fostering Relationships	<ul style="list-style-type: none"> - Actively seeks or invites colleagues' input in decision-making - Shows others how their objectives align with own objectives - Invests in building relationships with others
Leading People	<ul style="list-style-type: none"> - Encourages the open expression of ideas and opinions in the group around what needs to be done - Invites input in making decisions and plans - Follows up on performance and checks progress against goals

Developing Capability	<ul style="list-style-type: none"> - Encourages team members to discuss their personal development needs - Recognizes and rewards visible development - Sets development goals for improvement in current position
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s 47F - Manager, Comcare Operations

- Security Clearance Received
- Bachelor of Business Management through the University of Technology, Sydney

s 47F has almost a decade of experience in workers compensation and has worked in a variety of roles within the Insurance for NSW Business including Senior Technical Specialist, Psychological Team Leader and Primary Industries Team Leader and most recently completing a secondment as Manager Comcare Operations, prior to her permanent appointment.

s 47F has led numerous teams and has been identified as a strong role model with exceptional mentoring and relationship building capabilities, in her previous roles she was responsible for establishing a strong client relationship and unified working method which ultimately delivered very strong outcomes for her agencies.

s 47F is the **Manager, Comcare Operations** for the program and will ensure a practiced transition, service continuity and ongoing delivery of required services.

ROLE	NAME	Effort (%FTE)	Contact Details	Location
Manage, Comcare Operations	s 47F	100%	W: s 47F M: s 47F E: s 47F @allianz.com.au	s 47F

Minimum Knowledge & experience

5 years' experience in liability or personal injury claims management experience

Minimum Competencies

Results Orientation	<ul style="list-style-type: none"> - Perseveres in solving problems and taking action to complete challenging work beyond expectations - Sets stretch goals for self and team with relevant metrics - Achieves goals beyond expectations
Entrepreneurial Orientation	<ul style="list-style-type: none"> - Focuses on implementing ways to improve profitable growth - Anticipates and acts on evolving internal and external trends - Consistently uses best practices to develop business and cost savings
Strategic Orientation	<ul style="list-style-type: none"> - Translates company objectives into strategy and action plan for own area - Integrates a variety of information into the definition of a clear, focused and long-term product or functional strategy - Takes into account the objectives, needs or priorities of other parts of the company when planning for own area
Market Insight	<ul style="list-style-type: none"> - Uses detailed market knowledge beyond own area to leverage and integrate own work with other areas - Identifies emerging segments and trends - Identifies opportunities to modify internal processes, services and structures to improve ability to execute profitable, differentiated customer strategies

Driving Change & Innovation	<ul style="list-style-type: none"> - Communicates clear direction for change - Engages others by providing the case for change - Sets clear change targets that address people's change needs (e.g., buy-in, training)
Customer Focus	<ul style="list-style-type: none"> - Anticipates and responds to customer's evolving needs - Aligns services and solutions to customer's organization, industry, processes and preferences (know your client) - Considers how the customer perceives its business relative to competitors/ market to better serve them
Driving Diversity	<ul style="list-style-type: none"> - Challenges practices that hinder diversity; - Challenges actions of others whose behaviour is not aligned with diversity values - Works effectively across diverse environments to enhance business opportunities
Fostering Relationships	<ul style="list-style-type: none"> - Actively seeks or invites colleagues' input in decision-making - Shows others how their objectives align with own objectives - Invests in building relationships with others
Leading People	<ul style="list-style-type: none"> - Engages team, building commitment and support for plans and strategy - Rewards employees who support team objectives - Manages issues that disrupt team functioning and harmony
Developing Capability	<ul style="list-style-type: none"> - Frequently provides the right balance of behavioural feedback (strengths and areas for improvement) - Articulates what is meant by performance and provides specific real-life examples - Works with individuals to set appropriately challenging development goals, explaining not just what to do, but why to do it

s 47F – Manager, Contracts & Business Performance

- Security Clearance Received

s 47F has a decade of experience in workers compensation and prior to joining Allianz in 2010, was a Return to Work Coordinator for national consumer services chain and self-insurer, Coles Supermarket. **s 47F** has considerable experience working with public sector Agencies and their employees, as a contract manager, team leader and claims manager.

In his current role, **s 47F** is responsible for managing the relationship between government regulatory bodies and Allianz. He is responsible for ensuring Allianz complies with multi-jurisdictional contractual agreements held by our Government Services business including; icare Insurance for NSW, Police Hurt of Duty and Comcare.

s 47F is the **Service Provider Representative** for the program and will be the central point of contact for Comcare in the day to day management of the required services. **s 47F** is also responsible for management of the contract at a holistic and strategic level ensuring that all deliverables are under the agreement are met

ROLE	NAME	Effort (%FTE)	Contact Details	Location
Service Provider Representative	s 47F	100%	W: s 47F M: s 47F E: s 47F @allianz.com.au	s 47F
Minimum Knowledge & experience				

Prior experience and exposure in:

- working with the senior management team and across teams
- account management and relationship management
- development of external and internal communication material
- Strategic claims management

Minimum Competencies

Results Orientation	<ul style="list-style-type: none"> - Perseveres in solving problems and taking action to complete challenging work beyond expectations - Sets stretch goals for self and team with relevant metrics - Achieves goals beyond expectations
Entrepreneurial Orientation	<ul style="list-style-type: none"> - Focuses on implementing ways to improve profitable growth - Anticipates and acts on evolving internal and external trends - Consistently uses best practices to develop business and cost savings
Strategic Orientation	<ul style="list-style-type: none"> - Translates company objectives into strategy and action plan for own area - Integrates a variety of information into the definition of a clear, focused and long-term product or functional strategy - Takes into account the objectives, needs or priorities of other parts of the company when planning for own area
Market Insight	<ul style="list-style-type: none"> - Uses detailed market knowledge beyond own area to leverage and integrate own work with other areas - Identifies emerging segments and trends - Identifies opportunities to modify internal processes, services and structures to improve ability to execute profitable, differentiated customer strategies
Driving Change & Innovation	<ul style="list-style-type: none"> - Communicates clear direction for change - Engages others by providing the case for change - Sets clear change targets that address people's change needs (e.g., buy-in, training)
Customer Focus	<ul style="list-style-type: none"> - Anticipates and responds to customer's evolving needs - Aligns services and solutions to customer's organization, industry, processes and preferences (know your client) - Considers how the customer perceives its business relative to competitors/ market to better serve them
Driving Diversity	<ul style="list-style-type: none"> - Challenges practices that hinder diversity; - Challenges actions of others whose behaviour is not aligned with diversity values - Works effectively across diverse environments to enhance business opportunities
Fostering Relationships	<ul style="list-style-type: none"> - Actively seeks or invites colleagues' input in decision-making - Shows others how their objectives align with own objectives - Invests in building relationships with others
Leading People	<ul style="list-style-type: none"> - Engages team, building commitment and support for plans and strategy - Rewards employees who support team objectives - Manages issues that disrupt team functioning and harmony

Developing Capability	<ul style="list-style-type: none"> - Frequently provides the right balance of behavioural feedback (strengths and areas for improvement) - Articulates what is meant by performance and provides specific real-life examples - Works with individuals to set appropriately challenging development goals, explaining not just what to do, but why to do it
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Support Personnel

Key Personnel	Role	Availability	Time Commitment (%FTE)
s 47F	Learning and Development Manager	At commencement of services	50%
s 47F	Business Support Manager	At commencement of services	50%
s 47F	Comcare Team Leader	At commencement of services	100%
s 47F	Senior Business Analyst, Actuarial & Analytics	At commencement of services	50%
s 47F	Claims Operations Manager, Government Services	At commencement of services	50%
s 47F	Managed Fund Actuarial Manager	At commencement of services	50%
s 47F	Strategy Manager, Government Services	At commencement of services	50%
s 47F	Innovations Manager, Government Services	At commencement of services	50%

s 47F - Learning and Development Manager

- Cert IV Training and Assessment – Management Consultancy International, Australia
- Mastering Training Design Level 1 Program – 4Matsystem Australia
- Project Management Fundamentals – Australian Institute of Management
- RTW Coordination and Advanced RTW Coordination – icare (WorkCover) NSW
- Standard Mental Health First Aider – Accredited from 2017 to 2020
- BSc, Geography
- No Security Clearance

s 47F has worked for Allianz within the Workers Compensation division for over 12 years, with prior experience as a Recruitment Consultant. As the L&D Manager he is responsible for the training needs of our largest WC divisions including NSW, ACT, TAS, WA and NT. s 47F and the L&D Team have developed and delivered training to support the Comcare Contestability Pilot with the Department of Human Services (DHS).

s 47F was involved in the development of the ANZIF 2017 Learning Program of the Year - Allianz One Service. He has extensive facilitation, coaching and presentation experience, this includes being responsible for the Australian delivery of Allianz Global's Presentation Excellence training. The training extends to clients, with s 47F delivering technical, customer and soft skills for Department of Education, Qantas NSW Police and other large corporate clients.

For the Comcare program, s 47F will manage the induction program for all new starters. For our current Comcare team he will manage ongoing training and career development, this will include leadership development and customer training. He will also manage the recruitment process for new employees both internal and external.

ROLE	NAME	Effort (%FTE)	Contact Details	Location
L&D Manager/ Recruitment	s 47F	50%	W: s 47F E: s 47F @allianz.com.au	s 47F

s 47F – Manager, Compliance and Business Support

- Bachelor of Arts degree (Psychology) from Macquarie University
- No Security Clearance

s 47F has over 15 years' experience within the Workers Compensation division. In her time with Allianz, s 47F has held a variety of management roles including Assistant Operations Manager, Transition Manager, TMF Account Manager, Risk and Compliance Manager and most recently Transition Alignment Manager.

As the Manager, Business Support, s 47F is responsible for leading a team of business analysts to identify and implement initiatives to improve the productivity and performance of a number of business units including Government Services. s 47F has considerable experience overseeing business projects and initiatives which deliver significant business benefit. She is experienced at managing the IT requirements of these projects to ensure all requirements are met.

s 47F was the Transition Manager when Allianz was successful in our application for Portfolio 1 of the Treasury Managed Fund (now Insurance for NSW). Allianz had six months to demonstrate our ability to commence core services as well as transition over 12,000 open claims and 300,000 closed claims. s 47F successfully led the team and we delivered all services within the agreed timeframes.

s 47F has a degree in psychology with a focus on industrial and organisational psychology. She is trained in the Allianz OPEX Methodology and has received a Blue Belt and Black Belt certification. OPEX is a Quality Improvement Methodology developed by Allianz and internationally recognised by the Institute for Six Sigma.

For the Comcare program, s 47F will support the Implementation, Transition-In and ongoing delivery of Services specifically related to IT and Business Improvement functions.

ROLE	NAME	Effort (%FTE)	Contact Details	Location
Business Support Manager	s 47F	50%	W: s 47F E: s 47F @allianz.com.au	s 47F

s 47F – Comcare Team Leader

- Security Clearance Received

s 47F has over 10 years' experience in Allianz's Workers Compensation business. During this time s 47F has held various roles in Learning and Development and workers compensation. She has created workers compensation modules and implemented training for staff on claims management activities. Furthermore, she has managed clients such as TAFE NSW, Department of Education and NSW Police.

For the past two years, s 47F has been the Team Leader for our Comcare Contestability Pilot with the Department of Human Services (DHS). s 47F has been an integral part of the Pilot, from transition-in and through the successes of the Pilot program. s 47F has developed extensive Comcare claims management experience and has been active in the creation of new processes and procedures required to efficiently and effectively support her high-performance team.

For the Comcare program, s 47F will continue in her current role and will support the new team members recruited into the program.

ROLE	NAME	Effort (%FTE)	Contact Details	Location
Comcare Team Leader	s 47F	100%	W: s 47F E: s 47F @allianz.com.au	s 47F

s 47F – Senior Business Analyst, Actuarial & Analytics

- Bachelor of Applied Science (Speech Pathology) with Distinction, University of Sydney (Cumberland College of Health Sciences)
- Security Clearance Received

s 47F has worked in personal injury insurance for more than 20 years, designing and delivering in-depth reporting to monitor Scheme performance. Since joining Allianz, s 47F has provided regular and ad hoc reporting to the Workers Compensation Division, including dedicated analytics services to the DHS Comcare Contestability Pilot claims team.

Previously, she was a Senior Data Analyst with the NSW State Insurance Regulatory Authority (SIRA), analysing compulsory third-party claims data to support SIRA's regulatory and policy development functions, including KPI benchmarking,

customised analytics and Scheme review. s 47F brings dedication, technical expertise, commitment to excellence and a strong customer focus, combined with extensive experience in the insurance regulatory environment.

For the Comcare program s 47F will design and deliver regular and ad hoc reporting to monitor claim handling performance and trends.

ROLE	NAME	Effort (%FTE)	Contact Details	Location
Senior Business Analyst, Actuarial & Analytics	s 47F	50%	W: s 47F E: s 47F @allianz.com.au	s 47F

s 47F - Claims Operations Manager, Government Services

- No Security Clearance

s 47F is the Claims Operations Manager for Government Services. Having joined Allianz in 2001, he has 19 years' of workers compensation experience, including 13 years managing public sector Agencies.

At Allianz, he has held leadership roles across claims, technical and injury management teams, most recently in the icare Insurance for NSW Scheme. Prior to Allianz, s 47F worked in private practice as a chiropractor in clinics located in Sydney and regional NSW.

s 47F has delivered Scheme leading claims management services for Insurance for NSW through collaboration with the client and focussing on delivering exceptional customer satisfaction.

He has extensive state and federal government sector experience including NSW Department of Education, NSW Police, Police Hurt on Duty, Sydney Water, Fire and Rescue NSW, State Rail and Department of Industries. More recently, s 47F has been involved in our successful Comcare Contestability Pilot with the Department of Human Services. For the Comcare program, s 47F will provide support and consultation to s 47F in managing the claims management services.

ROLE	NAME	Effort (%FTE)	Contact Details	Location
Claims Operations Manager	s 47F	50%	W: s 47F E: s 47F @allianz.com.au	s 47F

s 47F - Managed Fund Actuarial Manager

- No Security Clearance

s 47F is the Actuarial Manager in Allianz's Workers Compensation Actuarial and Analytics team and a Fellow of the Institute of Actuaries of Australia. He has worked in insurance for over 19 years, providing actuarial advice to regulators, insurers and self-insurers in Australia and overseas.

In his four years at Allianz, s 47F has provided pricing, reserving and strategic insights in both the Managed Fund and Underwritten environments. Previous consulting experience included actuarial peer reviews for Comcare (including the ACT Government's outstanding claims valuation) and various appointed actuarial support roles. A key client was Employers Mutual, where advice was provided across the claim management operations and the Specialised insurer, Hospitality Employers Mutual.

s 47F is keen to provide actionable insights to Comcare and Agency management, based on both targeted analytics and a sound understanding of Australia's workers compensation environment.

ROLE	NAME	Effort (%FTE)	Contact Details	Location
Managed Fund Actuarial Manager	s 47F	50%	W: s 47F E: s 47F @allianz.com.au	s 47F

s 47F - Strategy Manager, Government Services

- No Security Clearance

s 47F has been with Allianz for 12 years, commencing as a Case Manager in our NSW Managed Fund business following the completion of her Bachelor of Health Science degree. She worked in NSW Managed Fund for eight years in a variety of roles including Team Leader and Medical Services Manager; and later joined the underwritten corporate business as a National Account Manager before coming to our Government Services business in 2015.

In her time as National Account Manager, s 47F worked with large national corporate clients such as Hays Recruitment, IBM and Centre Group providing strategic program management. She joined the Government Services division as a Return to Work Specialist where she worked onsite with NSW Department of Education's (DOE) injury Management directorate. Her role involved providing strategic support to DOE with the design, implementation and review of their new claims management model.

In her current role as Strategy Manager she is responsible for the design and implementation of initiatives that align to our business strategy and vision. This involves consideration of process improvement and innovative programs that result in improved outcomes for all stakeholders including our clients and workers.

s 47F completed her Masters of Management (Personal Injury) in 2015, specialising in Scheme design, injury and claims management as well as strategic management. With her experience in the corporate sector and her time spent at DOE she has appreciation for the sensitivities public sector employers experience in a personal injury setting. s 47F's unique experience in both senior claims and account management roles enables her to have a holistic, strategic approach to workers compensation programs.

ROLE	NAME	Effort (%FTE)	Contact Details	Location
Strategy Manager, Government Services	s 47F	50%	W: s 47F E: s 47F @allianz.com.au	s 47F

s 47F - **Innovations Manager, Government Services**

- No Security Clearance

s 47F has almost a decade of marketing and communications experience behind her and in the last twelve months capitalised on her creative thinking to transition into innovation. She has worked as an extension of the Allianz Workers Compensation business for the past three years and prior to that held positions with Australia's largest medical indemnity insurer, Avant.

In her previous role as Communications Lead for Workers Compensation, she developed a deep understanding of the Australian workers compensation landscape preparing her for a smooth transition into the business. Her current role as Innovations Manager involves establishing and developing ideas into material opportunities that support strategic business objectives. s 47F is responsible for leading innovation projects and connecting our workers compensation business with global Allianz Group innovation programs.

s 47F has a degree in communication and education and brings a wealth of knowledge and experience in advancing project ideas into tangible outcomes, as well as many years working in complex medico-legal environments.

She adds value to our clients' businesses by offering a different perspective and encouraging her colleagues to think creatively. Equally, she brings experience in the government sector having been previously employed as an educator for the NSW government.

ROLE	NAME	Effort (%FTE)	Contact Details	Location
Innovation Manager	s 47F	50%	W: s 47F M: s 47F E: s 47F @allianz.com.au	s 47F

Comcare Employee Claims Portfolio Personnel

Allianz

Key Personnel	Role	Contact Details
s 47F	Manager, Comcare Operations	W: s 47F M: s 47F E: s 47F @allianz.com.au
s 47F	Comcare Team Leader	W: s 47F E: s 47F @allianz.com.au
s 47F	Senior Case Manager, Level 3	W: s 47F E: s 47F @allianz.com.au
s 47F	Reconsideration Specialist	W: s 47F E: s 47F @allain.com.au
s 47F	Claims Service Officer	W: s 47F E: s 47F @allianz.com.au


Comcare

Key Personnel	Role	Contact Details
TBC	Comcare Claims Manager	TBC
s 47F	Senior Director, Claims Management Group Manager of Comcare claims manager	W: s 47F E: s 47F @comcare.gov.au
s 47F	Chief Operating Officer Senior Contact for claim portfolio	W: s 47F E: s 47F @comcare.gov.au
s 47F	General Manager, Claims Management Senior Contact for claim portfolio	W: s 47F E: s 47F @comcare.gov.au
s 47F	General Manager, Legal Group Reconsideration Senior Contact for portfolio	W: s 47F E: s 47F @comcare.gov.au

Recruitment

We recognise that we are ambassadors for Comcare and our actions should reflect the values of Comcare. We have an intensive selection and interview process to ensure that people assigned to the project are strategic, high performing claims management experts who can quickly learn relevant legislation and guidelines.

Our Resourcing plan illustrated below is utilised by our recruitment team plan to track all applications. The Recruitment process includes the following steps:

 1.VACANCY	 2.SOURCING	 3. INTERVIEW	 4. SELECTION	 5. OFFER	 6. POST OFFER
<ol style="list-style-type: none"> 1. HM to complete a Recruitment Requisition form 2. HM to obtain approval to recruit 3. HM to provide job brief to Recruitment Consultant 	<ol style="list-style-type: none"> 1. Discuss potential sourcing approaches 2. Recruitment will prepare ad 3. Application screening 4. Hiring Manager provided with shortlist 	<ol style="list-style-type: none"> 1. Determine overall interview process (format) 2. Working closely with Recruitment to develop a targeted competency based interview 3. Competency based questions 	<ol style="list-style-type: none"> 1. Psychometric Assessment 2. Second round interview (if required) 3. Reference Checks 4. Conduct BAU police and security checks 	<ol style="list-style-type: none"> 1. HM to provide all necessary paper work to Recruitment 2. Feedback to candidates 3. Final approval to appoint the candidate 4. Arrange letter of offer and other new starter documents 	<ol style="list-style-type: none"> 1. Complete additional security checks to satisfy Comcare's Notified security requirements

The Recruitment team will provide end-to-end recruitment services to attract talent and retain talent for our Comcare team. The structure and services provided include:

- Working closely with Hiring Managers to identify effective methods of attracting talent to Allianz. This includes targeted advertising and sourcing strategies.
- Reviewing and screening of candidate applications.
- Preparing targeted competency based interview guides.
- Providing interview support and guidance.
- Consulting on the use of assessment tools to assist with the selection process (i.e. Psychometric Testing, Ability Testing, Presentations).
- Providing advice around reference checking and support when required.
- Providing advice around offers of employment.
- Facilitating Recruitment and Selection training and accreditation.

Allianz recognises its duty to protect, and not place at unreasonable risk, its employees, customers, and resources. As such, Allianz undertakes a rigorous assessment of the suitability of internal and external candidates prior to offering them appointment to a position. Allianz acknowledges that background checks are not the only means of assessing suitability, however, the results may offer significant and invaluable insight into a candidate's suitability. Allianz commits to treating people with a criminal record fairly and in accordance with anti-discrimination, spent conviction and privacy laws.

All Allianz employees (including part-time, temporary, casual, contractors as well as Agency temporary employees taking up assignments of two weeks or more) are required to undergo a background check prior to being offered employment (verbal and/or written) with Allianz.

All positions advertised by Allianz will require a criminal background check to be completed. Note candidates with criminal records will not be automatically barred from applying (unless there is a particular requirement under law). Successful candidates have all been requested to complete the Security Check through PeopleCheck which is organised by our Human Resource Department. This involves the candidate completing an online consent form and validating their identity using identification such as a drivers licence and passport number. The offer letter confirms employment is contingent on a satisfactory background check which are on hand and tokens will be requested from Comcare in the coming weeks.

We recruit and train employees based on our customer experience principles. Employees are encouraged and empowered to do the right thing. This is supported by transparent and evidenced based claims decision making. We aim to embody the spirit of the legislation by tailoring solutions that balance the needs of the worker, agency and the community.

Allianz recognises the value of supporting, recruiting and developing employees to meet both current and future requirements. The focus here is creating a population of employees that mirror the population in which we operate. We foster a working environment where both people and performance matter; we have a strong commitment to gender equality and diversity; we care for safety and wellbeing and we invest in the talent and abilities of our employees.

At Allianz Australia, Human Resources (HR) provides structure and the ability to meet business needs through managing our most valuable resources - our people. The division aims to create a consistent approach to HR management by providing Allianz Australia with strategic frameworks, principles and tools in areas such as:

- Talent management
- Leadership development
- Recruitment
- Reward and performance
- Employee engagement
- Diversity and wellbeing

Allianz has an agile and mature in-house recruitment and workforce planning function (direct sourcing) that is able to continuously meet customer and client needs through promoting and responding to changes in our operating environment.

The Allianz recruitment team is structurally aligned to Divisions to provide depth of knowledge and experience. The team composition currently consists of a national team of resources including:

- Recruitment Manager (National)
- Recruitment Consultants x3 Sydney
- Recruitment Consultants x 2 Adelaide

To further support the in-house (direct sourcing) model, Allianz has established partnerships with some of Australia's largest and most successful recruitment Agencies.

For more specific / technical roles, a strategic approach to sourcing talent has been adopted with insights and recommendations continually sourced in consultation with business leaders. Allianz Australia also offers an 'employee referral bonus' for successful candidate referrals that are then placed within our business.

With regard to training, development and retention, in 2017, Allianz invested more than \$1.5 million in the development of our employees. This included the delivery of more than 8,436 web based training days and 2,433 instructor led training days.

Allianz invests heavily in helping individuals to achieve their career goals, and improve performance. This is reflected in our engagement levels over several years, and successful business results. A key component of this work is our Talent Programs. Allianz conducts an annual review of performance and potential of employees, known as Career Development Conferences (CDC's). CDC's are conducted at the Functional, Divisional, and Corporate levels. The CDC process includes a review of critical roles and succession planning to minimise people risks, as well as proactive identification of talent to meet business requirements today and in the future. Outputs from the CDC's include the creation of succession plans for critical roles and all senior management roles, individual development plans for leaders and HIPO talent, and nomination lists for accelerated development.

To support the above activities, our agile and mature in-house recruitment and workforce planning function continuously meets customer and client needs through promoting and responding to changes in our operating environment. To this end, our agile and mature in-house recruitment and workforce planning function develops strategies to address current and future workforce capability and resourcing gaps. This will include targeted programs and initiatives to enable Allianz to recruit new employees or develop existing employee skills and capabilities. This is achieved by;

- Recruitment processes which focus on customer service, emotional intelligence and organisational fit (with strong alignment to our shared values)
- Identification of diverse skill sets to meet the needs of workforce demands, including qualifications business, allied health and customer service
- Targeted learning and development programs to complement the recruitment strategy and retain, develop and support our existing people resources

These practices are underpinned by our people attributes as outlined below.



Retention of Key Personnel

Recognising people as our greatest asset, we place significant importance and priority on our recruitment process to select people with the desired attributes for a role. Appropriate appointments ensure that we can provide a high level of customer service and can capably meet the needs and achieve the stated objectives of Comcare and the Agencies.

In addition to a well-established and proven recruitment model, at Allianz, we also place a strong focus on employee engagement and retention, as we believe that together they achieve:

- A stable workforce providing continuity of service for Workers and the Agencies
- Employees who understand our shared objectives can positively contribute to achieving team goals
- A business able to manage change effectively in a positive and supportive work environment

Allianz will minimise turnover by appointing experienced and senior personnel that display all the necessary competencies and also show a desire for stability. We will offer roles aligned with long term career plans and will support people who are seconded. We will monitor and report on turnover to Comcare immediately and then formally via our monthly operational reporting.

Allianz aims to create an inclusive and positive work environment where engaged employees are empowered to create, share and grow their ideas. We create a culture where people and performance matter and we invest in our people so they are equipped with skills to consistently provide high level quality services to our customers and continually improve their own capabilities.

People & Culture

Our culture is a central ingredient in delivering services that genuinely put customers first. Allianz invests in our people to ensure that we are well-equipped to identify, understand and respond to the needs of our customers, Comcare and the Agencies.

Through our significant investment in employee recruitment, development, retention and succession planning we are able to offer strong continuity of personnel. Our high employee retention rates create stability for Agencies, their employees and Allianz, allowing us to focus on delivering a high level of service and outcome. Our focus is on collaboration with our customers and partners to achieve our shared objectives and we demonstrate openness, transparency and integrity in all dealings.

Engagement

Now in its eighth year, the Allianz Engagement Survey (AES) is a global activity that provides a measure of employee engagement, identifying where we are doing well and where we could improve. The survey empowers our people to confidently and anonymously speak up and share how they feel with our business, our leaders and our strategy. Through results sharing and action planning, teams are engaged to understand key issues and seek effective ways of continually improving engagement levels.

Attraction & Retention

We offer extensive employee benefits, including:

- discounts on Allianz products and with other partners
- community benefits including volunteering leave, charity sponsorship
- career development and study assistance
- lifestyle benefits including access to flexible work arrangements and emergency leave and additional leave for return to work parents
- access to support through employee assistance program and managers assistance program

Allianz is committed to the health and wellbeing of our people and we offer training and support via our free EAP service to all staff. We also provide support to managers where required when supporting employees with mental health issues and/or disability.

At Allianz, our culture is underpinned by four People Attributes - Collaborative Leadership, Trust, Customer & Market Excellence and Entrepreneurship. By living these attributes, all employees contribute to our collective Allianz culture where people and performance matter.

In order to retain employees and keep them engaged, we have developed, and continue to refine, the following successful strategies:

STRATEGY	OUTCOME
Employee Care Program	Improves retention and engages employees during their three month probation period.
Annual Allianz Engagement Survey (AES)	Provides all employees with an opportunity to have their say. Results are analysed at an overall, divisional and local level and then communicated to the business by the management team. The next survey will be conducted in September 2020.
Quarterly Reward & Recognition Program	Gives employees the opportunity to nominate peers exhibiting the Allianz Leadership Values.
Performance Reviews & Career Development	Enables team members to actively participate in their career progression and goals. Measurable accountabilities are set annually in February with mid-year performance reviews conducted in July and then final performance assessed by December.
Innov8 Program	Encourages and rewards innovative employee ideas for improving business outcomes.
Case Manager Career Management Program	Enables Case Managers to progress through four levels after completing the required training and exhibiting the competencies required for each level.
Employee Termination & Resignation Review	Identifies trends and informs action plans to address issues.
Internal Communications	Regular company updates on company progress, divisional strategy and performance against the Territory Agreement.

Promoting a Diverse Workforce

A diverse workforce is a strong workforce and it is fundamental to the success of our business. We foster a working environment where both people and performance matter; we have a strong commitment to gender equality and diversity; we care for safety and wellbeing and we invest in the talent and abilities of our employees. We believe that everyone at Allianz should have a sense of belonging regardless of background, beliefs, gender, age or sexual orientation. As a result of our efforts, we have been awarded the 2017 Cross-Cultural Management Award, from Australian Human Resources Institute, and the 2017 Human Rights Business Award from Australian Human Rights Commission.

We continue to employ a number of initiatives to promote diversity in the workplace as we believe diversity is key for:

- **Innovation:** Diversity is a key enabler of new thinking and market leading ideas
- **Talent:** In order to reach our ambition, it is critical that we have access to 100% of the talent pool, whether we are talking about women, working parents, mature workers or recent migrants
- **Business Performance:** There is a wealth of credible research that shows diversity equals business performance
- **Customer Centricity:** To be truly customer centric, we need a diverse workforce that reflects the diversity of the customers and communities we serve. It helps us understand them intellectually and connect with them emotionally.

Training & Development

The Allianz Workers Compensation Division has a dedicated Learning and Development Team to manage the training needs of our teams nationally. This is supported by a Learning Network across Allianz Australia and globally by Allianz. We want our employees to develop and grow so they are equipped to provide the best outcomes to our customers and partners. Our employees are empowered through our established training programs for our Comcare Claims Model. Our induction and business as usual programs, supported by behavioural insights, ensure we deliver quality service to customers while achieving superior results.

All employees also complete our bespoke communication program, Allianz One Service ensuring a consistent approach to customer service. This program was awarded Insurance Learning Program of the Year 2017 by ANZIF. The One Service program includes:

- Communication Essentials
- Effective Communication
- Fostering Relationships
- Influencing Outcomes
- Emotional Intelligence
- Resolving Conflict

Our training program is designed to support, develop and retain our personnel at all levels.

Leaders

We understand our leaders play a critical role in our flexible and agile culture. Our Leadership 2020 program builds management capability to support our four People Attributes; Trust; Entrepreneurship; Collaborative Leadership; and Customer and Market Excellence. This program and the principles of 'Inclusive Meritocracy' are adopted across Allianz globally. This program is built on the principle that strong leadership and agility are key to achieving a diverse, high performing workforce. In addition, we support our leaders by providing a suite of resources and training including Leadership Fundamentals and Leadership Excellence, Harvard Manage Mentor and LinkedIn Learning. This complete develop program imparts both technical and interpersonal skills to our leaders enabling them to support employees through periods of change and fosters agility at a business, team and individual employee level.

Comcare Learning Matrix

Allianz has a leading learning and development capability. This ensures our personnel have effective claims and injury management skills, are technically competent in applying legislation and have effective communication skills. Our approach to learning and development incorporates an intensive induction program designed to provide new staff with the skills to manage claims under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) and to achieve the objectives for the Services.

All employees, no matter the role, undertake our induction program to understand the core elements of customer, injury management and legislative requirements, designed to give everyone a foundation to build a career at Allianz. Our modules on Early Contacts and Recommendations for Liability through to Diaries and Delegations, Reconsiderations and Reactivating Claims build a complete picture of a Comcare claims journey.

The model has been developed to allow for recognition of employees that consistently demonstrate a high level of performance and a commitment to their case management skill development. The targets and competencies required for each level are clear and activities required to achieve each component are transparent. Modules build on the foundation of induction and add skills for technical understanding and greater customer focus and awareness.

To build on these foundation tools we have successfully introduced a Motivational Interviewing program during 2017/2018, an important evidence based engagement strategy to identify and address motivational issues involved in

gaining and maintaining better health and RTW outcomes.

Allianz is committed to meeting Comcare's training standards and have developed specific modules to incorporate these standards and requirements into Allianz's commitment to the development of employees. The training modules developed specifically for Comcare are detailed in the Comcare Learning Matrix below:

	Allianz Comcare Induction	Link to Comcare Standards
INDUCTION	Starting work @ Allianz in Workers Comp (inclusive of Comcare's Scheme Overview eCampus module)	Scheme Overview
	Core Skills in Communication	Ability to engage with and support at risk or challenging customers
	Life Cycle of a Claim	Scheme Overview SRC Act
	File Notes and the CARED Method	
	Early Contacts	Overview of the Delegated Claims Management Arrangements
	Initial Recommendations for Liability	SRC Act
	Communicating Initial Recommendations	Overview of the Delegated Claims Management Arrangements
	Reasonable Treatment & Associated Services	SRC Act
	Incapacity Payments	
	Using Rehabilitation Services	
	Diaries & Delegations	Claims Management System
	Section 57 & IMEs	SRC Act
	Injuries resulting in Death	
	Permanent Impairment & Non-economic Loss	
	Introduction to Reconsiderations	
	Reactivating Claims	
SYSTEMS	Lodging a Claim	Claims Management System
	Processing Invoices	Claims Management System
	Admin Tasks for Section 16	Claims Management System
	Admin Tasks for Section 19	Claims Management System
	TOOCS Coding	TOOCS
CASE MANAGEMENT	Communicating with the RCMs	Overview of the Delegated Claims Management Arrangements
	Interacting with the Employee	Ability to engage with and support at risk or challenging customers
	Strategic Claims Management	
	Job-detached Workers	
	Recoveries	SRC Act
	Cessation of Claims	SRC Act
ALLIANZ ONE SERVICE	Allianz One Service - Allianz Communication Essentials	Ability to engage with and support at risk or challenging customers
	Allianz One Service - Effective Communication	Ability to engage with

		and support at risk or challenging customers
	Allianz One Service - Influencing Outcomes	
	Allianz One Service - Fostering Relationships	
	Allianz One Service - Emotional Intelligence	Ability to engage with and support at risk or challenging customers
	Allianz One Service - Conflict Resolution	Ability to engage with and support at risk or challenging customers
	Buddying & Shadowing	
OTHER	Presentation Skills	
	Coaching Skills	
	Train the Facilitator	

Additionally, Allianz has existing capability in the SRC Act and has ensured all aspects of Comcare's standards are incorporated. Allianz staff who have been trained in 'Train the Facilitator' and have been actively involved in managing claims in accordance with the SRC Act will be used to facilitate new employees. The below demonstrates how Comcare's standards have been mapped into our modules.

SRC Act training standard		Links to AAL Module Title
1	Identify, explain and apply sections of the SRC Act which provide interpretations or definitions	Life Cycle of a Claim
2	Identify, explain and apply sections of the SRC Act relating to Initial Liability determinations on claims	
Explain the compliance and procedural requirements for making a claim for compensation under the SRC Act		Initial Recommendation for Liability
Explain and apply the Injury test and Disease test for new claims under the SRC Act		
Identify the exclusionary provisions under the SRC Act		
Identify and explain the meaning of 'Property Used by an Employee' and how it is applied under the SRC Act		
Identify, explain and apply sections of the SRC Act relating Secondary conditions (Aggravation, recurrence, etc.)		
Identify relevant sections of the SRC Act applicable to investigating, assessing and determining Newly Reported Conditions		Initial Recommendation for Liability
Explain common terms used in relation to Newly Reported Conditions		
Identify tools and processes involved in the investigation and determination of Newly Reported Conditions		
Identify and explain the steps a claims manager should undertake when a Newly Reported Condition has been identified		
Identify, explain and apply sections of the SRC Act relating to Normal Weekly Earnings and Relevant Period		
Identify sections of the SRC Act relevant to the calculation of Normal Weekly Earnings		Incapacity Payments
Explain how Normal Weekly Earnings are calculated		
Determine Normal Weekly Earnings on claims		
Identify, explain and apply sections of the SRC Act relating to Medical Treatment and Travel		
Identify and apply the provisions of the SRC Act pertaining to medical treatment		Reasonable Treatment
Identify and apply the provisions of the SRC Act pertaining to travelling for medical treatment		
Identify, explain and apply sections of the SRC Act relating to Injuries resulting in Death and Funeral expenses		
Identify when Death Benefits are payable in relation to a compensation claim		Life Cycle of a Claim
Identify parties to whom Death Benefits and ongoing payments may be payable		
Identify when funeral benefits are payable		
Determine liability for death and funeral benefits		Injuries resulting in Death
Identify, explain and apply sections of the SRC Act relating to Incapacity entitlements and when incapacity may not be payable		
Identify sections of the SRC Act relating to payment of incapacity entitlements		Incapacity Payments

OALC: MK21/00177	
Explain how incapacity entitlements are calculated under the various sections of the SRC Act	
Calculate incapacity entitlements under the various sections of the SRC Act	
Explain Comcare's separation process for employees who have retired	
Explain the process for obtaining superannuation information for an employee who has retired in line with the SRC Act	
Identify and explain when incapacity entitlements may not be payable under the SRC Act	
Identify, explain and apply sections of the SRC Act relating to Permanent Impairment and Non-Economic Loss including election to action for damages	
Identify sections of the SRC Act relating to Permanent Impairment and Non-Economic Loss	Permanent Impairment & Non-economic Loss
Explain how to determine if the impairment is permanent	Life Cycle of a Claim
Assess the degree of Permanent Impairment suffered by the employee	Permanent Impairment & Non-economic Loss
Identify circumstances where a Permanent Impairment % can be less than the standard minimum of 10%	
Identify and explain when an interim payment can be paid to an employee	
Apply Comcare's HOSC Act notification requirements in line with Comcare's policies	
Identify when interest may be payable on a Permanent Impairment entitlement and how interest is calculated	
Explain how Non Economic Loss payments are calculated	
Determine Permanent Impairment and Non-Economic Loss	
Explain Comcare's <i>Health and Other Services (Compensation) Act 1995</i> (HOSC Act) notification requirements relating to Permanent Impairment and Non-Economic Loss	
Identify, explain and apply sections of the SRC Act relating to Household and Attendant Care Services	
Identify and explain when Household Services may be payable on a compensation claim	Life Cycle of a Claim and Reasonable Treatment & Associated Services
Identify and apply the matters which the legislation outlines Comcare must have regard to when determining liability for Household Services	
Identify and explain when Attendant Care Services may be payable on a compensation claim	
Identify and apply the matters which the legislation outlines Comcare must have regard to when determining liability for Attendant Care Services	
Identify and explain the limitations that the SRC Act places on the entitlement to Household and Attendant Services and when these limitations don't apply.	Reasonable Treatment & Associated Services
Determine liability for Household and Attendant Care Services	Reasonable Treatment & Associated Services
Identify, explain and apply sections of the SRC Act relating to Redemption of incapacity compensation	
Identify and explain when Redemption payments may be payable on compensation claims	Redemption of Compensation
Calculate redemption payments on claims	
Explain when incapacity entitlements may be payable after a redemption payment has been made and how these will be calculated	
Identify, explain and apply sections of the SRC Act relating to Rehabilitation	
Identify the section of the SRC Act which relate to rehabilitation of employees	Using Rehabilitation Services
Explain the processes involved with rehabilitation of employees	
Identify who has delegation in relation to rehabilitation of employees	
Explain the review process which applies if an employee does not agree with a determination made by the rehabilitation authority	
Identify, explain and apply sections of the SRC Act relating to Alterations of home/workplace, modification to vehicles and provision of aids and appliances	
Identify the sections of the SRC Act relating to alterations, modifications and aids and appliances	Life Cycle of a Claim
Identify and apply the matters which the legislation outlines Comcare must have regard to when determining entitlements to alterations, modifications and aids and appliances	Using Rehabilitation Services
Determine liability for alterations, modifications and aids and appliances	
Identify, explain and apply sections of the SRC Act relating to recovery of damages and third party common law	

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OAGC: MR2100177	
Identify section of the SRC Act relating to recovery of damages and third party common law claims	Life Cycle of a Claim
Explain the limitations placed on entitlements under each of these sections	
Identify, explain and apply sections of the SRC Act relating to the collection of information for a claim	
Identify sections of the SRC Act which provide Comcare with the power to collect information from parties to aid in the management of a compensation claim.	Life Cycle of a Claim
Explain how each of these sections can be applied to a compensation claim	
Explain and identify the consequences of non-compliance by the parties involved	
Identify and explain sections of the SRC Act relating to Determinations, reconsiderations of determinations and Administrative Appeals Tribunal (AAT).	
Identify which sections of the Act are considered Determinations and are able to be reviewed under the SRC Act	Introduction to Reconsiderations
Identify and apply the sections of the SRC Act that relate to requesting a review of determinations made by Comcare	
Identify and apply the sections of the SRC Act that relate to requesting a review of reviewable decision made by Comcare	
Identify sections of the SRC Act and Administrative Appeals Tribunal Act 1975 (AAT Act) that relate to requesting review of determinations by the AAT	
Explain Comcare's HOSC Act notification requirements relating to reviewable or AAT decisions which result in a Reimbursement Arrangement	
Apply Comcare's HOSC Act notification requirements in line with Comcare's policies	
Identify and apply scheme guidance relating to the SRC Act	
Identify and explain sections of the SRC Act relating to Comcare's functions and powers	
Identify the sections of the SRC Act which outline Comcare's functions and powers and explain how these apply to claims management	About Comcare eLearning
Identify, explain and apply sections of the SRC Act relating to recovery of overpayments, waivers and write offs	
Identify and apply sections of the SRC Act relating to Comcare's ability to recover amounts due to Comcare and overpayments	Overpayments, Waivers and Write-offs
Identify and apply sections of the SRC Act relating to the writing off of a debt	
Identify and apply sections of the SRC Act relating to the waiving of a debt	
Identify, explain and apply sections of the SRC Act relating to Suspension of benefits and penalties	
Identify and apply the sections of the SRC Act which relate to suspension of an employee's entitlements under the SRC Act	Suspension of Benefits & Penalties
Identify and apply the sections of the SRC Act which relate to applying a refusal to deal to a compensation claim	
Identify, explain and apply sections of the SRC Act relating to interaction with other legislation	
Identify and explain how the following Acts interact with the SRC Act and Comcare's claims management responsibilities - Freedom of Information Act 1982 - Privacy Act 1988 - Archives Act 1983 - Health and Other Services (Compensation) Act 1995 - Work Health and Safety Act 2011 - Disability Discrimination Act 1992	Interaction between the SRC & other key legislation
Identify, explain and apply sections of the SRC Act relating to compensation payable to locally engaged overseas employees	
Identify the sections of the SRC Act relating to compensation payable to locally engaged overseas employees	Locally engaged overseas employees
Explain the inclusions and limitations placed on entitlement to compensation under the SRC Act for locally engaged overseas employees	
Apply these provisions when determining liability for a claim made by a locally engaged overseas employee	

PRACSYS Training

Having been part of the Comcare Pilot, we have a number of employees who completed Comcare's intensive training program and have been involved in the development of Allianz's own PRACSYS manual. This manual has been created over the Pilot period with the input and assistance from both Comcare and DHS.

Our existing team with extensive knowledge in the use of PRACSYS will be responsible for the training of our new team members. The program will be run in Charlestown in our training room where the new team members can log onto PRACSYS while working through the training material. The new team will continue to be supported on-site post the training.

Our Training Program is ready to be rolled out and is waiting on sign off by Comcare. Security Clearances are on hand for new case managers and tokens will be requested from Comcare within the coming weeks. Training will be provided to new case managers once training material has been approved, whilst existing case managers will have individual Comcare competency matrix's signed off and sent to Comcare by the 15th November 2018. .

Additional Systems

Allianz will not be using any additional systems in respect of Claims Management, however, will utilise the following systems during the period of the Contract:

- IBM Lotus Notes
- Microsoft Word
- Microsoft Excel
- Microsoft Powerpoint
- Microsoft Project
- Microsoft Visio
- Adobe Acrobat
- SAS (Statistical Analysis System)
- eCampus (online learning solution for Allianz products, compliance and personal development)
- Avaya phone system

All required employees have access and use these systems already. Therefore, there are no additional training required and no delays in respect of access.



Allianz Australia Insurance Limited

ABN 15 000 122 850

AFSL 2347F



Contract Management Manual

ALLIANZ AUSTRALIA INSURANCE LIMITED

Date: October 2020

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CONTRACT MANAGEMENT MANUAL

Introduction

This document describes the agreement between *Comcare and Allianz Australia Insurance Limited* for the delivery of Claims Management Services and how these will be managed:

The main objectives of this document are to provide:

- a point of reference for the current management and compliance of the services, governance process, Service level measurement, reporting tools and risk assessment
- procedures to identify and rectify failures in the quality of the Services
- an overview of authorisations and escalation processes within the Service Provider and Participating Agencies;
- a 12 month management calendar and timeline with key priorities, milestones, meetings, deliverables and reporting obligations included
- the approach to management of data and records

Document owner: This document is owned by the Service Provider Representative who is responsible for ensuring that it is maintained.

Document review: The Service provider Representative will review this contract management manual (CMM) with key stakeholders on an annual basis to ensure that it continues to reflect the services required and provided. Where changes to services or processes are identified and subsequently approved by Comcare, this document will be amended to ensure its currency.

Document changes: Changes to this CMM are made by the Service Provider Representative and recorded in the contract variation area in section 12. This document should be modified to reflect particular contract arrangements.

Document use: This document does not replace the contract(s). It is the primary reference document in the routine management of goods/services provided by Allianz Australia Insurance limited to Comcare.

Contract Summary

Contract Title	Contract in relation to Claims Management Services
Contract Scope and Coverage	Claims Management Services
Contract Commencement Date	10 th September 2018
Contract End Date	10 th September 2021
Base Contract Term	Three years
Contract Extension Options	Two one year extension options
Total Contract Term	Five years

The following guarantees and other securities apply to this contract:

- Please refer to Schedule 7 of the contract

The following statutory and regulatory requirements are relevant to this contract:

- Refer to Schedule 11 of the contract

All insurances required under the contract are listed below:

Insurance Type	Insurer	Limit of Liability	Expiry Date	Review Date
Professional Indemnity	Marsh	\$40 million	15/06/2021	July 2021
Public and Products Liability	Willis Towers Watson	\$20 million	01/01/2021	February 2021
Worker compensation insurance	icare	N/A	30/06/2021	July 2021
Cyber Risk	Marsh	\$40 million	01/1/2021	February 2021

Table 2: Insurance details

A copy of the certificates of currency of insurances are kept *with the Service provider Representative and will be provided to Comcare in with clause 22.2 of the contract*

Procedures for Performance of Services

To ensure our services are delivered in accordance with the Contract, **s 47F**, our Service Provider Representative, will be supported by **s 47F** Manager Comcare Operations and a coordinated, multi-tiered team as per the approved Key Personnel Plan. **s 47F** will ensure that the business and transition plans are implemented, while service level agreements and requirements deliver against the Scheme objectives.

Services to Comcare

- Allianz will build on the existing relationship with Comcare to further collaborate to provide the Services.
- We will align our goals to the goals of Comcare to ensure that the Objectives are met.
- We will ensure Comcare and Participating Agency satisfaction is the highest priority.

Services to Agencies

- Our approach to providing services to the Agencies will be the same approach that we have taken with SA and our other partners. We will co-design practices and strategies so that we can support Comcare in improving recovery and return to work rates as well as reducing claim costs to assist in strengthening the Scheme's funding position.
- We will appoint an Agency Engagement manager to ensure the Agency has a key point of contact.
- We will deliver Agency reporting on a monthly basis and will meet with the Agency to review performance and collaborate where improvements need to be made

In line with the clause 5.6 (b) Procedure for Performance of Services, below is a list of our detailed procedures which we have attached (appendix 2): These procedures will be reviewed at a minimum on an annual basis, if updates are required they will be updated in line with our document review process outlined further on in the manual.

Compliance procedures
Privacy Policy
Conflict of Interest Policy
Fraud Control Plan
Quality Management Plan
Risk Management Plan
Business Continuity Plan
Data Security and Protection Plan
Allianz Standard for Information Security
Allianz Information Security Directives
Information Classification Policy

Claims Management procedures
Claims Triage Process
Early Contact Guide
Procedure for processing reconsiderations S61
Case conferencing guide
Claim Closures
Customer engagement process
Complaints Handling Process
Segmentation Policy
Claim Handover process
Dirpay/Xpay process
Procedure for processing a recovery of overpayment delegation
Procedure for processing a S57 determination - new claim review
Procedure for processing a S57 determination - ongoing claim review
Procedure for processing a S70 General Power request
Procedure for processing a S71 request
Procedure for processing alterations and modifications under S39
Procedure for processing household assistance or attendant care S29
Procedure for processing medical treatment expenses under S16
Processing Information requests from external parties – s59, FOI and all Information requests
Procedure for implementation of AAT decisions
Procedure for processing Permanent Impairment claim – S24, S27
Principles for SRC delegates
Procedure for new claims S14
Procedure for power to obtain information under S58 - claimant
Procedure for processing a medical certificate and incapacity determination S19
Procedure for processing a medical certificate and incapacity determination S20 and S21
Procedure for processing a No present entitlement delegation Sections 16, 19, 20, 21, 21A
Procedure for invoice management
Procedure for processing an overpayment
Procedure for processing a S57 suspension - AAT assessment
Procedure for management of a death claim

Claims Operations			
Action	Definition	Measure	Report
Claim acknowledgement	N/A	85% of injured employees lodging a claim will receive an acknowledgment within 1 business day and 100% within 2 business days. Timing of the measure starts from the date received.	The results will be recorded using the 'Claim Acknowledgment Date' on the all claims tracker and reported in the monthly performance meeting
Early Management of Claims	Early intervention contact will primarily be via telephone. If the employee is unable to be contacted via telephone, the Allianz case manager will complete the contact via email. The timing of the measure commences from the compliance date.	85% of employees will have early intervention contact by day 5 100% of employees will have early intervention contact by day 7	The result will be recorded using the Early Intervention Date on the all claims tracker and reported in the monthly performance meeting.
Early Intervention Case Conference	85% of high risk or significant claims will have a case conference scheduled by day 7	The early intervention case conference participants will be the Allianz case manager, the DHS rehab case manager and the treating doctor. The Allianz case manager will be responsible for scheduling the case conference. If the treating doctor is unavailable to participate, the case conference will proceed between the Allianz case manager and the DHS RCM, with a list of agreed questions to be provided to the treating doctor. Timing of the measure starts at compliance date.	The result will be recorded using the Case Conference Date on the all claims tracker and reported in the monthly performance meeting. A significant claim is a psych claim, with 3 or more claims, and more than 30 days between the date of injury, and the Comcare received date. If a claim is significant it will be marked as 'Y' in the Significant Claim Flag field.
Initial Determination of Liability	Claims determined with 20/60 days	For injury claims 20 calendar days after the claim is received. For disease claims 60 calendar days after the date the claim is received.	This result will be recorded in the claims tracker and reported in the monthly performance meeting
Treatment Plans	Initial plans will be developed by week 3 and updated within 5 business days of any change in circumstance or at week 5, 10, 20 and biannually at a minimum	Timing of this measure commences from the date of determination. Allianz will provide monthly reporting on the percentage of treatment plans developed by week 3. Completion of subsequent plans developed at weeks 5, 10, 20 or biannually will be incorporated as part of the claims management audit.	The result will be recorded using the Week 3 Treatment Plan on the all claims tracker and reported in the monthly performance reporting.

Experience			
Action	Definition	Measure	Report
Claimant Experience	Claimants are supported through the Claims process and their experience measured and responded to (where required).	Service Provider surveys a sample of Agency Delegates against a set of criteria and provides a report on the survey results to Comcare. Service Provider must achieve a high level of satisfaction from Participating Agencies. The sample size for the survey, the criteria and the definition of high level of satisfaction have been developed by the Service Provider for the Approval of Comcare as part of the Implementation Services.	The survey will take place biannually (every six Months) with results being provided to Comcare in the Performance report and discussed at the operational meeting.
Agency Satisfaction	Agency Delegates are satisfied with the delivery of the Services Comprises assessment of: -The quality of the Services performed -The responsiveness and effectiveness of the Agency Services Customer Contact.	Service Provider surveys a sample of Agency Delegates against a set of criteria and provides a report on the survey results to Comcare. Service Provider must achieve a high level of satisfaction from Participating Agencies. The sample size for the survey, the criteria and the definition of high level of satisfaction have been developed by the Service Provider for the Approval of Comcare as part of the Implementation Services.	The survey will take place biannually with results being provided to Comcare in the Performance report and discussed at the operational meeting.
Ongoing Claim management	Responses to queries and requests for actions by Agency Delegates or Comcare	Responses completed within 24 hours of receipt (or other agreed timeframe). Responses to written correspondence (letters) are actioned within 10 business days from receipt.	Ad hoc feedback and requirement to be discussed at monthly operational meetings.

Compliance and Procedure for Failures

The Service Provider Representative will be responsible for managing and ensuring Allianz's compliance with the Claims Management Instructions, Statement of Work and Agency Work Orders. The Service Provider Representative will work with the nominated Senior Provider representative and Executive to ensure that the Scheme objectives are met.

Responsibility for overseeing Governance and Enterprise Risk lies with the Workers Compensation Manager, Compliance and Business Support.

Governance functions and Enterprise Risk form part of the Overall Quality Management Framework and along with the support of the Workers Compensation Compliance and Risk Team, the Workers Compensation Manager, Compliance and Business Support is responsible for monitoring compliance with contractual and legislative obligations as well as identifying monitoring and managing risks to the delivery of services and achieving objectives.

We already have a firmly established framework and audit plan in place which was developed and implemented for the Comcare Contestability Pilot. The team has experience in conducting audits designed to review key processes and ensure compliance with key requirements of the Contract and Statement of Requirement and identifying risks associated with the delivery of services and achievement of objectives.

An annual audit calendar has been developed upon commencement of claims management services. The calendar will detail all audits to be completed throughout the year along with frequency of review (e.g. monthly, quarterly, biannually or annually). This document is an evolving document and will be updated in line with Comcare and Agency consultation: (Please see appendix 1.)

- Claims management processes and Service Levels
- Data management
- Information Security
- Business Continuity
- Fraud Control

Allianz will work in collaboration with Comcare and Agencies to determine any other audit requirements.

Allianz have developed a comprehensive Contract Performance Report (CPR) providing Comcare with monthly performance reporting against each of the agreed Service Levels. The CPR provides individual SLA performance against the agreed targets identifying SLAs where opportunities to improve outcomes for Comcare and Agencies. (Please see service templates.)

Monthly audits of SLA performance will be conducted by the Workers Compensation Compliance and Risk team as part of our Quality Management Framework. SLA performance will be reported internally as part of the Government Services Performance meeting. The Monthly Performance meeting is conducted for the Government Services leadership team providing a forum for the discussion of the strategic direction for claims management activities at a business and team level.

We already have a firmly established framework and audit plan in place which was developed and implemented for the Comcare Contestability Pilot. The team has experience in conducting audits designed to review key processes and ensure compliance with key requirements of the Contract and Statement of Requirement and identifying risks associated with the delivery of services and achievement of objectives.

A copy of audit findings will be tabled at the February, May, August and November Operational meetings. The Compliance and Risk Team is responsible for tracking that recommendations for improvement are implemented successfully.

When an individual Service Level has been identified as performing below the required standard as part of our QMF, Allianz will implement appropriate remedial activities to identify the root causes of the failure and implement appropriate actions to overcome these. A remediation plan will be provided to Comcare outlining the identified causes and timetable for rectifying any performance issues. Any remediation activities will be included as part of our internal Monthly Performance meeting agenda and Operational meetings with Comcare.

Quality Assurance Framework



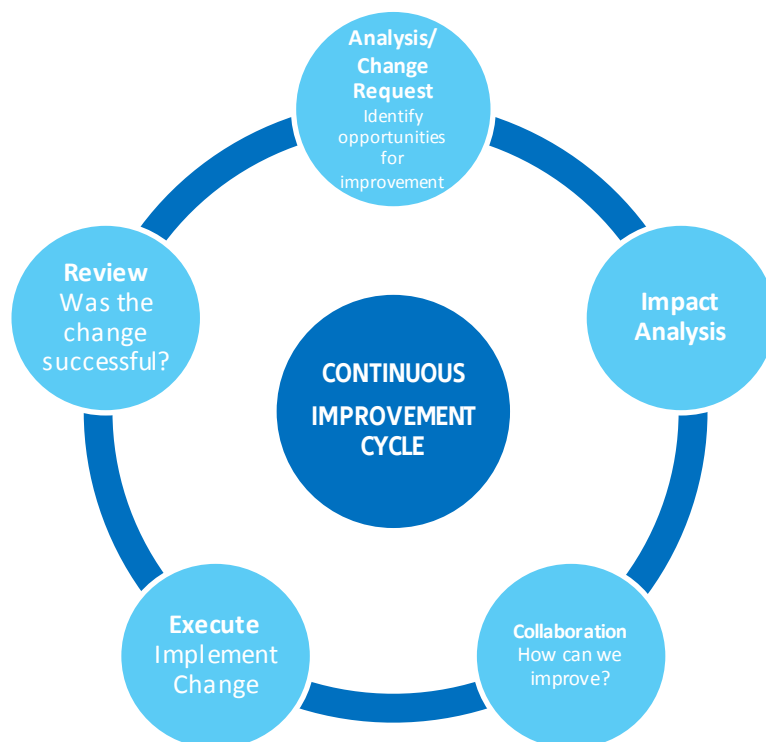
A copy of audit findings will be tabled at the February, May, August and November Operational meetings. The Compliance and Risk Team is responsible for tracking that recommendations for improvement are implemented successfully.

Changes to Service Delivery

Failure or non-compliant activities detailed above will identify changes required to services or methods for delivery of services. Changes to service delivery will be identified through the following channels:

- Claims Management QA process
- Annual reviews of our compliance and claims management policies and procedures
- Agency feedback
- Annual review of the service offering and Agency Service plans
- Legislative reform
- Internal data analysis
- Customer experience Forum
- Past and future experience

Our approach to continuous improvement (change in services) is outlined below:



Allianz continuous improvement principles

OPEX is a disciplined quality management approach used by Allianz for making change happen through process improvement, change management and project management.

OPEX Approach
1. Dual focus. OPEX always focuses on improving efficiency AND effectiveness at the same time.
2. Outside-in approach. Driven by customer needs and stakeholder requirements.
3. Carefully planned progression. Proceeding on the basis of verifiable information as a result of thorough project scoping as in "Ready, Aim, Fire."
4. What it is. Thorough assessment based on facts, data and measurements.
5. Process-based action. This allows for a horizontal flow of activity.

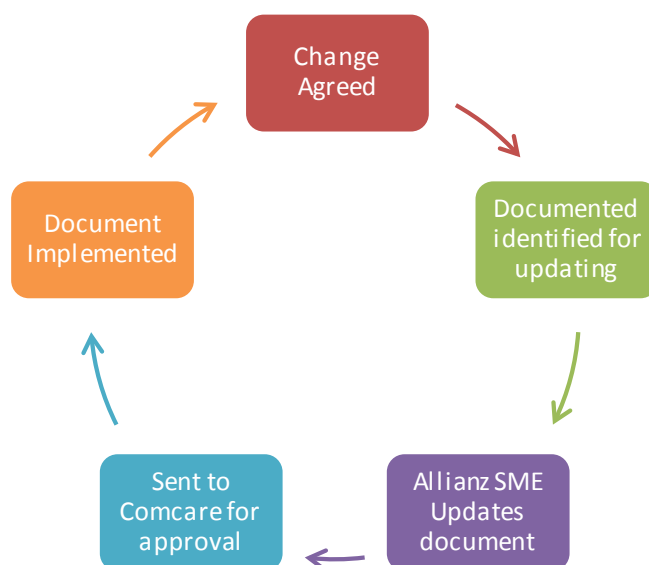
6. Cross-functional solutions. Affecting workflow and operations of stakeholders.
7. Involvement across the board. Stakeholders are engaged in finding solutions.
8. Key focus on meeting quality standards. Awareness that in the end, poor quality costs more in both time and effort.
9. Consistent, structured approach. Clear set of goals, that are transparent to everyone.

We will collaborate with Comcare and the Agency to efficiently resolve all complaints or issues raised by a Participating Agency in respect of the Services. These service issues will be lodged and acknowledged within one business day, with the proposed resolution provided to the Agency for agreement within five business days after being logged, or as otherwise agreed, dependent on the complexity of the issue. We will maintain the record of these issues in the Agency Service issues register, with all open items to be reviewed at the Governance meeting.

To ensure we meet the Service Level Agreements and reporting requirements we have a process where complaints and the outcome are reported. These will be lodged in our Complaints Handling Register (CHR). Monthly reporting will be provided to Comcare and the Agency on the number, nature, timeframe for resolution and outcome of complaints in order to review and implement improvement strategies. The data will be reviewed to identify systemic causes of customer complaints. By identifying the root causes of complaints, we are able to effectively develop remedial actions and implement these.

Polices, plans and procedures that are identified as needing updating due to changes in services by either Comcare, Allianz or Agencies will follow the below process, overseen by the Service Provider Representative and Manager, Comcare Operations and will be completed within a minimum of 2 weeks:

Document review process:



If identified that a variation to the Contract or Work Order are required we would comply with the provisions in clause 33 and 34 of the contract.

Reporting Processes

We already have a firmly established framework and audit plan in place which was developed and implemented for the Comcare Contestability Pilot. The team has experience in conducting audits designed to review key processes and ensure compliance with key requirements of the Contract and Statement of Requirement and identifying risks associated with the delivery of services and achievement of objectives.

A copy of audit findings will be shared in performance, management and Comcare Governance meetings as appropriate. The Compliance and Risk Team is responsible for tracking that recommendations for improvement are implemented successfully.

Allianz will utilise the open claims and average caseload data from the monthly Contract Performance Report to assess the ongoing number of case managers required based on complexity of the portfolio. Our business analytics team will provide monthly position reporting, capturing all claims management staff and their allocated caseload. Additionally, the monthly leave tracker, sourced from HR reporting, will identify future periods of approved leave. Utilising these tools allows Allianz to plan for any variance in the number of claims management staff to ensure appropriate resourcing levels are maintained. Ongoing resource planning will be included as an agenda item at the monthly Government Services Performance meeting.

Any changes to key personnel or approved contractors will be notified to Comcare within five days of the change occurring. Further to this an appropriate handover will take place as stated in clause 10.1c

All staffing changes will be included in the monthly performance report and discussed at the monthly operational meeting.

Roles and Responsibilities

Role	Responsibilities	Name	Title
Service Provider Senior Executive	Authorised representative and key contact for notices under the Contract.	s 47F	General Manager, Government Services
Service Provider Representative	Central point of contact for Comcare in the day to day management of the required services. s 47F is also responsible for management of the contract at a holistic and strategic level ensuring that all deliverables are under the agreement are met	s 47F	Manager, Contracts & Business Performance
Strategic Manager	Account Manager for the program supporting the Agencies	s 47F	Manager, Government relations
Comcare Operations Manager	Operations Manager for the program and will ensure a practiced transition, service continuity and ongoing delivery of required services.	s 47F	Manager, Comcare Operations

Management Calendar

Activity	Description	Stakeholders	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Work Order Management	At contract commencement Work Orders will be signed and returned to Comcare within 10 working days. Key service commitments outlined in the contract will form part of the Annual Service plan and Governance structure.	Contract Manager Service Provider Representative			✓									
Transition Meetings (As required)	Weekly transition meetings between the Allianz Executive Partnership Team and Nominated Comcare representatives will be scheduled to ensure effective onboarding of services to the agency and that agreed activities in the transition plan are delivered on time. The forums will also serve to identify any issues and remediation plans in advance of the Implementation phase.	Transition Manager, Contract Manager, Nominated Allianz Representatives, Nominated Comcare Representatives												
Annual Business Plan	Allianz's Annual Business Plan will be developed with Comcare's Corporate Plan in mind. The plan will outline our key activities and the schedule of meetings that will support the effective governance and operation of the Comcare Contract. We commit to providing Comcare, for their approval, a draft Annual Business Plan by 31 May of each year during the contract period. We will work cooperatively with Comcare throughout the year to ensure continuous improvement and best practice service delivery.	Contract Manager, Allianz Executive Partnership Team, Nominated Comcare Representatives											✓	
Allianz Governance Meeting	The Allianz Executive Partnership team for the Comcare contract will oversee continuous improvement in the delivery of our services to Comcare. The team will meet on a monthly basis to ensure all Deliverables are met and process improvement opportunities are shared with Comcare.	Allianz Executive Partnership Team	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Operational Review Meeting	Monthly Operational Management Meetings to include Allianz Operations Manager, Contract Manager and Comcare nominated representatives to review program performance, key initiatives and business operations as well as conduct a health check on servicing and identify opportunities for continuous improvement with both the agency and across the scheme.	Operations Mgr, Contract Mgr, Comcare Account Manager & Representatives		✓	✓		✓	✓		✓	✓		✓	✓
Senior Representative Meetings	Quarterly Executive Review will be held as part of our Annual Service Plan. Meetings will address the Contract and all Services under the Contract, any disputes or matters escalated to Senior Management and promote discussion on improving the Agency and Scheme experience. A formal agenda will be developed in Collaboration with Comcare as part of the Annual Service Plan.	Allianz General Mgr, Gov Relations Mgr, Operations Mgr, Contract Mgr Nominated Comcare Executives	✓			✓			✓			✓		
Contract Performance Report	The Service Provider must produce a Contract Performance Report for Comcare within five [5] Business Days after the end of each month during the Term. The report must cover all of the Services the Service Provider performs under the Contract.	Contract Manager, Service Provider Representative, Manager Comcare Operations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Agency Performance Report	The Service Provider must deliver an Agency Performance Report within five (5) Business Days after the end of each month during the Work Order Term to each Participating Agency that it provides Agency Services to.	Contract Manager, Service Provider Representative, Manager Comcare Operations, Strategic Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Activity	Description	Stakeholders	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Review and audit of Compliance Plans	The service provider will review annually the following plans: <ul style="list-style-type: none"> - Data Security and Protection & Fraud Control Plans - September - BCP – October - Risk Management Plan - quarterly - Quality Assurance plans - November 	Manager, Compliance and Business Support			✓	✓	✓							
Claims Management System Audit (includes data management)	The service provider will conduct an audit of the claims management system which will include data management. The service provider will utilise the Comcare Claims Management System Audit Tool.	Manager, Compliance and Business Support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Service Level Audit	The service provider will complete monthly audits of agreed Service Levels in line with the monthly performance reports.	Manager, Compliance and Business Support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Annual internal audit	In line with the requirements of the Contract in relation to Claims Management Services, Allianz will conduct an annual internal audit of its systems and processes involved in providing the Services against the standards of performance required under this contract. (timing to be confirmed)	Manager, Compliance and Business Support												
Risk and fraud register	Finding from quarterly review of risk and fraud register - tabled at January, April, July and October meetings	Manager, Compliance and Business Support	✓			✓			✓			✓		
Quality management audits	Findings from quality management audits – tabled at February, May, August and November meetings	Manager, Compliance and Business Support		✓			✓			✓			✓	

Authorisation and Escalation

Escalation process

The purpose of the escalation process is to achieve an overview of:

- the escalation process
- those involved and their tasks
- responsibilities and deadlines.

Log all problems and queries regarding the services provided by Allianz in an issues log. The Manager, Comcare Operations owns the issues log. Issues could come from the Allianz, Comcare or Agencies.

Each issue is logged in the issues log with a responsible party assigned to manage the issue. If issues are not resolved in the required timeframe they are escalated as per the escalation processes outlined below in Service provider escalation process and Agency escalation process.

Issues are escalated based on the priority given to the issue in the issues log and relate to the level of escalation required for the issue as illustrated below:

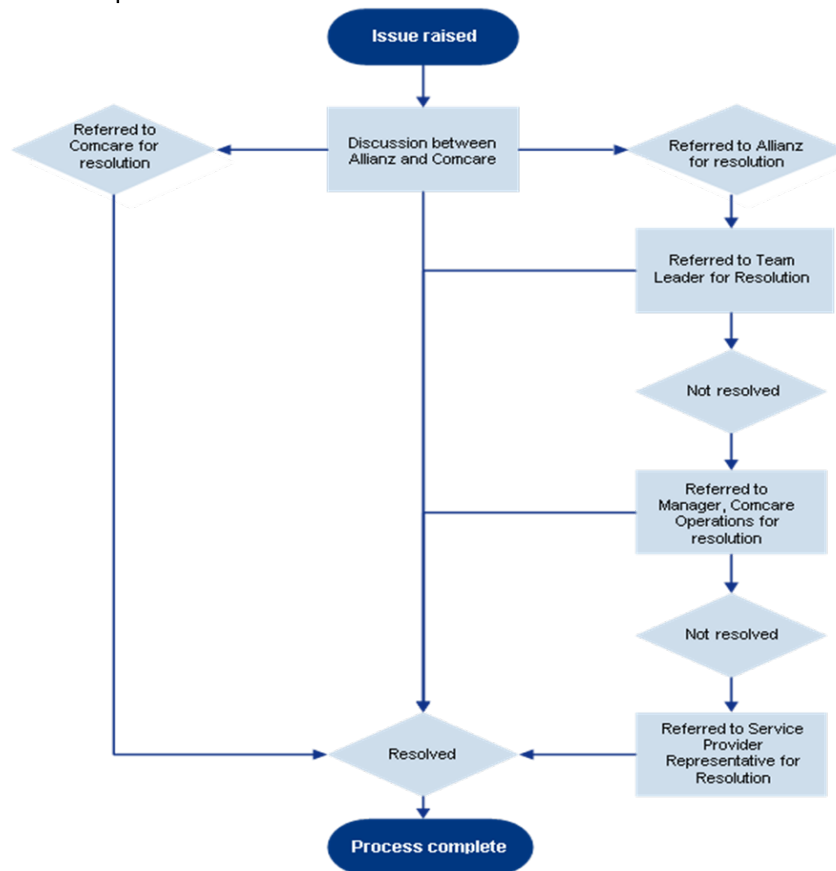


As the issue priority escalates it is escalated to a different management level to resolve. Note: an issue can be immediately classed as 'critical' and raised to the executive meeting if required. Once issues are resolved their resolution is logged in the issues log.

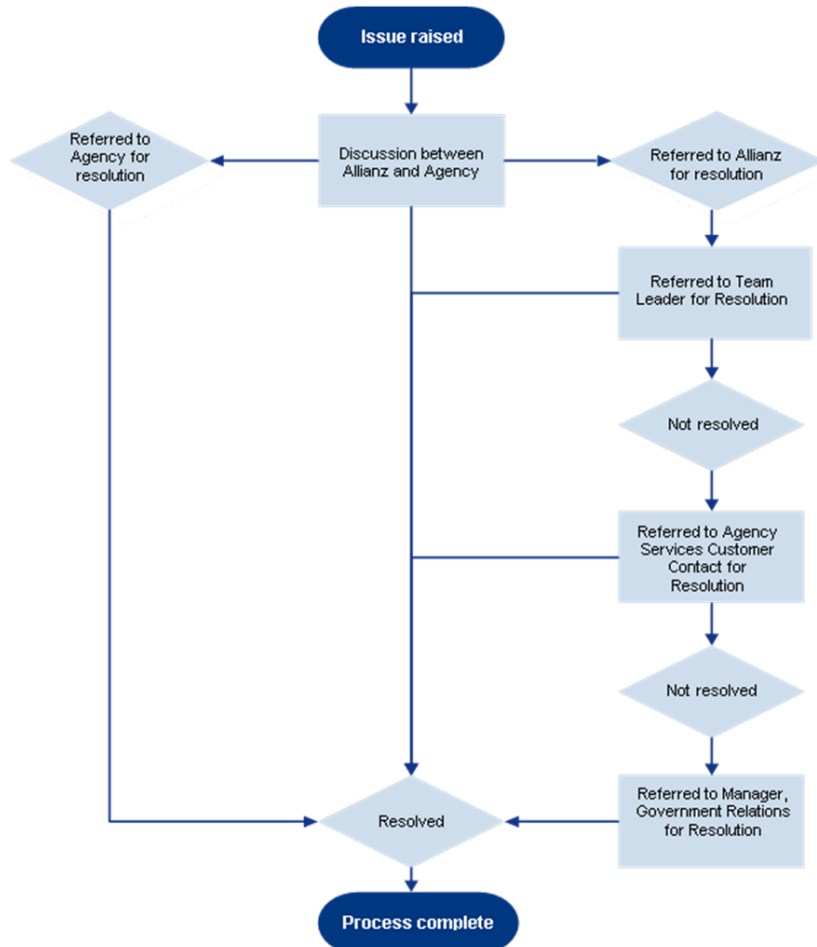
The following defines the escalation process flow:

- If task owners cannot resolve an issue within 5 business days, the issue is escalated to the next level manager. The next level manager then has 5 business days to resolve the matter.
- If the escalated matter is unable to be resolved, the issue is to then be included on the agenda of the monthly operations meeting. The issue is to be set out in the minutes and included in the agenda of the operations meeting.
- If members of the operations meeting cannot resolve an issue after referral, the issue is escalated within 10 business days to the senior representatives meeting. The issue is set out in the minutes and included in the agenda of the senior representatives meeting.
- If members of the operations meeting cannot resolve an issue after referral, the issue is escalated within 10 business days to the senior representatives meeting. The issue is set out in the minutes and included in the agenda of the senior representatives meeting.
- The senior representatives meeting group has final responsibility to resolve any matters escalated that have been escalated.

Service Provider escalation process:



Agency Escalation process:



Management of Data and Records

Allianz is strongly committed to conducting business activities in full compliance, and in accordance with all relevant data privacy & protection laws and regulations. In doing so we strive to safeguard the personal data of individuals, protect the Comcare Scheme and promote confidence in Allianz as a trusted provider claims management and return to work services.

The Data Security and Protection Plan details the processes and controls the Allianz business implement to ensure our process and manage Data with due care, lawfully, fairly and in a transparent manner for its customers.

The Plan will be reviewed annually, in conjunction with policies and processes, for the management of risk, privacy and information security and provided to Comcare for consideration and approval.

The plan covers the following elements:

- Employee responsibilities
- Data Access or collection
- Purpose Limitation
- Data minimisation and accuracy
- Storage limitation
- Transparency and openness
- Disclosure of data outside of Australia
- Security and Confidentiality
- Encryption
- Third Party Providers
- Cyber risks
- Responding to security Incidents
- Reporting data breaches
- Responding to privacy complaints
- Compliance with the plan
- Reporting

Appendix 1: 2021 Comcare Audit Plan

	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021
Monthly	Claims Management System Audit (includes data management)	Claims Management System Audit (includes data management)	Claims Management System Audit (includes data management)	Claims Management System Audit (includes data management)	Claims Management System Audit (includes data management)	Claims Management System Audit (includes data management)
	Service Level Audit	Service Level Audit	Service Level Audit	Service Level Audit	Service Level Audit	Service Level Audit
Quarterly	Finding from quarterly review of risk and fraud register to be tabled	Risk Workshop Findings from quality management audits to be tabled	Information Security Audit (date subject to change) Risk Management Plan Review	Finding from quarterly review of risk and fraud register to be tabled	Risk Workshop Risk Management Plan Review Findings from quality management audits to be tabled	
Bi- Annually						
Annually						

	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021
Monthly	Claims Management System Audit (includes data management)	Claims Management System Audit (includes data management)	Claims Management System Audit (includes data management)	Claims Management System Audit (includes data management)	Claims Management System Audit (includes data management)	Claims Management System Audit (includes data management)
	Service Level Audit	Service Level Audit	Service Level Audit	Service Level Audit	Service Level Audit	Service Level Audit
Quarterly	Finding from quarterly review of risk and fraud register to be tabled	Risk Workshop Findings from quality management audits to be tabled	Risk Management Plan Review	Finding from quarterly review of risk and fraud register to be tabled	Risk Workshop Findings from quality management audits to be tabled	Risk Management Plan Review
Bi- Annually						
Annually			Data Security and Protection Plan Review	BCP (date subject to change)	Quality Assurance Plan Review	
			Fraud Control Plan Review			

Appendix 2: Procedure for Performance of Services (documents)

Compliance procedures
Privacy Policy
Conflict of Interest Policy
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Risk Management Plan
Business Continuity Plan
Data Security and Protection Plan
Allianz Standard for Information Security
Allianz Information Security Directives
Information Classification Policy

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Procedure for processing a medical certificate and incapacity determination S20 and S21
Procedure for processing a No present entitlement delegation Sections 16, 19, 20, 21, 21A
Procedure for invoice management
Procedure for processing an overpayment
Procedure for processing a S57 suspension - AAT assessment
Procedure for management of a death claim



Allianz Australia Insurance Limited

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2 Market Street, Sydney NSW 2000



Fraud Control Plan

ALLIANZ AUSTRALIA INSURANCE LIMITED

Date: October 2020



Australian Government

Comcare



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Fraud Detection and Investigation	5
Fraud Response	6
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Fraud Control Plan

Introduction

Allianz is actively committed to the prevention, detection, investigation and prosecution of fraud. In collaboration with Allianz departments such as the National Investigations Unit, National Compliance and Internal Audit, we have a range of measures in place to educate staff and prevent, detect and report matters of fraud and corruption.

This Plan outlines the policies, processes and strategies we have in place to prevent, detect and respond to fraud and comply with the Commonwealth Fraud Control Framework.

The objectives of the Plan are to protect public resources, including money, information and property and protect the integrity and good reputation of entities and the Commonwealth.

Key Fraud Control Strategies

Fraud control requires the implementation of a number of key strategies which contribute to an effective fraud control framework. These strategies are grouped into the following categories:

1. Fraud Prevention
2. Fraud Detection and Investigation
3. Fraud Response
4. Fraud Reporting

1. Fraud Prevention

Key elements of our fraud prevention strategy include:

- A comprehensive Fraud Control Plan
- Allianz Code of Conduct and Statement of Ethics, which sets out the companies 'Key Requirements' and 'Key Ideals' as well as documenting expectations relating to information protection, privacy, conflict of interest, corruption and bribery and illegal activities. The document is reviewed annually.
- Code of Conduct/Ethics Training as a mandatory requirement for all Allianz employees to successfully complete the suite of training every 3 years.
- Allianz Anti-Fraud Program (including Anti-Fraud Policy and Fraud Awareness, Detection, Investigation, Reporting, Monitoring and Auditing)
- Sound risk management processes
- Tight Information Security Controls to prevent external penetration into IT systems

Fraud Risk Management

The Risk Management process is crucial to successful fraud control.

Through our structured risk management processes, we are able to assess the level and nature of the exposure to

internal and external fraud threats. Fraud risk profiles are established so that controls/resources can be allocated to

mitigate or minimise risks quickly after they have been identified.

Risk assessments are conducted regularly and particularly when there is a substantial change to the structure, functions or activities under the Agreement.

A fraud risk assessment has been conducted as part of the Risk Management Plan. Key fraud risks have been outlined and include allocation of responsibility for implementing strategies to control the risks, mechanisms for monitoring implementation of control strategies and clear timeframes.

Updates on fraud risks and control strategies will be provided as part of the general risk management update at governance meetings outlined in the Statement of Requirement and Contract.

In line with the contract and Statement of Requirements, Allianz has identified the following key fraud risks and proposed how they will be managed:

							Consequence					Treatment or formal acceptance required
#	Risk Name	Risk owner	Existing controls	Control Owners	Control effectiveness	LIKELIHOOD	Customers	Regulators	Allianz Staff	Financial		
External Fraud Risks												
17	External Claims Fraud - The intentional act of an external third party to deceive, through acts, omissions or the making of false statements, orally or in writing	General Manager, Government Services	* AAL Code of Conduct for Business Ethics & Compliance * Declaring & Managing Conflicts of interest procedure * Mandatory compliance training; completion monitored * Employee pre-employment screening * Fraud Management model * Claims investigations * Internal fraud awareness comms.	Allianz Chief Operating and Transformation Officer Allianz General Manager Compliance General Manager, Government Services Manager, Comcare Operations	5 - Very Good	POSSIBLE	VERY LOW	VERY LOW	VERY LOW	LOW	LOW	No. Monitor and update if material changes to existing controls occurs. Review rating during Quarterly risk workshop
18	The intentional act of an external third party to deceive, through acts, omissions or the making of false statements, orally or in writing	General Manager, Government Services	* AAL Code of Conduct for Business Ethics & Compliance * Mandatory compliance training; completion monitored * Fraud Management model * Claims investigations * Internal fraud awareness comms. * Provider panel and SLA's maintained by Comcare	Allianz Chief Operating and Transformation Officer Allianz General Manager Compliance General Manager, Government Services Manager, Comcare Operations	5 - Very Good	POSSIBLE	VERY LOW	VERY LOW	VERY LOW	LOW	LOW	No. Monitor and update if material changes to existing controls occurs. Review rating during Quarterly risk workshop

						Consequence						
#	Risk Name	Risk owner	Existing controls	Control Owners	Control effectiveness	LIKELIHOOD	Customers	Regulators	Allianz Staff	Financial		Treatment or formal acceptance required
Internal Fraud Risks												
19	Internal fraud act of employee	General Manager, Government Services	* AAL Code of Conduct for Business Ethics & Compliance * Declaring & Managing Conflicts of interest procedure * Mandatory compliance training; completion monitored * Employee pre-employment screening * Fraud Management model * Claims investigations * Internal fraud awareness comms. * AAL Fraud Risk Committee	Allianz Chief Operating and Transformation Officer Allianz General Manager Compliance General Manager, Government Services Manager, Comcare Operations	5 - Very Good	RARE	LOW	MEDIUM	LOW	MEDIUM	VERY LOW	No. Monitor and update if material changes to existing controls occurs. Review rating during Quarterly risk workshop
20	Candidate submitting false employment declarations and/or references to secure employment	General Manager, Government Services	* HR recruitment & selection policies and procedures * Employee pre-employment screening "	Manager, Comcare Operations	5 - Very Good	RARE	LOW	MEDIUM	LOW	MEDIUM	VERY LOW	No. Monitor and update if material changes to existing controls occurs. Review rating during Quarterly risk workshop

							Consequence					
#	Risk Name	Risk owner	Existing controls	Control Owners	Control effectiveness	LIKELIHOOD	Customers	Regulators	Allianz Staff	Financial		Treatment or formal acceptance required
21	Allianz employee managing a claim for friend or family member - Conflict of interest	General Manager, Government Services	<ul style="list-style-type: none">* AAL Code of Conduct for Business Ethics & Compliance* AAL Anti Corruption & Anti Fraud Policy* Reporting Fraud, Corruption & Reportable Conduct Allegations Procedure* Declaring & Managing Conflicts of interest procedure* Mandatory compliance training; completion monitored* Employee pre-employment screening* Fraud Management model* Internal fraud awareness comms.* AAL Fraud Risk Committee* System based controls - payments, approvals.	<p>Allianz Chief Operating and Transformation Officer</p> <p>Allianz General Manager Compliance</p> <p>General Manager, Government Services</p> <p>Manager, Comcare Operations</p>	5 - Very Good	UNLIKELY	LOW	LOW	LOW	LOW	LOW	<p>No. Monitor and update if material changes to existing controls occurs.</p> <p>Review rating during Quarterly risk workshop</p>
22	Allianz employees assist third party providers to commit fraud for financial gain	General Manager, Government Services	<ul style="list-style-type: none">* Segregation of duties controls in PRACSYS* Claims investigations* Mandatory compliance training; completion monitored* Employee pre-employment screening* Fraud Management model* Internal fraud awareness comms.* AAL Anti Corruption & Anti Fraud Policy* Reporting Fraud, Corruption & Reportable Conduct Allegations Procedure* AAL Fraud Risk Committee	<p>Allianz Chief Operating and Transformation Officer</p> <p>Allianz General Manager Compliance</p> <p>General Manager, Government Services</p> <p>Manager, Comcare Operations</p>	5 - Very Good	UNLIKELY	VERY LOW	LOW	LOW	LOW	LOW	<p>No. Monitor and update if material changes to existing controls occurs.</p> <p>Review rating during Quarterly risk workshop</p>

Fraud Detection and Investigation

Allianz acknowledges that fraud investigations are undertaken by Comcare in the delegated arrangements. Allianz will adhere to the contractual requirements and any fraud procedures issued by Comcare.

Allianz takes the detection and investigation of suspected and actual fraudulent matters very seriously. Our Personal Injury Investigations Manager holds the appropriate qualifications/training to carry out their duties in relation to fraud. We employ (via the National Investigations Unit) a team of dedicated Data Analytics personnel. This team manages a range of data review functions seeking to identify both internal and external fraud as well as special projects and other data related investigations. The team has access to a wide range of current software and up to date industry training.

This team operates across a multitude of Allianz product lines. This is a strategy that could be used in collaboration with Comcare.

In consultation with Comcare, and if required, Allianz has a sound strategy to investigate fraud matters.

Our internal investigation process for the handling of Fraud and Corruption is documented in a suite of procedures that cover the following key areas:

1. Reporting Fraud and Corruption Allegations
2. Reporting Fraud and Corruption to External Authorities
3. Procedure for Conduct and Disciplinary Action
4. Procedure for the Protection of Whistleblowers
5. Procedure for Fraud and Corruption Investigation

Our investigation processes are also consistent with the Australian Government Investigation Standards (AGIS).

As per 3.7c of the Statement of Requirement, Allianz acknowledges that Comcare is responsible for investigating potential Fraud by Claimants or Third Party Service Providers and will assist Comcare to achieve this by responding to any information requests or provide any other support Comcare may request.

Allianz also acknowledges that the Australian Federal Police has the primary law enforcement responsibility for investigating serious or complex fraud against the Commonwealth.

Quality Assurance checks are also performed by the Compliance and Risk team as part of their audit calendar. These include fraud detection and investigation.

3. Fraud Response

The Allianz Anti-Fraud Program is the cornerstone of our approach to the management of both internal and external fraud. It includes but is not limited to:

- A delineation of responsibilities in regard to fraud detection and action
- Fraud investigation procedures
- Fraud reporting processes
- Taking appropriate action

All staff are required to undertake the Fraud and Investigations Training which is facilitated by the National Investigations Unit. The training is refreshed bi-annually to ensure currency and provided to staff at induction and on a

yearly 'refresher' basis.

The National Investigations Unit also prepare a bi-annual fraud publication known as Fraud Uncovered. The publication is provided in a magazine style hard copy and provided to every employee of Allianz Australia. The document details current fraud trends, successful investigations and aims to promote an ongoing dialogue among staff in relation to fraud and fraud awareness.

In addition to the reporting of external fraud allegations, Allianz also retain a comprehensive documented process for the reporting of internal fraud and corruption, which is supported by a disciplinary policy. Allianz commitment to fraud detection and management begins in the recruitment process. Allianz conduct background checks including a Police Employment Criminal Record Check prior to staff commencing employment within Allianz.

Once employed the Allianz Code of Conduct and related Compliance Declaration is the primary document pertaining to Allianz expectations of staff in relation to ethical conduct. Allianz have in place reporting, action and disciplinary procedures should staff seek to report fraud or to respond to instances of fraud (or suspected fraud) conducted by staff. These functions are undertaken by a fraud committee headed by our Internal Audit and Human Resources Department.

4. Reporting

Allianz will immediately report to Comcare any fraudulent activity that:

1. Relates to, or is connected with the Services;
2. Is committed against Comcare, a Participating Agency of the Commonwealth; or
3. May cause reputational harm to any or all of Comcare, any Participating Agency or Allianz

In line with the Service Levels outlined in the Statement of Requirement, Allianz will report potential fraud against Comcare, to Comcare within one business day of identification.

A fraud register is maintained for all instances of internal fraud reported.

The National Investigations Manager is responsible for recording details of all instances of external fraud in the Allianz Fraud Investigations System.

All documents collected as part of an investigation are retained in line with our Document Retention and Disposal Policies, which ensures that all books and records relating to the Services are retained for a period of seven years after the expiry of the Contract.

Allianz will provide Comcare with any information requested to assist them to meet reporting requirements to the Australian Institute of Criminology (AIC).



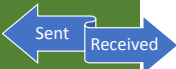








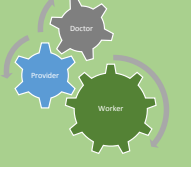




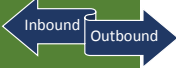

Allianz Australia Insurance Limited

ABN 15 000 122 850

AFSL 2 Market Street,

Sydney NSW 2000

(Allianz) Comcare & Agency - Data Flow Map

Source	Contact Direction	Access	Activity	Digital Touch Point	Security Control	Allianz Access	Back Up
Comcare Claims System			Claims Management System Interfacing	Internet - Web System Access	WEB INFRASTRUCTURE SECURITY • WebProxy policies (Bluecoat) • Virus detection / prevention (Symantec CAS) • Advanced Malware detection/prevention (Fireeye NX) Retention period = N/A	• Manager, Comcare Operations • Team Leaders x 2 • Case Managers x 18 • Claims Service Officers x 2	N/A
Comcare Performance Reporting			Data Management	Email - Web System Access	EMAIL OUTBOUND SENDING • Internal Email Servers (IBM Domino) • Email Security Gateways (Cisco ESA IronPorts) Retention period = Term of contract	• Team Leader - MMC • Messaging Team Admin x3 • Security Ops x3 (ESA Only) • Service Desk (Limited access)	Daily
Comcare Data			Claims Management & Analytical Data	Network Drive	FILE SERVICES (Internal analytics team access) • Uploaded via Secure-File Transfer Protocol (S-FTP) • White listed IP address only Comcare can log on to server • Secure network drive (restricted access) • Internal NAS appliance (Netapp) • NTFS security protected / McAfee antivirus • TSM backup (IBM Tivoli Storage Manager) Retention period = N/A	• Team Leader-Systems Support • Systems Support Team Admin access x11 • Service Desk (Limited access) • Manager - Workers Compensation Analytics • Business Analyst x 3	Daily
Agency			Claims Management	Email - Web System Access	EMAIL SECURITY (No External Web Access) • Internal Email Servers (IBM Domino) • Email Security Gateways (Cisco ESA IronPorts) • Email Archive (Veritas Enterprise Vault) Retention period = Term of contract	• Team Leader - Messaging • Messaging Team Admin x3 • Security Ops x3 (ESA Only) • Service Desk (Limited access)	Daily
Service Provider (Allianz)			Claims Management	Email - Web System Access	EMAIL SECURITY (No External Web Access) • Internal Email Servers (IBM Domino) • Email Security Gateways (Cisco ESA IronPorts) • Email Archive (Veritas Enterprise Vault) Retention period = Term of contract	• Team Leader - Messaging • Messaging Team Admin x3 • Security Ops x3 (ESA Only) • Service Desk (Limited access)	Daily
Service Provider (Allianz)			Claims Management	Network Drive	FILE SERVICES (Internal Corp Users access only access) • Internal NAS appliance (Netapp) • NTFS security protected / McAfee antivirus • TSM backup (IBM Tivoli Storage Manager) Retention period = Term of contract	• Team Leader-Systems Support • Systems Support Team Admin access x11 • Service Desk (Limited access) • Manager, Comcare Operations • Team Leaders x 2 • Case Managers x 18 • Claims Service Officers x 2	Daily
Service Provider (Allianz)			Claims Management	Data Centres	PDC - DXC(Production) and WPH -IBM (DR) Data Centres • Data Centre Authorised Access list • Data Centre Access Approval and Access Review Process • Tier 3/4 Data Centres ISO 27001 accredited Retention period = Term of contract	• Infrastructure and Operations Management and Team Leaders • Infrastructure and Operations Teams x 63	Daily
Worker/Provider/Agency			Phone Generated Notation Management	Internet - Web System Access	WEB INFRASTRUCTURE SECURITY • WebProxy policies (Bluecoat) • Virus detection / prevention (Symantec CAS) • Advanced Malware detection/prevention (Fireeye NX) Retention period = N/A	• Manager, Comcare Operations • Team Leaders x 2 • Case Managers x 18 • Claims Service Officers x 2	N/A



Risk Management Plan

ALLIANZ AUSTRALIA INSURANCE LIMITED

Date: September 2020

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Risk Management Plan

Introduction

The Allianz Risk Management Plan defines our structured approach to risk management activities within the Allianz Comcare Program and defines the relationship between risk functions and other key business activities.

Risk Management as an integral part of good business practices is as much about opportunities as it is about avoiding losses. We operate a centralised, mature Risk Management Framework that provides the necessary mechanisms to identify assess and manage risks. The Framework complies with the most rigorous regulatory requirements.

Our Risk Management strategy is to commit the Allianz Australia Group to the establishment of iterative, defined processes to support continual improvement in addressing risk. The organisation's Risk Appetite approved by the Board, drives the Risk Management Framework, which comprises the people, processes and systems that enable Allianz to manage its Core Risks. This is achieved by risk identification and assessment, ownership of risk classes, risk mitigation and monitoring and reporting.

Risks are managed via the selection of suitable treatments including risk avoidance, implementation of controls and capital retention. The identified treatments are incorporated into a risk strategy, which is used to develop and maintain the necessary activities required for risk exposure or reduction.

Allianz uses a risk control self-assessment system called TICKIT. TICKIT allows for regular monitoring to ensure that control processes designed to mitigate risks are being followed and working effectively. Our National Risk and Compliance Officer carries out the validation of the TICKIT self-assessment for both Risk and Compliance as part of their monitoring activities. This provides the Senior Management with further assurance that key risk controls are operating effectively.

We have experience in conducting the Comcare Claims Management System Audits ourselves, both internally (as part of the Quality Assurance Framework) and on behalf of Comcare to assess the claims management system and identify areas for improvement.

We have developed a suite of audit and reporting tools to assess compliance with the Claims Management System and have a team of competent auditors as defined in the Claims Management System Audit Tool.

Overview of Allianz' Standardised Risk Management Process

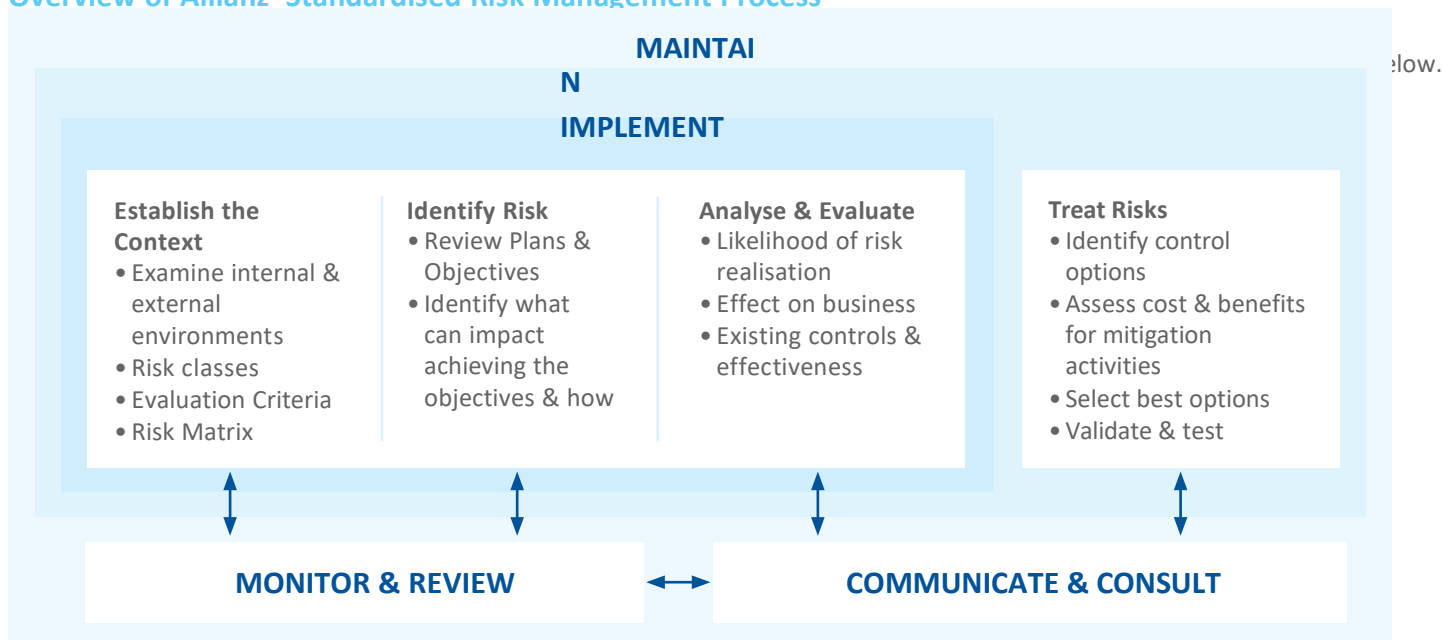


Figure 1. Allianz Comcare Risk Management Process

Allianz Team Risk Management Responsibilities

To support the process, each Allianz Comcare Team member plays an active role in managing risk, as follows:

Chief General Manager, Workers Compensation

- Approves acceptance of residual risks rated as High or Very High, rated above stated target risk level

General Manager, Government Services

- Participates in quarterly risk identification and analysis workshops
- Approves monthly risk reporting and quarterly risk declarations
- Decision making for risk acceptance / exposure
- Approves acceptance of residual risks rated as Medium or High, rated above stated target risk level
- Approves risk mitigation activities requiring significant financial / resource investment

Manager, Contracts and Business Performance

- Participates in quarterly risk identification and analysis workshops
- Monitors contractual compliance and report details of emerging risks to Comcare.
- Advises Manager, Compliance and Risk of newly identified or realised risks
- Reports on key risks to Agency personnel during monthly governance meetings
- Reports on key risks to Comcare personnel during monthly performance meetings
- Monitors, reviews and treats risks as assigned

Manager, Comcare Operations

- Participates in Quarterly risk identification and analysis workshops
- Reviews key risks during fortnightly operational meetings
- Escalates emerging risks to the Manager, Compliance and Risk
- Identifies potential risk response and mitigation actions
- Ensures the Risk Management activities are implemented across areas of responsibility

Comcare Claims Team

- Identification and escalation of risks identified in their day to day roles.

Nominated Risk / Control Owners

- Participate in Quarterly risk identification and analysis workshops as required
- Provide updates on risk management activities to Manager, Compliance and Risk.
- Notify Manager, Compliance and Risk of material changes to risks / treatments selected

Manager, Compliance and Business Support

- Participates in Quarterly risk identification and analysis workshops
- Leads risk management activities, ensuring adequate resources are allocated
- Facilitates risk workshops as required
- Monitors, reviews and treat risks as assigned

Risk and Compliance Specialist

- Coordinates risk assessment activities, including Quarterly risk workshops
- Maintains a Risk Register outlining key risks, owners, controls and risk mitigation actions, timeframes for completion and progress monitoring
- Monthly risk reporting to the Manager, Contracts and Business Engagement
- Annual review of document components of the Risk management framework
- Escalates risks rated outside of target risk levels to ensure appropriate mitigation strategies are developed

PLAN

1. Communication and consultation

Communication and consultation throughout the risk management process is critical to facilitating accurate assessments and effective risk mitigation activities.

Prioritisation of risk management activities requires engagement with relevant stakeholders, to obtain the required inputs from key business functions and ensure risk management guides decision making throughout the organisation. Individual stakeholders are assigned to each risk identified within their areas of responsibility for monitoring and mitigation activities.

2. Scope, Context and Criteria

The Allianz Comcare business operates within the Allianz Government Services operation, providing claims and injury management services to federal, state and territory government personal injury schemes. We will support Comcare in achieving its five strategic priorities and purposes: to drive innovation and better practices to further enhance Scheme outcomes, to be a leading workers compensation insurer, to be an effective national regulator, to deliver excellence in Scheme design and management and to provide efficient and effective operations.

In the capacity of insurer, regulator and scheme manager, Comcare works with Scheme stakeholders to promote and achieve sustainable return to work performance and health outcomes driven by a focus on greater participation and productivity at healthy and safe workplaces that minimise the impact of harm.

Allianz' current strategic initiatives focus on identifying opportunities for growth by leveraging strong performance and solid relationships with customers and key stakeholder groups. In working with Comcare, our three main focus areas for 2019/2020 are maintenance of our superior claims performance across the existing work order, ongoing focus on customer service and making it easy for our customers, and establishing an efficient and supportive claims management platform with Comcare.

Allianz' Risk Management Goals and Objectives are:

- To protect the physical, human and information assets owned and managed by the business.
- To maintain customer confidence in our capabilities to provide efficient services.
- To support innovation and improvements through considering risk in the conceptual stages of projects.
- To enable Senior Management to make risk informed decisions.

Our centralised risk management approach includes an Annual Risk Review for each Agency and subsequent knowledge sharing across other business units. Our proactive approach efficiently identifies and classifies potential risk against evaluation criteria, and determines risk management strategies. Additionally, identified risks and mitigation strategies are shared with Comcare Participating Agencies, providing a broader library of potential risks and controls that can be selected to protect our delivery against Comcare objectives.

Our approach is based on the principles of **ISO 31000:2018 Risk Management – Guidelines** and aims to provide valuable output for key internal and external stakeholder groups of the organisation and Comcare Scheme.

Likelihood of Risk Realisation

The Likelihood Rating Matrix below is used to quantify the likelihood of a risk being realised:

LIKELIHOOD	DESCRIPTORS	
Rare	Probability: From 0 to <10%	Frequency: < once every 10 years
Unlikely	Probability: 10% to 20%	Frequency: Once every 5 to 10 years
Possible	Probability: 20% to 50%	Frequency: Once every 2 to 5 years
Likely	Probability: 50% to <90%	Frequency: Once every 1 to 2 years
Almost Certain	Probability: >90%	Frequency: Almost every year

Table 1 – Likelihood Rating Matrix.

To determine **Risk Consequence**, the identified risk is classified against critical success factors to quantify consequence or impact level (as per the below matrix). Where no potential impact exists, a 'Very Low' rating is assigned.

CONSEQUENCE TYPE				
RATING	Customers	Regulators	Allianz Employees	Financial
Very Low	Low level local or special media awareness (limited web); No important customer/significant number of customers at risk	Minor non-public criticism by regulator or industry body	No impact on trust/motivation of employees	<\$10k
Low	Regional or special media awareness (broader web) impact on minor customer groups; Marginal impact on product quality; Customers become aware of problem, but only small number of existing/new customers at risk	Strong non-public criticism by regulator or industry body	Moderate negative impact on trust/motivation of certain groups of employees	\$10k - \$299k
Medium	Long-term national / short-term international media awareness; Topic-related impact on sensitive customer groups; Some impact on product quality; Risk of significant lapses / loss of targeted new customers, as significant impact on customers	Public criticism by regulator or industry body	Strong topic-related impact on trust/motivation of some sensitive staff	\$300k - \$999k
High	Challenge on AZ brand "Trust"; High short-term national / international media awareness (cover stories); High impact on product quality; Risk of large number of lapses / huge loss of targeted new customers	Low-scale regulatory action	Serious challenge to trust and motivation of majority of mid-management and staff	\$1M - \$2M
Very High	High long-term national / international media awareness (cover stories); Very high impact on product quality; Huge loss of "Trust" in AZ products across all important customer groups; Risk of very large number of lapses / very huge loss of targeted new customers	High-scale regulatory action; Government action	Huge loss in confidence by mid-management and staff	>\$2M

Table 2 – Consequence Rating Matrix

The **Overall Risk Rating** is determined by scoring the likelihood and consequence of the risk, using the matrix below:

RATING	CONSEQUENCE				
	Very Low	Low	Medium	High	Very High
Rare	Very Low	Very Low	Low	Medium	Medium
Unlikely	Very Low	Low	Low	Medium	High
Possible	Very Low	Low	Medium	High	Very High
Likely	Low	Medium	High	High	Very High
Almost Certain	Low	Medium	High	Very High	Very High

Table 3 – Risk Rating Matrix

Acceptable level or risk

To determine the level of required Risk Treatment and support decision making, we assess each risk against the target risk level, defined by Risk Class in the below table:

RISK CLASSES	LEVEL OF RESIDUAL RISK THE BUSINESS IS WILLING TO ACCEPT				
	Very Low	Low	Medium	High	Very High
People & WHS		X			
IT Security		X			
External Fraud		X			
Internal Fraud		X			
Data		X			
Conduct & Reputation		X			
Compliance			X		
Scheme Management			X		
Business Continuity Management			X		
Outsourcing & Facilities Management			X		
Project Management			X		
Strategic			X		

Table 4 – Target Risk Level defined by Risk Class

ASSESS

3. Risk Assessment

When assessing a risk, our team follows a stepped process from risk identification, analysis and evaluation as follows:

Risk Identification

Identifying everything with the potential to prevent the business objectives being achieved is a comprehensive assessment activity, requiring input from a variety of sources including:

- Annual Business Plan
- Key Stakeholder Input
- Inputs from the Quality Management Plan and Internal Compliance Audits
- KPI and Monthly Contract Performance Reporting
- Strategic & Operational Plan
- Business Continuity Plan and Testing Results
- Data Security and Protection Plan, and Information Security Incidents
- Fraud Management Plan and Incident Reporting
- Operational Incidents
- Environmental Scans
- Internal and External Audit Reports

Risk Analysis

This process allows the business to identify risks requiring prioritisation and treatment, through the following activities:

- Combining the consequence and likelihood ratings to determine an overall risk level,
- Identifying existing controls that may lessen the likelihood or consequence of the risk,
- Assessing the overall effectiveness of those controls on the likelihood or consequence.

The following table provides a useful methodology for the assessment of the effectiveness of existing controls:

	1 - Non-existent	2 - Poor	3 - Fair	4 - Good	5 - Very Good
Results of regular control testing	No control testing has been completed	Control testing results > 5 years old	Findings may be material	Findings (if any) not of a material nature	No findings
Results of reviews & audits (last 12 months)	Unsatisfactory	Significant Improvement needed / Unsatisfactory	Improvement needed	Satisfactory	Satisfactory
Number of open audit findings / overdue action items	All material in nature All action items overdue	Multiple & material in nature Multiple action items overdue	Audit findings may be material A few action items overdue	None of a material nature No overdue action items	No audit findings
Operational losses	Recurrent and material	Frequent and material	Some operational losses May be material	No operational losses Immaterial, isolated losses	No operational losses
Risk and /or compliance incidents	Recurrent and material in nature	Frequent and material in nature	Some incidents May be material	No incidents Immaterial, isolated incidents	No incidents
Non-compliant TICKIT responses	Recurrent	Frequent	Some	None or few / isolated	None

Table 5 –Effectiveness of Control Measures

Risk Evaluation

Prioritising risk treatment activities, taking into account:

- Acceptance criteria – treat risks with a rating higher than the target risk level.
- Importance of assets or business objectives threatened – People & WHS are given the highest level of priority in risk treatment activities.
- Contractual, legal and regulatory requirements, business objectives and stakeholder expectations.

On completion of the risk evaluation process, the key risks with an allocated rating, existing controls and owners are identified and summarised in the risk register for communication and consultation with required stakeholders.

Risk Classes

The risks categories with the greatest potential to impact on the organisation meeting its objectives are used to group risks within the risk register:

- People & WHS Risk
- Compliance Risk
- External Fraud Risk
- Internal Fraud Risk
- IT Security Risk
- Data Risk
- Scheme Management Risk
- Business Continuity Management Risk
- Outsourcing & Facilities Management Risk
- Project Management Risk
- Conduct & Reputation Risk
- Strategic Risk

ACT

4. Treat Risks

Once a risk has been evaluated, the Comcare Management Team determines the most suitable risk treatment activities and owners, for consideration by the General Manager, Government Services who retains ultimate authority for risk decision making:

- **Risk reduction** - Reduce the level of the risk through addition, adjustment or removal of controls. Factors considered include cost, time, contractual, regulatory and legal obligations.
- **Risk retention** - Further controls may not be needed if a risk is rated at an acceptable level. Monitoring will occur to ensure the rating does not increase. The General Manager, Government Services may also make a decision to retain a risk at its current level, due to business priorities, financial reasons, benefits gained from activity.
- **Risk avoidance** - If a risk is rated too high to consider other treatment options, the General Manager, Government Services may make a decision to avoid the activity that presents the risk to the business.
- **Risk sharing** - If the Comcare business does not have the resources or experience to address the risks, they may choose to share the risk with Internal or External stakeholder groups – projects, cross divisional initiatives, sponsorship by Agencies or Comcare.

Approval is required to exceed the stated target level of risk and to accept an additional level of residual risk. The assigned authority for control and management (including retention) of residual risk above the stated target is detailed below:

RISK CLASS	AUTHORITY FOR ACCEPTING ABOVE TARGET				
	Very Low	Low	Medium	High	Very High
People & WHS			General Manager	Chief General Manager	Chief General Manager
IT Security			General Manager	Chief General Manager	Chief General Manager
External Fraud			General Manager	Chief General Manager	Chief General Manager
Internal Fraud			General Manager	Chief General Manager	Chief General Manager
Data			General Manager	Chief General Manager	Chief General Manager
Conduct & Reputation			General Manager	Chief General Manager	Chief General Manager
Compliance				Chief General Manager	Chief General Manager
Scheme Management				Chief General Manager	Chief General Manager
Business Continuity				Chief General Manager	Chief General Manager
Outsourcing & Facilities				Chief General Manager	Chief General Manager
Project Management				Chief General Manager	Chief General Manager
Strategic				Chief General Manager	Chief General Manager

Table 6 – Approval for Acceptance of Risk above Target

Recording and Reporting

Formal documentation of all risk activities undertaken must be retained, including information inputs, assumptions, decisions, data sources and outcomes derived. This includes:

- **Risk Register** - An excel spreadsheet is used to capture the information on identified risks and treatment activities,
- **Risk Reporting** - Key risks extracted from the risk register and reports produced on a monthly basis prior to meetings with Agency and Comcare personnel. Senior Management is provided with individual risk reporting for any risks requiring a risk treatment to be identified and/or authorised.

The Risk Management Plan will be updated following any substantial change to the scope of service delivery or business operations and is to be reviewed annually in conjunction with organisational plans and strategies, to ensure risk management is embedded within the organisation's processes:

- Strategic and Operational Planning
- Quality Management Plan
- Business Continuity Plan
- Data Security and Protection Plan
- Fraud Management Plan
- Data Security and Protection Plan
- Annual Business Plan

MAINTAIN

Monitor and Review

Risk and control owners have a requirement to provide timely and relevant information on the progress of risk management activities to the Manager, Compliance and Risk. Any material changes to the status of risks, agreed actions or treatment plans must be escalated immediately to allow consultation with the General Manager and enable amendments to the monthly risk reporting provided to Agency and Comcare personnel.

Formal risk workshops are to be conducted at a minimum each Quarter, to review identified risks and treatment strategies, identify any newly emerging risks and retire any risks there is no chance of being realised.

Summary of Key Risks – Risk Register

In line with the contract and Statement of Requirements, Allianz has identified the key risks and proposed how they will be managed in the attached risk register.



Comcare Risk
Register - September



Allianz Australia Insurance Limited

ABN 15 000 122 850

AFSL 234708

2 Market Street, Sydney NSW 2000



Quality Management Plan

ALLIANZ AUSTRALIA INSURANCE LIMITED

Date: October 2020



Australian Government

Comcare



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Quality Management Plan

Introduction

Our Quality Management System is critical in underpinning our operations. It ensures that our work is consistent, transparent and helps us to identify and apply continuous improvements in a systematic way.

The purpose of this Quality Management Plan is to describe the operation and implementation of systems, programs, practices and measures designed to ensure that Services are performed in accordance with the requirements of the Contract and to improve levels of performance and ensure that service quality is maintained when personnel (particularly Key Personnel and Key Subcontractors) are no longer involved in the provision of services.

The Quality Management System is aligned to the following quality management principles:

- Customer focus
- Leadership
- Engagement of people
- Process approach
- Improvement
- Evidence-based decision making
- Relationship management

Our Quality Management System incorporates the following key attributes:

- Tailored development to align with the strategic objectives of Allianz, Comcare and the Agencies
- Focused on the continuous improvement of services
- Implementation of strategies, policies and procedures in a structured manner to ensure consistency and accountability for employees
- Analysis of results against benchmarks and targets identified in the planning phase
- Post-implementation reviews conducted to measure success of recommendations implemented
- A robust Risk Management Framework



Compliance and Risk Team

Our Compliance and Risk team is responsible for ensuring that we comply with all contractual, legislative and policy requirements. The team assists the business in developing and monitoring internal controls as well as identifying and managing risks.

Our Compliance and Risk team sits independently of our claims operation, in the Shared Services area which reports through to the Chief General Manager – Workers Compensation. They conduct regular audits which form part of the Quality Management Framework, designed to review key processes and with a strong focus on continuous improvement.

The team has experience in conducting the Comcare Claims Management System Audit and we have conducted audits to ensure compliance with the Allianz/DHS Business Partnership Agreement.

We already have in place a suite of audit and reporting tools and a team of competent auditors as defined in the Claims Management System Audit Tool (i.e. objective, impartial and free from responsibility of the activity being audited).

Internal Audit Team

In addition to the Compliance and Risk team, the Allianz Internal Audit team play a key role within the internal control system of Allianz Australia. The team reports to the Chairman of the Board Audit Committee and administratively to the Managing Director. The Internal Audit Team operates an annual audit plan which covers all business units within Allianz Australia.

Audit Calendar

An annual audit calendar will be developed prior to the commencement of the calendar year (or contract start date if this is prior). The calendar will detail all audits to be completed throughout the year along with frequency of review (e.g. monthly, quarterly, biannually or annually). The calendar will cover key aspects of the Services and will include:

- Claims management processes

- Data management
- Information Security
- Business Continuity
- Fraud Control
- Financial Controls

Allianz will work in collaboration with Comcare and Agencies to determine other audit requirements. We will also determine other audit requirements once the Claims Management Model has been approved.

Audits of the Claims Management System will utilise the Comcare Claims Management System Audit Tool.

A copy of audit findings will be shared in performance, management and Comcare Governance meetings as appropriate. The Compliance and Risk Team is responsible for tracking that recommendations for improvement are implemented successfully.

Internal Audit

In line with the requirements of the Contract in relation to Claims Management Services, Allianz will conduct an internal audit of its systems and processes involved in providing the Services against the standards of performance when required.

The outcome of the internal audit will be communicated to Comcare within 20 business days of the request for an audit, identifying any areas where Allianz is not complying with the standards of performance required under the contract and our proposed steps to rectify each of the areas of non-compliance (including timeframes).

A certificate will be provided along with the audit report, signed by the Allianz Senior Executive to provide assurance that the result provided to Comcare presents an accurate report of Allianz's performance under the Contract.

Allianz will work with Comcare to plan the timing of the annual internal audit to ensure appropriate resourcing is available.

Information Security

The Compliance and Risk Team manage the Information Security Management System on behalf of the Government Services operation.

We have extensive experience in this and have successfully achieved and maintained certification in ISO 27001:2013/ Information Technology - Security Techniques - Information Security Management Systems – Requirements, for the Allianz Government Services business, with the Allianz Comcare business included within the audit scope. Our knowledge and experience in this area has been utilised to provide Services under the current Contract.

Some of the Quality Assurance activities that will be undertaken by the Compliance and Risk team during the duration of the Agreement will include:

Change and Innovation

Assessment of scope and technical components of all projects, to identify and address any information security risks to the business and its customers.

Risk assessment of any IT projects with the potential to impact Comcare/Agency information or people, to identify and

address any information security risks to the business and its customers.

Technical IT controls

Annual internal review against technical requirements of the standard, to assess control existence and effective operation.

Review of any relevant independent audits undertaken of relevant IT technical controls to identify any significant findings.

Human resources controls

Internal review and assessment of HR processes to manage information security risks prior to employment, during employment and at termination of employment.

Access control

Application specific, bi-annual review of accesses granted to all Government Services employees.

Physical security

Assessment of physical environment security at relevant sites.

Review of testing results/certificates for fire safety, equipment, other environmental & WHS controls

Policies and documented components of the ISMS

All policies and documented components of the ISMS (including IT and HR) will be reviewed annually to ensure relevance to business and compliance with requirements of standard.

Risk management

Incident assessment and monitoring to identify required remediation and/or improvements to the management system.

Identification, analysis and assessment of risks to the information security of the business and its customers.

Risk Management

Allianz recognises risk management as an integral part of good business practices that is as much about opportunities as it is about avoiding losses. Allianz Australia operates a centralised, mature risk management framework that provides the necessary mechanisms to identify, assess and manage risks.

Allianz's Risk Appetite approved by the Board, drives the Risk Management Framework, which comprises the people, processes and systems that enable Allianz to manage Core Risks. This is achieved by risk identification and assessment, ownership of risk classes, risk mitigation and monitoring and reporting.

Every business unit within Allianz is subject to an annual risk review. Risk and control effectiveness relevant to each business unit is considered for impact on all other business units. In this way we are able to gain a much broader understanding of organisational risks and apply these to our business operations.

Our Risk Management Framework operates as part of our Quality Management System to enable us to identify and manage risks to the successful delivery of the Services.

Governance

Within the Quality Management Framework there is a strong focus on governance to achieve performance and

accountability.

The Allianz Governance Principles are aligned with the Governance Principles recommended by the Australian National Audit Office:

- We are performance oriented
- We are open, transparent and demonstrate integrity
- We collaborate effectively

Our Governance model is centred on the following key areas:

- People and Culture
- Process and Performance
- Training and Development

People and Culture

We invest in our people to create a culture where people and performance matter. Our culture is a central ingredient in delivering services that genuinely put customers first. We invest heavily in employee recruitment, development, retention and succession planning so that we can offer highly skilled teams and continuity of personnel.

Essentially, guaranteeing our staff are well-equipped to identify, understand and respond to the needs of our customers, including Comcare and the Participating Agencies.

Process and Performance

Performance targets are an integral part of promoting accountability throughout all levels of the organisation. We foster a culture of responsibility and we utilise multiple tools to measure performance with a view to continuously improve our people, systems and processes.

Performance reporting is vital for fostering a culture of accountability. Allianz utilises sophisticated reporting to uncover trends and identify performance levers to continuously improve outcomes for our customer and Partners

Our internal reporting framework operates across three levels:

1. Board and Executive
2. Management
3. Operations and Teams

Measures and targets will be aligned with the values and strategic objectives of Comcare and the Agencies. Our robust Quality Management and Risk Management Frameworks ensure that performance issues are identified and actions, timelines and accountabilities are agreed, with implementation monitored and followed up.

Our Compliance and Risk Team has experience in conducting monthly audits, including reviews of DAKPI7 (Claim Determination), DAKPI8 (Reconsiderations), DAKPI9 (Claims Management System), SRC Act and KPIs outlined in the Allianz/DHS Partnership Agreement. As such, we already have established a suite of audit and reporting tools and a team of competent auditors.

In addition, Allianz is subject to Quarterly quality assurance reviews undertaken by Comcare, against the service level requirements of the current contract, which have resulted in no material findings to date.

Training and Development

Allianz has a leading Learning and Development capability. This ensures our personnel have effective claims and injury management skills, are technically competent in applying legislation and have effective communication skills.

Our approach to learning and development incorporates an intensive induction program designed to provide new staff with the skills to manage claims under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) and to achieve the objectives for the Services. Allianz currently has experienced staff managing claims under the SRC Act and this knowledge and experience will be utilised in the training and development of new staff.



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