Allianz

Allianz NSW Workers Compensation Injury Management Program

Injury management philosophy

The Allianz Injury Management Program (IMP) has been developed to ensure our treatment, rehabilitation, retraining, claims management and employment management practices and strategies are aimed at supporting timely, safe, and durable return to work outcomes for workers. Our program is aligned to the requirements of the Workplace Injury Management and Workers Compensation Act (1998) as well as SIRA's guidelines and the Standards of Practice.

The Allianz IMP, aligned closely to behavioural insights techniques, ensures proactive, collaborative and consistent claims and injury management throughout the life of the claim. Behavioural insights draws on research from behavioural economics, psychology and neuroscience, to understand how humans behave and make decisions in everyday life. Traditionally, many policies and programs have been developed with an underpinning in conventional economics, which assumes that people are rational agents always seeking to "self-maximise" in their decisions. By better understanding how people respond to different contexts and incentives, behavioural insights concepts have been used to design and implement better injury management policies and practices.

Our injury management processes and strategies ensure all key stakeholders, in particular, the worker, employer and nominated treating doctor, are made aware of their obligations under the relevant legislation and our Injury Management Program. Employers in particular:

- Are provided with ongoing assistance and resources to promote safe workplace environments in the form of injury prevention and risk reduction services.
- Receive support and guidance in managing a workplace related claim through ongoing communication and consultation.
- Receive claims management and injury management services in line with our Injury Management Program.
- Are required to develop a Return-to-Work Program in line with our Injury Management Program. Allianz assists the employer to achieve this by making available supporting documentation and resources including a summary of our Injury Management Program and SIRA information.
- Work in partnership with Allianz to assist their employees return to work and health.

Specific legislative obligations, expectations and penalties for both the worker and employer, as outlined in the Workplace Injury Management and Workers Compensation Act 1998, are provided by Allianz through documentation and liaison with our Case Managers. Communication of these expectations occurs upon notification of an injury and throughout the life of the claim.

Allianz takes great pride in our worker centric approach and, with the implementation of a biopsychosocial operating model including holistic work practices in 2016/2017 we have seen significant improvement in the frequency and quality of engagement undertaken by our claims staff.

Biological. Psychological. Social.	**Triage** The information we collect allows us to identify and manage the risk factors on a claim and the impact on the claim goal.
Embedding BI principles. Using MI skills. Customer experience	**Customer experience** Embedding a culture that supports delivery of a positive customer experience underpinned by empathy and that empowers workers to their own recovery.
Recovery at work	**Claim goals, engagement and communication** Promoting the health benefits of good work and facilitate positive employer/employee engagement through timely, meaningful conversations with workers, employers and health professionals that address the biopsychosocial aspect of workers recovery.

Stakeholder obligations, rights and responsibilities

The injury management processes and strategies that Allianz operates ensures all key stakeholders, in particular the employer and the worker, are made aware of their obligations under the relevant legislation and our Injury Management Program. The employer and worker obligations are:

The Employer's Obligations:

- Notify the insurer of all work-related injuries within 48 hours.
- Participate in the development of the worker's Injury Management Plan, in collaboration with the worker, claims service provider and treating professionals.
- Comply with the obligations put outlined in the Injury Management Plan.
- Provide suitable work (as far as practicable) when a worker is able to return to work, either on a full-time or part-time basis.
- Provide suitable work that is (as far as reasonably practicable) the same as or equivalent to the work being performed at the time of injury.

The Worker's Obligations:

- Participation and cooperation in the establishment of their Injury Management Plan.
- Compliance with the obligations of the Injury Management Plan.
- Nomination of a treating doctor prepared to participate and comply with the development of the Injury Management Plan.
- Authorisation to provide relevant information to the insurer or employer for the purposes of the Injury Management Plan.
- Cooperate fully with the insurer in respect of the claim and comply with any reasonable request to provide information.
- Making reasonable efforts to return to work with their pre-injury employer as soon as possible.
- Provision of an updated certificate of capacity whilst they are not fit for pre-injury duties and/or whilst treatment continues.
- Where unable to return to pre-injury duties with their employer, suitable work with another employer is sought.
- Provision of a final certificate of capacity certifying fitness to perform pre-injury duties without the requirement of ongoing treatment, to the employer and/or Allianz, once they are fit to do so.

Return to work and rehabilitation practices

Managing employer obligations

Allianz appreciates that a high level of expertise may or may not be held by all employers for the obligations of employers when it comes to Workers Compensation. As such, Allianz endeavours to assist employers to understand this by:

- Providing ongoing assistance and resources to promote safe workplace environments in the form of injury prevention and risk reduction services.
- Providing support and guidance in managing a workplace related claim through ongoing communications and consultation.
- Providing claims management and injury management services in line with the Allianz Injury Management Program.
- Assisting to develop a return-to-work program in line with the Allianz Injury Management Program. This is done by making available supporting documentation and resources including a summary of our Injury Management Program and SIRA information.
- Working in partnership with Allianz to assist their employees return to work and health.

Employer's legislative obligations and expectations as outlined in the Workplace Injury Management and Workers Compensation Act 1998, are provided by Allianz through documentation and liaison with our Case Managers. Communication of these expectations occurs throughout the life of the claim.

Provision of workplace rehabilitation assistance

Referral to a SIRA approved Workplace Rehabilitation Provider is considered when the Case Manager or employer requires additional assistance or guidance in the RTW process, including access to the available SIRA return to work assistance and vocational programs. Referrals can be made as a result of an employer, worker or their nominated treating doctor's request, or at the Case Manager's discretion, to address risk factors, support return to work planning and to facilitate a positive recovery at work.

Allianz indicators for potential referral to a Workplace Rehabilitation Provider are:

- The worker has had a failed attempt at returning to work.
- The worker is unable to return to work, sustain return to work or upgrade their duties without symptom exacerbation.
- There is a risk of injury re-aggravation due to the type of injury sustained and work conducted.
- The employer is unsure or unable to offer suitable duties in line with the certificate of capacity.
- There appears to be barriers at the workplace as identified by the Case Manager.
- The worker has been terminated from employment.
- Specialist advice/action is required which is unavailable from Allianz or the employer.
- Multiple claims.

In our Nominal Insurer business, Allianz works with icare and their panel of rehabilitation providers, operating within the icare panel arrangement, while leveraging our existing capability, relationships, and resources to monitor performance at an Allianz portfolio level. Allianz will work closely with icare for the management of complaints, service issues or gaps in account management to ensure these are resolved efficiently and to the satisfaction of our customers.

As part of our Insurance for NSW business, Allianz has an established Rehabilitation Provider Panel based on experience and performance. The panel providers have agreed to work according to a Service Level Agreement, with specific requirements around aligning service provision with our Injury Management Program and SIRA guidelines and standards. Rehabilitation providers that are not on the icare panel arrangement or Allianz preferred panel are used at the request of the worker or employer, where Allianz monitor their performance and outcomes regardless of their panel status.

Early Intervention and Operating Model

At Allianz, our operating model is built on consistent processes, systems, and touchpoints where we advocate for collaborative partnership in claims management. Recognising the initial weeks of a claim is critical to achieve early and sustainable return to work outcomes, Allianz has a robust early intervention framework that is premised on a holistic claims management philosophy to ensure the right resources, communications and programs are directed to the right claims at the right time, with specialist resources deployed dependent on employer size, claim type and individual claim factors. This, overlaid with innovative programs, highlights our whole of person approach to early intervention to ensure we achieve the best possible outcomes and deliver a consistent experience for workers and employers.

Generalist Claims Table

Day	Action		Who
0	Claim lodged		NA
1	Guidewire aligns to segment Triage review if exception noted	Notification only	Triage Spec
3	HUG call	Program Referral • Living Well • Occupational Rehabilitation	CM / ER / Wkr / NTD
5	Initial Strategy Review		CM / RTW / Tech
7	P/L PIAWE + initial payment		CM / ER / Wkr
	Accept	RE with a weekly RE review	
15	Strategic Review		CM / RTW / Tech
20	IMP		CM / ER / Wkr / NTD
Every 4 weeks	Strategic Review		CM / RTW
12 weeks	Liability		
	RTW + Claims Loop		
26 weeks	Emerging tail Review	IPS referral Rehab new ER	CM / RTW
78 weeks	Work capacity assessment		CM / RTW / Tech

Key / Abbreviations for Generalist Claims Table:

CM: case manager
ER: employer
Wkr: worker
NTD: doctor
RTW: RTW Specialist
Tech: Technical Specialist
RCS: Regional Claims Specialist
PL: Provisional Liability
PIAWE: Pre-injury average weekly earnings
IMP: Injury Management Plan
SME: Small Medium Enterprises
HUG: How are u going
RE: Reasonable excuse

Psychological Injury Claims Table

Day	Action		Who
0	Claim lodged		
1	Guidewire triage to Psych portfolio		
3	HUG call	Program referral: • Living Well • Facilitated discussion • Occupational Rehabilitation • RCS	CM / ER / Wkr / NTD
5	Initial Strategy Review	ER / Med case conference	CM / RTW / Tech NTD / ER / Wkr
7	P/L / PIAWE / weekly payment		CM / ER / Wkr
	Accept	RE with a weekly RE review	
15	Strategic Review		CM / RTW / Tech
20	IMP / NTD Case Conf.		CM / ER / Wkr / NTD
12 weeks	Liability		
	RTW + Claims Loop		
26 weeks	26 week review	Program referral • IPS • Rehab new ER	CM / RTW / Tech
78 weeks	Work capacity assessment		CM / RTW / Tech
	Tail Loop		

Key / Abbreviations for Generalist Claims Table:

CM: case manager
ER: employer
Wkr: worker
NTD: doctor
RTW: RTW Specialist
Tech: Technical Specialist
RCS: Regional Claims Specialist
PL: Provisional Liability
PIAWE: Pre-injury average weekly earnings
IPS: Individual Placement Service
IMP: Injury Management Plan
SME: Small Medium Enterprises
HUG: How are u going
RE: Reasonable excuse

Notification and Triage

The Allianz First Report Team enables employers and workers to notify all workplace incidents in a timely manner, collecting information for entry into Guidewire Claims System. This is consistent with section 44 of the Workplace Injury Management and Workers Compensation Act 1998.

Employers are aligned to a Case Manager. This ensures consistency in the approach which their workers compensation claims are managed. Guidewire Claims System automatically triages the new claim based on injury complexity and return to work capability, as per information collected at claim lodgement. The claims are then categorised as either Guide, Support or Specialised then allocated to the relevant Case Manager, taking into consideration any motivational and psychosocial concerns.

Ongoing Triage

Claims that are categorised as Guide are reviewed by a triage specialist one week following lodgement. This review enables the triage specialist to determine if the claim will have time loss or treatment requirements for more than seven calendar days. If the claim has time loss or treatment requirements beyond seven days, the claim is re-segmented to Support.

Workers Consent

On receipt of a claim being notified, Allianz issues a 'privacy notice and consent form' requesting signed and dated consent from the worker. In accordance with the Health Records and Information Privacy Act 2002 (NSW) and the Privacy and Personal Information Protection Act 1998 (NSW), the form advises that (as an insurer) we collect, store, use, disclose and manage personal information, including sensitive information.

Further to this, on receipt of the certificate of capacity, Allianz will review if the 'injured person's consent' section has been signed and dated by the worker.

In any case where the worker requests that a third-party act on their behalf, Allianz will issue a third-party authority form to be signed by the worker, prior to any discussions around claim information with anyone other than the worker.

HUG Call

Allianz will initiate contact with the worker, the employer and nominated treating doctor within 24 hours of receiving notification of a claim. The preferred method of communication is via telephone, however if unsuccessful by day 3, the Case Manager will make contact via written communication. Incorporating a coordinated multi-domain, collaborative, patient care approach to the HUG call process improves the flow of information, allows timely access to treatment, replaces paperwork, eliminates the duplication of questions, and ensures all parties are on the same page to better support the worker in their time of need and achieve their recovery at work goals in a timely manner.

The HUG call is an opportunity to:

- Establish relationships with all parties.
- Put the worker ahead of the process by understanding their individual needs, identify risks across four domains (personal, workplace, insurance and healthcare) and implement early intervention strategies that address these risks to factor into return-to-work planning and determine correct segmentation and level of support required.
- Set and agree on expectations of recovery time frames.
- Share and collect information to determine liability, return to work and recovery goals, treatment needs and availability of suitable duties.
- Support and guide all parties through the next steps.

During the HUG call, the Case Manager educates the relevant stakeholders on their obligations and workers compensation claim processes, whilst obtaining necessary information to determine liability and progress the claims towards a sustainable recovery at work through proactive claims and injury management. This includes the developing of commitments with the worker reflecting actions and activities that will assist them to maintain their lifestyle, including work.

To ensure consistent delivery and positive customer experiences, our Case Managers are provided with detailed training and education regarding the purpose, process, timeframes, and expectations when contacting key stakeholders as well as a guide to support these expectations. The quality and timeliness of our HUG calls are monitored through regular review and auditing by our team of Return to Work Specialists, which involves call coaching and quality assurance processes. Training needs are identified and implemented, based on the results achieved.

Interpreter Services

Allianz understands that to achieve the best claim management experiences and return to work outcomes for workers, characteristics of an individual need to be considered including language. Allianz engages the services of a qualified NAATI-certified interpreter if the worker:

- Asks for an interpreter.
- Indicates a preference for communicating in their own language.
- Does not appear to understand questions.
- Is not easily able to be understood.

Determine entitlement to benefits

Liability

Having appropriate liability practices in place supports timely communication with workers and employers and early and appropriate access to treatment. This helps to ensure the best chance of an optimal recovery for the worker, whilst supporting our customer centric model. Through the process it is important to collaborate with the employer to ensure an appropriate decision is made and any investigations can be undertaken in a timely manner.

We ensure that timely and appropriate liability decisions are made in accordance with the legislation on all claims with a daily quality assurance review by our specialist staff and a quality assurance of all adverse decisions.

Additional or consequential medical conditions

During the life of the claim, in the instance when there is an additional or consequential medical condition included on the certificate of capacity, the Allianz Case Manager will contact the treating doctor and worker to further explore. The Case Manager will confirm the relationship between the additional or consequential condition to the workplace injury, confirm any reasonably necessary treatment for the condition and make a liability decision within the relevant time frames as outlined in SIRA Standard of Practice 13.

Recurrence or aggravation

When Allianz are notified by the worker that they are experiencing a recurrence of their previous injury, the Case Manager will review the medical information presented in consultation with the Technical and/or Return to Work Specialist and seek any additional information required to determine liability. If there are no concerns with liability being accepted, the Case Manager will determine whether the injury is a recurrence or considered to be a new injury to the previously injured body part. The Case Manager will contact the worker and the employer to advise of the decision and the medical reasoning, as well as the worker's ongoing entitlement.

Weekly Payments – Calculation of PIAWE

Allianz will advise the worker and employer how they intend to calculate the PIAWE and what information they already have / will be requesting. A worker's weekly payments will be calculated based on their 'pre-injury average weekly earnings' which can be calculated in one of the followings ways:

1. 52 weeks of payslips (or the length of your employment if less than 52 weeks), prior to the date of injury which is to be provided by you or your employer.
2. A signed SIRA agreement form. This is an agreed amount that you and your employer have decided upon.
3. An interim calculation based on information available in the instance that we don't have payslips or a signed agreement form.

Work capacity assessment and decision

In line with legislation, guidelines and our internal process, work capacity assessments and decisions will be completed at various times throughout the life of a claim. Assessments will take place at a change in a worker's capacity or employment status (i.e. no capacity to work > capacity for work and capacity, not working > capacity, working) and these assessments will be captured at the relevant review points.

An in-depth assessment will take place when 78 weeks of benefits are paid or payable for a decision to be made on or around 80 weeks of benefits paid or payable, but before 130 weeks. Following a decision being made at or around 80 weeks, an eligibility review will be completed by 123 weeks of benefits paid or payable where workers will be advised if they do/do not meet the criteria for payments beyond 130 weeks. Prior to this a further prompt for review will generate at 108 weeks paid or payable to ensure a decision can be made pursuant to section 37 (if not previously made) and/or prepare for the eligibility review at week 123.

Injury management planning, implementation, and review

The Injury Management Plan (IMP) is a tailored plan aimed at coordinating a sustainable, safe, and timely return to work for workers. Each plan is developed and updated in collaboration with relevant stakeholders (at minimum the worker, the treating doctor, and the employer) and outlines current treatment and rehabilitation, as well as establishing the responsibilities and actions of various stakeholders in facilitating the worker's recovery.

Development of the Initial Injury Management Plan (IMP)

The Case Manager must develop the initial IMP in consultation with all key stakeholders on all significant claims within 20 days of the significant date, unless:

- the worker has returned to their pre-injury duties with a pre-injury duties certificate of capacity received; or
- the injury is no longer impacting on the worker's work duties and a Return to Work Specialist has confirmed that an IMP is not required.

The IMP is a comprehensive reflection of the state and direction of the claim and requires collaboration between relevant parties. As such, the Case Manager is required to contact and consult with the worker, the treating doctor, and the employer to discuss treatment, rehabilitation, return to work goals, and stakeholder responsibilities and actions. Where possible and relevant, other key treatment providers should also be consulted for their contribution. If any party is not contactable, the IMP must still be sent and updated when contact has been made.

The IMP document is created by the Case Manager following and based on consultation with the following information included:

- General claim information.
- The return to work and recovery goal.
- Commitments identified by the worker.
- Details of approved current treatment and rehabilitation.
- Stakeholder actions and obligations including obligations under the Workplace Injury Management and Workers Compensation Act 1998.
- Agreed due dates for stakeholder actions.

Once the IMP is complete, the Case Manager must provide a copy to the Nominated Treating Doctor (NTD), the worker, the employer and any other key stakeholders and request they sign and return the document to confirm their agreement.

Updating and implementing the Injury Management Plan

The IMP is updated throughout the life of the claim at scheduled review points or following a material change in claim status. When the IMP is updated, the Case Manager is to collaborate with all key parties to ensure participation in the planning process and issue the updated plan to them once complete. The IMP is to remain outcome focused and tailored to the individual's needs. The IMP is to contain return to work and recovery goals, as well as information surrounding treatment, medical, rehabilitation, care and support needs, and stakeholder actions and obligations. Regular strategic reviews are a prompt for the Case Manager to review the information on file and contact all stakeholders to establish if the IMP remains current with respect to the expiry date and any material changes.

Material changes include:

- Changes to the return to work goal or obligations, e.g. where there is a change in return to work goal from same employer to new employer; where the worker now has an obligation to job seek.
- Changes in provider or additions of a new provider (this includes NTD, treatment provider, rehabilitation provider or treating specialist).
- Changes in a worker's return to work status or the commencement of a new return to work plan. This does not include changes in work capacity (e.g. increases in hours/duties) consistent with an existing return to work plan, which do not mandate an updated IMP.

If a worker has been identified as a worker with highest needs, an IMP is developed in consultation with all involved stakeholders, ensuring return to work options are explored where appropriate, should the worker choose to do so. The IMP focuses on goals and associated actions that relate to treatment, activities of daily living, return to work and social / community activities, which aim to support the worker in their recovery journey, as well as increase their participation in life at home or in the community.

Given that the IMP serves as a signed contract between all relevant parties, in addition to reviewing and updating the IMP for its currency, the Case Manager should ensure actions and obligations outlined on the IMP are being met by the relevant stakeholders.

Exclusions

An updated IMP is no longer required if it has been determined that the worker's injury no longer impacts on their return to work, or where return to work is no longer a viable goal. As such, updates may no longer be required where:

- The worker returns or has returned to work on pre-injury duties.
- The worker decides to cease involvement in the workers compensation system and provides this advice in writing.
- The claim is denied and all parties have been notified.
- The claim is litigated under common law and the worker demonstrates a lack of commitment to the IMP.
- Commutation terms are agreed between the parties.

At times, there are circumstances where an IMP would ordinarily be required, however alternative precedence processes preclude the need of an IMP being created. For workers who are medically exiting the scheme as per section 59A, the IMP will be replaced by a Goal Plan, which is required to be developed as part of the management of these workers. The Goal Plan is developed in consultation with the worker and their treatment team to ensure this is tailored to their individual needs, supporting their transition off the scheme.

Case Conferencing

Case Conferences bring together the worker, NTD, insurer, employer, workplace rehabilitation provider and treatment providers, to discuss how to achieve the best return to work outcomes for the worker. The Case Conference is scheduled before or after the worker's medical consultation, unless agreed to by the worker and the NTD.

The Case Manager is expected to arrange a Case Conference for any claims with ongoing time loss or where all parties need to come together to discuss any barriers to the worker's recovery and return to work. As per Standard 16, once a Case Conference is arranged, the Case Manager will liaise with the worker to explain the reasons for doing so and develop an agenda to detail the points of discussion. At the conclusion of the Case Conference, the agreed actions will be shared with all participants. Where a workplace rehabilitation provider is engaged, the rehabilitation consultant will often arrange these by inviting all relevant stakeholders and develop and distribute the agenda with those who are attending.

Medical payments

To ensure correct billing practices with stakeholders, all Case Managers are provided with training on the AMA Rates and SIRA Fees Orders and to advise of the importance of approving costs in line with these when providing support for reasonably necessary treatment. The fees orders are uploaded in a centralised place for the business to access and these are updated as changes occur. This is further consolidated and made transparent to service providers by the approval letters used. These contain specific details of the costs payable for each item approved and contain stipulations that Allianz can only approve and pay in line with the relevant gazette and for services that are pre-approved.

Allianz has a dedicated accounts team who work closely with the claims management teams to process all valid invoices within 10 working days of receipt for services that have been pre-approved as per standard 10. Pre-approved services are easily identified within the claims management system, which is updated by the claims management teams at time of approval. When invoices are received, our accounts team and claims management teams work together to ensure service providers are billing in line with legislation, gazetted fees and guidelines, and are providing invoices that contain the relevant information in order to process these. In addition, there are system fixes in place to prevent payments being authorized outside of the gazetted fees, which is updated

annually. These capped rates in the claims management system include a GST uplift, for those items where GST is payable. If additional support is required, Allianz's Technical and Return to Work Specialists are available to assist and provide training to the Case Managers as required.

Timeliness of processing payments is monitored closely by internal reporting, sent to the management team on a regular basis. If there is likely to be a delay in payment of an invoice, the Case Managers are required to contact the provider or individual to advise them of the delay, the reasons for the delay and when payment is expected to be processed.

Wage reimbursements

Allianz will process (either pay or reject) all wage reimbursement schedule within 10 calendar days of being received. Rejection will only occur if wrong amounts are claimed, current ordinary earnings are unable to be confirmed for the purpose of indexation and the employer is notified.

Reduction of payments in compensation

All parties will be notified within the required time frames when there will be a reduction in compensation as a result of:

- **13-week step down –** Worker and employer will be notified by phone and letter when 10 weeks of benefits have been paid advising them of a change in their entitlement after 13 weeks of payments have been received in line with section 37 of the Workers Compensation Act 1987.
- **Section 38 Eligibility Decision (130-week step down) –** Worker and employer will be notified by phone and letter when 117 weeks of benefits have been paid advising them of a change in their entitlement after 130 weeks of payments (if eligible for section 38 payments) have been received in line with section 38 of the Workers Compensation Act 1987.
- **Reduction due to a work capacity decision –** Workers will be advised of a reduction in their payments due to a work capacity decision by way of a section 78 Notice being issued after contact made by phone or 3 unsuccessful attempts via phone. The required notice of 3 months + 7 days postage + 1 day (claims with more than 12 weeks of wages paid) or 7 days postage + 1 day (less than 12 weeks wages paid) will be provided before any reduction occurs.

Dispute resolution

Allianz is committed to the prevention of disputes through maintaining quality communication with key stakeholders and conducting transparent, consultative decision-making. Our Case Managers aim to minimise the development of inappropriate disputes by using soundly based decision-making principles and by clearly communicating the reasons why each decision is made. Potentially unfavourable decisions must be supported by sound reasons, relevant evidence, and legislation.

To minimise disputes, we have a policy of reviewing unfavourable decisions internally prior to communicating the decision to key stakeholders. Peer Reviews are conducted by the Team Manager or Technical Specialist, to ensure decisions are soundly based and legally correct in relation to liability, weekly benefits, and medical expenses.

Before a potentially unfavourable decision is finalised, the Case Manager verbally contacts the worker and explains the nature, implications of and reasons for the decision. These decisions are then communicated fully and clearly in writing. The process for disputing a decision is clearly documented in the written correspondence outlining the decision.

Resources and processes for resolving disputes

Where liability is disputed at the beginning of the claim, a notice will be provided to the worker under section 78 of the Workplace Injury Management and Workers Compensation Act 1998.

When the injured worker or representative requests for an internal review of the liability decision on their claim or wants to dispute the liability on their claim, and they have sent the internal review/dispute to Allianz, Allianz will send the internal review/dispute details to icare's Dispute Resolution Team within 48 hours of receipt. Once the review is finalised, icare's Dispute Resolution Team communicate the findings to the party that requested the review. At completion of the internal review, icare's Dispute Resolution Team provides Allianz with a copy of the review outcome.

Treatment and medical intervention

Determining reasonably necessary treatment

Early treatment approval plays a fundamental role in every recovery and is an especially important time of need for our workers, in supporting them to get back to normal life. At Allianz, we are committed to ensure the approval process is simple and timely for our workers by maintaining transparency throughout the decision-making process and work to make a decision as soon as viable – not when the guidelines tell us we must. This is achieved through EASE - Every Approval Should be Expedited. The principles of EASE are about expediting treatment decisions wherever possible and making it easy for our customers to access their treatment in a timely manner to give them the best opportunity to achieve their recovery goals. In view of our value to be transparent, if a decision is unable to be made following a review of the information available at the time of the request, our Case Management staff commit to contacting the worker within 10 business days to acknowledge the treatment request and walk them through the next steps, keeping them and their treatment team informed along the way.

Staff at Allianz are provided with training and resources to determine the effectiveness of accepted forms of treatment. Our decision regarding treatment is based on the application of reasonably necessary principles, which enables sound decisions in the provision of injury management. The Case Manager will review and consider all relevant information in consultation with the worker and their treatment team for all treatment requests to determine whether the request is in line with the worker's overall workplace rehabilitation and anticipated recovery guidelines. To support the Case Manager in making sound decisions, Allianz's Technical, Return to Work and Mental Health Specialists are available as required. Additionally, Allianz also seeks expertise from external parties, such as Independent Consultants to ensure the worker's treatment is progressing the claim towards a timely return to work and health.

Once the Case Manager has come to a decision following the consideration of all relevant information available and after consulting with the worker and their treatment team, the Case Manager will aim to advise all relevant parties immediately and no later than two working days following the decision. If the treatment or service does not appear to be beneficial to the worker's return to work and recovery, the Case Manager will investigate suitable alternate options and implement these where appropriate. Alternatively, Allianz will communicate with all parties the reasons why the treatment or service is not reasonably necessary as soon as this determination is made.

Independent Opinions

Allianz has preferred providers of medico-legal services, such as Independent Medical Examinations (IME), Injury Management Consultants (IMC) and Independent Consultants (IC) for both physical and psychological injuries. The Case Manager is to make reasonable attempts to contact the treating practitioner / allied health practitioner to discuss any concerns directly, prior to engaging with an approved independent provider. If this is unsuccessful and the concerns are unresolved, an independent opinion is requested in line with Standard 14 of the SIRA Standards of Practice and guidelines. A file review or face to face appointment is scheduled, depending on the individual circumstances at the time of referral.

Allianz understands that referrals to independent providers can be distressing for workers; as such Case Managers have undergone extensive training in our IME, IMC and IC referral process, which ensures that referrals are made effectively and transparently as per SIRA Standard 14.5. Throughout the process outlined below, quality assurance checks are in place, where referrals are peer reviewed by a Technical or Return to Work Specialist and call coaching is utilised to ensure the Case Manager is communicating the reasons for the referral and the role of the assessor clearly and with empathy.

The referral	IME	IMC	IC
When	Where the Case Manager is unable to obtain information about diagnosis, treatment, causation, capacity and prognosis from treatment providers. The Case Manager must demonstrate evidence that attempts have been made to obtain this information to treatment providers prior to a referral being made.	When a worker has been identified at risk of delayed recovery, a specific return to work or injury management issue has been identified and/or when a referral has been requested by the worker (or their representative), employer, nominated treating doctor or other treating practitioner. The Case Manager must demonstrate evidence that attempts have been made to resolve any of the above.	Where it has been identified that treatment is greater or more frequent than usual and/or when the desired outcomes are not being achieved with ongoing treatment. The Case Manager must make reasonable attempts to resolve any concerns with the treating allied health practitioner prior to engaging an approved IC.
How	The Case Manager will contact the worker to explain why the referral is being made, and provide the worker with a choice of three doctors. These doctors are selected based on their proximity to the worker, taking into consideration any travel restrictions as well as ensuring any special requirements of the worker are accommodated.	The Case Manager will contact the worker to discuss the referral, explain the role of the IMC and reasons for the referral. For file reviews, the Case Manager will offer the worker the choice to be contacted by the IMC in the presence of their NTD or treatment provider. Alternatively, if the worker wishes to be more actively involved, a face to face appointment will be offered and the IMC will be selected based on their proximity to the worker, taking into consideration any travel restrictions as well as ensuring any special requirements of the worker are accommodated.	The Case Manager will contact the worker to explain why the referral is being made and the role of the IC, ensuring the referral is made using SIRA's independent referral form. If a face to face appointment is required, the worker must be given at least 10 working days written notice and the IC is selected based on their proximity to the worker, taking into consideration any travel restrictions as well as ensuring any special requirements of the worker are accommodated. A referral is made to an approved independent consultant. The independent consultant's qualifications and expertise should be relevant to the workers injury and situation.
Who	The three options provided must all be Doctors specialising in the worker's area of injury, and must be in current clinical practice. An appointment will be made with the doctor of the worker's choosing, or to the same doctor that has been used previously if applicable.	A referral is made to an IMC Doctor that specialises in the worker's area of injury and who can provide an appointment within a reasonable timeframe. If a previous IMC has been referred, the same Doctor is used.	

Sending the referral	The referral sent to the provider includes; a letter containing claim background and questions that are targeted at clarifying the specific issues on hand as well as background documents that provide an understanding of the worker's claim and condition.	The referral sent to the provider includes; a letter containing a detailed description of the reason for the referral, contact details of the worker, the Treating Doctor and Employer, as well as background documents that provide the IMC with an understanding of the worker's claim and condition. The workers NTD will be notified of the referral, the reasons why the referral has been made and that their time communicating with the IMC will be paid for.	The referral sent to the provider must include adequate and relevant information to support the referral, including a detailed description of the reason for the referral, contact details of key parties, and documents that provide the IC with an understanding of the worker's claim and condition.
After the assessment	A copy of the report will be provided to the Case Manager to support claim decisions and recovery progress. The report is shared with the worker if relied upon to make a decision or if they request a copy. If the report is sensitive in nature, it is released to the NTD to share with their patient at their discretion.	A copy of the report will be provided to all relevant parties, including the worker, unless the release of the report would pose a serious threat to the life or health of the worker or any other person.	A copy of the report will be provided to all relevant parties, where a discussion will take place about the recommendations and action being taken for ongoing treatment.

Where appropriate, Allianz will engage the icare Medical Support Panel (MSP) to leverage specialist medical expertise to improve health outcomes and the experience for workers and employers. By reviewing claim information, the MSP specialists can make timely treatment and medical causation recommendations, assisting Case managers in the comprehensive medical management of a worker's claim. This supports early access to medical interventions and therefore anticipated faster return to work.

Provider Management

Allianz acknowledges that workers can choose their third-party service providers such as nominated treating doctor (NTD), physiotherapist, psychologist, counsellor, chiropractor and medical specialist(s) etc, which is communicated to our customers at the onset of a claim during the HUG call. The Case Managers ensure that workers are aware of SIRA accredited provider requirements to provide services to workers. The Case Managers ensure workers are supported in sourcing a provider within their area and who is qualified to provide services that will support their recovery goals.

If a worker wants to change their NTD they are required to contact the Case Manager to request a 'change of nominated treating doctor's form and provide a reasonable explanation for wanting to change their doctor. The Case Manager will review this request in line with sections 45, 47, 48 and 50 of the Workplace Injury Management and Workers Compensation Act 1998. This process is outlined in the Injury Management Plan.

Management of Preferred Service Providers

At Allianz, we recognise the importance of partnering with providers who deliver the highest quality of service and support for workers and employers and who share our philosophies of customer centricity, a holistic and biopsychosocial approach, the health benefits of good work and evidence-based practice.

Allianz has a robust process of managing the supply and sourcing of preferred service providers, that is overseen by a dedicated relationship manager who ensures a high level of service delivery in line with best practice guidelines. This includes:

- Appropriate procurement of services.
- Clear provider selection criteria.
- Established provider panels.
- Service Level Agreements.
- Clear criteria for referrals.
- Ongoing performance management.
- A robust operating rhythm for managing complaints and service issues.
- Monitoring of cost-effectiveness.

The current Allianz panel of rehabilitation providers in our Insurance for NSW business has been established based on experience and performance. The panel providers have agreed to work according to a Service Level Agreement, with specific requirements around aligning service provision with our Injury Management Program and SIRA guidelines and standards. Allianz monitors performance in relation to cost effectiveness and timely, safe, and sustainable return to work outcomes through monthly reporting requirements and quarterly performance reviews with panel providers to discuss individual performance and provide feedback on improvement opportunities. Allianz also meets with providers on an ad hoc basis to discuss high cost claims or any issues that arise which requires immediate attention and resolution.

Allianz continues to partner with preferred service providers for value-add services such as training and education for front line staff, as well as piloting a number of specialised programs in partnership with icare to ensure we are continuously evolving the service offering to workers and employers.

Finalisation

Section 59A, section 39 and retiring age notification

Allianz appreciates the sensitive nature of claims impacted by exiting medical and weekly payment entitlements. To ensure the process is as smooth as possible and workers receive sufficient support in the lead up, Allianz ensures that there are check points at the 9 month, 6 month, 3 month and 6 week point prior to exiting. In each of these reviews, the Case Managers ensure that they confirm the exit date with the worker and discuss a goal plan to assist them in transitioning out of the workers compensation scheme and connecting them to community services and support as appropriate. In claims that relate to section 39 of the Workers Compensation Act 1987, Allianz ensures the worker is afforded an updated WPI assessment to review if they do meet the requirements of section 39 of the Workers Compensation Act 1987. Case Managers consult with the workers treating practitioners that these review points to ensure the goal plan is reflective of their current status. Community support services are offered to any worker deemed as high risk or as deemed appropriate.

Closing a claim

Before closing a claim, Allianz will contact the worker, the employer, the nominated treating doctor and any relevant service providers to advise of the intention to close the claim, including the reasons for doing so, and provide an opportunity for any outstanding invoices or reimbursements to be paid.

Allianz is required to confirm in writing the closure of a claim to the worker and the employer, including:

- The date the claim was closed;
- The date on which medical benefits will cease (not applicable to exempt workers); and
- What to do if the worker or employer believes the claim needs to be re-opened.

Other

Claim handover

An internal transfer of a claim file can occur:

- Within claims teams (between Case Managers)
- Between claims teams

Reasons for a change in Case Manager:

- Claim segmentation transfers (to a specialised Case Manager)
- Promotion
- Business requirements (e.g. caseload balance, change in team structure etc)
- Resignation
- Agency requirements

When a claim transfer is required, the Allianz internal change of Case Manager Process is followed, to ensure a seamless transition and minimum disruption to the worker's claims experience.

Information and records management

Allianz advises customers on how to access their personal and health information at the onset of their claim. This is stipulated in letters issued to the worker at this time. When a worker requests personal and health information, the Allianz internal Access Requests – NSW Workers Compensation claim records procedure is followed to ensure timely access is provided. Where is it believed that the release of the information directly to the worker would pose a serious threat to the life or health of a worker or other person, the information should be released to a medical practitioner or legal representative of the worker.

Allianz is committed to protecting the privacy of our customers, employees and members of the public. Allianz will not disclose personal or health information unless this is permitted by legislation. Workers who wish to seek access or make amendments to their own personal or health information held by Allianz, should be aware of the information protection principles and the health privacy principles that must be applied when dealing with personal or health information. For more information on how to contact Allianz to gain access to information, customers can access the Allianz internet page under https://www.allianz.com.au/about-us/privacy

Permanent impairment

IME report is received from the worker or worker's solicitor requesting lump sum compensation.

Is this part of an Optional Review request?

YES

Refer the workflow to Internal Review Specialist.

Technical Specialist – WPI to determine whether an IME needs to be booked.

NO

IME report is reviewed

Do we agree with the assessment? Is the WPI consistent with information on file?

YES

Make an offer of section 66 based on the report. (Technical Specialist – WPI to advise Case Manager who will liaise with Employer to advise of S66 claim)

NO

Within 2 business days we must book an IME appointment.
Please ensure that either 3 options are provided, or the worker is returned to the previous IME doctor. Ensure the doctor is WPI accredited.

On receipt of our IME report consult with the Employer within 48 hours and, you should determine the claim within 10 business days.

Issue a decline
Serve the Section 78 notice and our IME report on the applicant solicitor. Create an activity to monitor for an ARD.

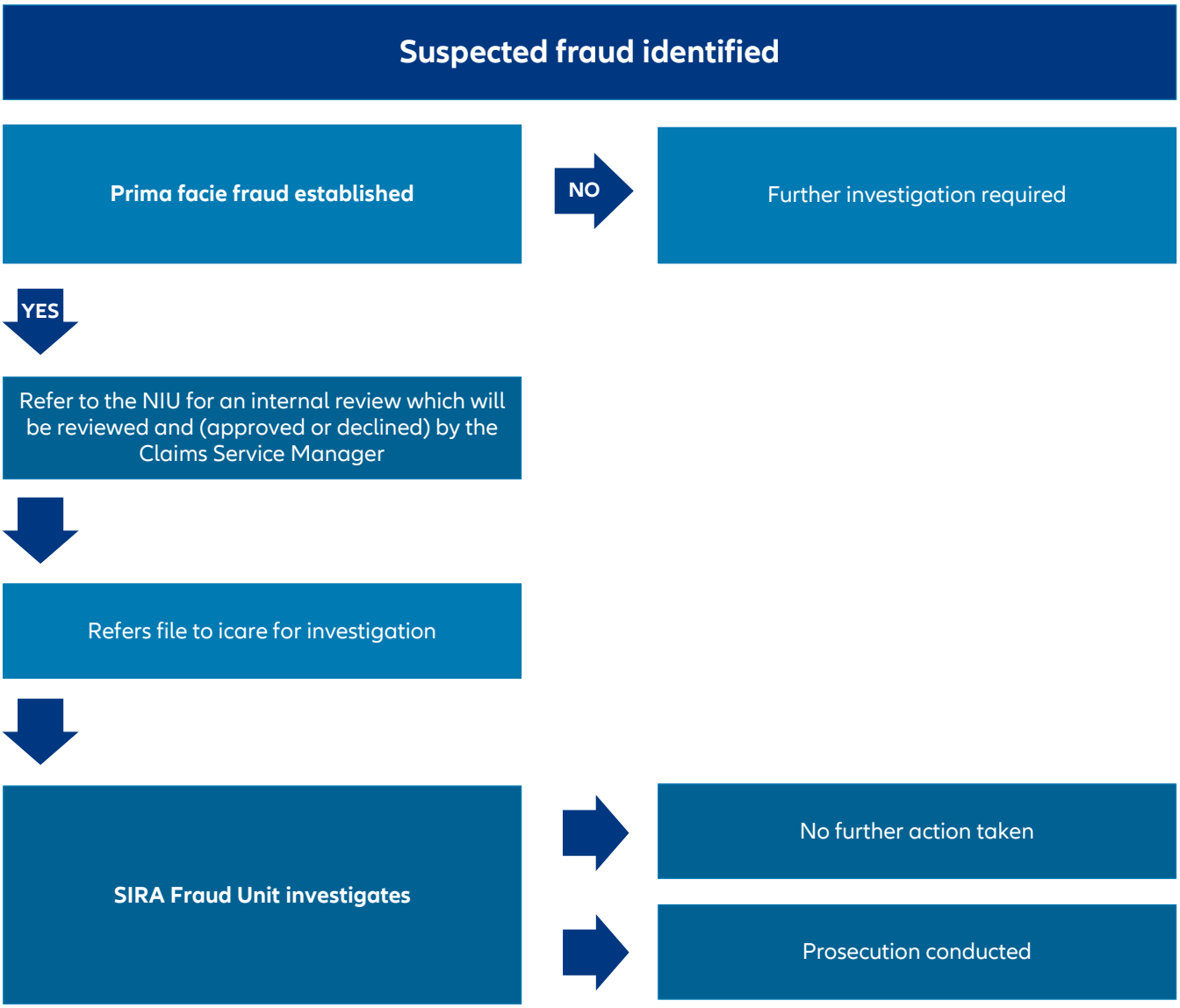
Make an offer
If represented, ask panel solicitors to send Notice of Settlement and Complying Agreement, or send the applicant solicitor an offer letter, a completed complying agreement, and attach a blank Medicare Notice of Settlement.

Work injury damages / Commutation

To ensure the appropriate management of these complex claims, Allianz ensures that we have a dedicated Technical Specialist who oversees potential commutation or work injury damages. The Technical Specialist will liaise with the relevant Case Manager in relation to injury management activity, while managing the end-to-end legal process.

Fraud

As per our Fraud Policy and Management guidelines, Allianz will investigate all reports of suspected fraud and if further action / investigation is required, this will be escalated to the nominal insurer / SIRA with all evidence.



Factual and surveillance investigations

The Factual Investigation process can be, at times, an intrusive and difficult one for a worker when required to determine liability. Allianz ensures that a factual investigation is only obtained when there is no other means to obtain the information and the worker is made aware of the purpose of the investigation. In line with the standards of practice, Allianz ensures that if a worker wishes to participate, they are offered a support person and choose the location and that their statement is provided to them for review within 10 days.

Conducting surveillance (desktop or physical) may be appropriate in certain circumstances to gather information that is relevant to the claim. Prior to undertaking any surveillance, Allianz ensures that we have attempted to seek the information required with less intrusive methods such as discussing with the nominated treating doctor or obtaining independent medical information. All physical surveillance requests are reviewed internally with our specialist roles or team managers. If a referral is deemed appropriate, then the referral along with supportive documents is sent to icare for review and approval.

If desktop surveillance is deemed appropriate, these referrals are reviewed by specialist staff and then approved by the Claims Operations Manager prior to any searches commencing.

Recoveries

In order to ensure that recoveries are investigated on all potential claims Allianz ensures that appropriate steps are taken during the early contact of a claim to ensure we have all the relevant information from the start of the claim. Case Managers have been provided with guidance in our early contact guide on types of claims in which there may be a potential recovery and questions to ask of the worker when reviewing the file. Should the Case Manager identify a claim that has a possible recovery, it is escalated to the Senior Technical Specialist for review.

The Senior Technical Specialist will also review all new claims within 21 days of receipt. Claims considered to have a possible recovery are monitored to determine if pursuing the recovery is viable. Should any further information on the claim be required, the claims team will be asked to request the information from the worker and/or employer. If recovery is to be pursued, the Senior Technical Specialist will commence the recovery process directly with the third party, or via our panel solicitors.

Medicare and Centrelink clearance

Allianz will, where appropriate, request a notice of part benefits from Medicare and provide any information to Centrelink within five working days of a relevant event.

Complaints management

A complaint is an expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required.

This is a common definition used by:

- General insurance Code of Practice
- Life Code of Practice
- ASIC RG 165 Licensing: Internal and external dispute resolution
- AUS/NZ Standard 'Guideline for Complaints Management in Organizations AS/NZS 10002-2014, AS/NZS 10002:2022
- Allianz Australia Complaints Policy
- Icare NSW 'Handling Customer Complaints'.

We will ensure all adverse decisions or complaint outcomes are communicated to the customer with empathy and with an approach which respects differences in cultural, socio-economic, and religious backgrounds. We endeavour to capture information through our Complaints Database, direct feedback, or customer surveys.

An important part of customer care is responding to and resolving customer complaints quickly and effectively. Where possible, complaints will be managed and resolved at the first point of contact, and they will be prioritised in accordance with the urgency of the customer's needs.

When working with you to resolve your complaint, we will uphold the values of diversity and inclusion, equal employment opportunity, ethical practice, customer service and workplace health and safety. Complaints are managed in line with the icare NSW (Insurance & Care) Customer Complaint commitment to seek to achieve the following:

- Resolving your issue.
- Respecting you and making sure you are understood.
- Guiding you with a plan.
- Always doing what we say we will.
- Identifying continuous improvement opportunities through data insights.

Allianz Nominal Insurer NSW Workers Compensation Handling Process

STEP 1 Frontline complaints handline	**Complaints made to Allianz** – enquiries or complaints that do not involve complex investigation – examples include non-payment of weekly benefits, non-payment of vocational/return to work programs, dissatisfaction with service delivery.	**Responsibility** Case Manager	**Acknowledged** 1 business day **Resolved** 1 business day
STEP 2 Internal complaints resolution	**Complaints escalated to Team Manager** – complaints that are unable to be resolved at Step 1 or requires complex investigation and intervention from management.	**Responsibility** Team Manager	**Acknowledged** 1 business day **Resolved** 2 business day
STEP 3 External complaints resolution (icare NSW)	**Escalated complaints that are unable to be resolved by Allianz** or there is a concern with the Allianz service delivery or process, can be directed to Insurance & Care NSW (icare) on 13 99 22 or email wiclaimsenquiries@icare.nsw.gov.au or visit the website at icare.nsw.gov.au/contact-us/complaints/	**Responsibility** icare NSW	**Acknowledged** 1 business day **Resolved** 5 business day
STEP 4 External complaints resolution (IRO)	**All enquiries and complaints from workers, if not resolved** can be directed to the Independent Review Office (IRO) on 13 94 76 or visit their website at www.iro.gov.au for assistance. IRO also administers the Independent Legal Air and Review Service (ILARS) which provides funding for legal costs for workers.	**Responsibility** IRO	**Acknowledged** 1 business day **Resolved** 5 business day

Quality assurance systems

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 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, icare and the Agencies.
- Focused on the continuous improvement of services.
- Implementing strategies, policies and procedures in a structured manner to ensure consistency and accountability for employees.
- Identifying and implementing recommendations for improvement and actions to enhance key elements of case management.
- Analysing results for useful insights regarding relevant issues and themes in case management.
- Post-implementation reviews conducted to measure success of recommendations implemented.
- A robust Risk Management Framework.

The focus of the Quality Management Framework includes:

- Claims Management
- Performance Metrics
- GST Compliance
- Information Security Management System (ISMS)
- Data Quality
- Internal Controls Framework
- Privacy
- Records Management
- Fraud Management

Quality Assurance Model

> Formal feedback > Continuous improvement	> Guidelines and procedures > Dedicated quality management roles > Quality assurance mechanism	> Early intervention focus > Clear objective targets and milestones > Targeted people-centric programs > Tailored strategies > Continuous drive for innovation	> Dedicated case managers for workers, agencies, treatment and other providers > Experienced teams who understand our customer's needs > National expertise and jurisdictional knowledge > Dedicated account management

Quality Assurance (QA) review results, themes, issues, agreed actions and timeframes are communicated to the leadership group.

A key component of an effective QA engagement is to ensure it drives actions that address issues and improvement opportunities identified, to contribute to continual improvement in claims management. As themes are identified through the internal assurance reviews and reported to the business, they will then identify the appropriate actions to be taken. The identified issues / themes and actions are tracked to ensure the actions are completed and that subsequent reviews demonstrate an improvement in the element of case management being addressed.

Management of death claims

As soon as a death of a claimant is identified or advised to Allianz, we will notify the nominal insurer within 24 hours of this notification. The claim will then be transferred to the Technical team for ongoing management.

Any required investigations will commence within 5 business days of becoming aware of the death to confirm if it is/is not related to the compensable injury with contact being made to a legal representative, family member and or another appropriate party within the same time to advise of the process ongoing and Allianz's role.

Liability will be determined within 21 days of becoming aware/ advised, if unable to do so within 21 days, reasons will be clearly recorded on the claim.

Employer management practices

Providing education and information to employers about their obligations

All Allianz Nominal Insurer clients are provided with a copy of their client engagement plan which outlines the obligations of both the client (as an employer) and Allianz as (their claim provider). This also includes any standard or tailored Service Level Agreements covering the entire workers compensation program from injury prevention and risk management to claim lodgement, recovery at work strategies and claim finalisation. This is a live document that is updated periodically throughout the year and distributed to the employer when a material change is made. All new nominal insurer clients receive a face-to-face induction with their dedicated Allianz Account Manager to go through the employer roles and responsibilities as they relate to the workers compensation journey.

We also publish an annual training program; majority of the courses are free to all our nominal insurer clients. The courses contain all different types of tailored learning support for customers covering basics to best practice information regarding employer obligations and how we can partner to achieve best possible customer and business outcomes.

Nominal Insurer Scheme and Best Practice Claims Information

The Allianz Account and Client Services team maintain a database of all key communications relating to best practice injury management and nominal insurer updates. These are disseminated from your account manager when new information becomes available.

Claims data analysis to identify opportunities for improvement

Allianz understands the power of data and analytics and uses these insights to drive improved employer outcomes. In addition to mandated performance reporting, we work with our employers to comprehensively review their claims data at regular, agreed intervals to identify current or emerging trends. Allianz supports a multi-disciplinary team approach to reviewing an employer's risk profile involving their Client Service Manager, our in-house Injury Prevention Manager and key members of our claims team for on the ground feedback. This collaborative approach provides a robust platform to identify key risk mitigation opportunities and areas of improvement across the spectrum of claim and injury management.

Injury prevention strategies

All employers have access to a dedicated Injury Prevention Manager who can partner with them to review what targeted risk management programs can lead to material improvements in outcomes. Our people-centred design approach means we collaborate with our employers to identify the gap in the current risk management or injury prevention strategy, work with the customer to develop joint goals that lead to improved health and wellbeing outcomes for their employees, jointly select an agile provider that understands our shared needs, establish a simple process or product that works for both the employer and their employees and then evaluate the program through ongoing consultation and review.

We also collaborate with our sector partners such as icare, SafeWork NSW, and the NSW State Insurance Regulatory Authority to link our employers with the right training and support to ensure their people go home each day happy, healthy, and safe.

We value feedback from our customers

We welcome feedback from our customers, be it a suggestion, comment, compliment or complaint. It helps us improve our services or correct a problem, which we may have been unaware of.

Direct feedback from our customers can be provided to Allianz through any means including:

Internet: https://www.allianz.com.au/contact-us.html
Email: customer_experience_feedback@allianz.com.au
Mail: Allianz Australia Workers' Compensation (NSW) Limited GPO Box 5429 NSW 2001
In person: Level 16, 10 Carrington Street, Sydney NSW 2000

The below table specifies the minimum service standards applicable to response expectations.

Method	Response time frame (business hours)
Verbal responses (general voicemail, phone message)	24 hours
Email responses	48 hours
Verbal responses (urgent voicemail, phone message)	4 hours

Note: The timeframes above are for the purposes of acknowledging and responding to general enquiries.

Review of the Injury Management Program

To ensure our Injury Management Program is reflective of our current processes and strategies, an annual review is conducted. Allianz will submit the updated Injury Management Program to icare for review and sign off. Any approved changes are communicated to employers.

Reviews are also conducted on an as needs basis throughout the year, following implementation of new or significant changes to legislation or to our injury management processes or strategies.

As per section 43(1) of the Workplace Injury Management and Workers Compensation Act 1998, Allianz will lodge a copy of our Injury Management Program to icare within 20 days, following any change to the documentation.

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