



# Injury management standards for self-insured employers

April 2019

Version 3

# Disclaimer

This publication is:

- For use by ReturnToWorkSA in assessing performance against some of the requirements of registration as a self-insured employer.
- A reference document for self-insured employers, or employers considering an application for registration as a self-insured employer.
- Not intended as a substitute for the requirements of the *Return to Work Act 2014* or the Code of conduct for self-insured employers, and.
- Information produced by Return to Work Corporation of South Australia in this publication is provided as general information only. In utilising this general information, the specific issues relevant to your workplace should always be considered.

# Introduction

The Injury Management Standards provide a framework from which a self-insured employer's exercise of its delegated powers and discretions can be evaluated. The Injury Management Standards focus on a self-insured employer's:

- maintenance of systems to ensure legal compliance
- equitable management of claims for compensation and return to work activities
- provision of effective early intervention and return to work processes
- provision of quality services to optimise recovery and return to work
- timely decision making on claims and the provisions of benefits to ensure compliance with relevant legislative requirements
- effective communication and consultative arrangements to support return to work outcomes and to ensure workers are informed of, and understand their rights and responsibilities under the Act
- strategies to minimise the number of applications before the SAET; and
- the financial integrity of the scheme.

The Code of conduct for self-insured employers (Code) states the performance of the employer or self-insured employer will be measured against the Code and Injury management standards.

To be granted an initial registration, an employer must demonstrate readiness of systems and resources to meet the injury management standards, including the development of policies and procedures that describe how these standards and other requirements of self-insurance are to be achieved.

To obtain a maximum period of registration renewal, a self-insured employer must demonstrate to the satisfaction of ReturnToWorkSA, amongst other things, the requirements of the injury management standards have been met.

## **Leader Insurer Regulation**

# 1. Condition of Registration as a Self-Insured Employer

## 1.1. Policies and Procedures

A self-insured employer shall define how it will:

- 1.1.1. Achieve the fundamental principles, rights, and obligations within section 13 of the Act.
- 1.1.2. Exercise the delegated powers and discretion set out in Section 134 or the Act.
- 1.1.3. Meet the "Service Standards" set out in Schedule 5, Part 2 of the Act.

## 1.2. Resources

A self-insured employer must have arrangements in place to ensure it has in place adequate resources to administer claims and provide effective return to work services to injured employees. These arrangements shall include:

- 1.2.1. Documented job descriptions for all injury management personnel and where relevant management, supervisors and employees.
- 1.2.2. Ensuring injury management personnel are competent to administer the self-insured employers delegated powers and discretions in a reasonable manner.
- 1.2.3. Ensuring the allocation of resources is appropriate for the organisations type, volume, and complexity of the case load.
- 1.2.4. Suitability of facilities and accommodation to ensure restricted access to information, including maintaining confidentiality during interaction with injured workers and service providers.
- 1.2.5. A self-insured employer must appoint a return to work coordinator and ensure the person appointed to this role has successfully completed relevant training. Where this role becomes vacant, the self-insured employer must re-appoint an employee within 3 months and ensure the employee(s) appointed have received relevant training within 3 months of the appointment being made.

## 1.3. External Claims Administration

Where external administration services are contracted, a self-insured employer must ensure those arrangements are clearly documented covering:

- 1.3.1. Exercise of delegations by the self-insured employer
- 1.3.2. Data security and confidentiality
- 1.3.3. Administrative arrangements
- 1.3.4. Complaint processes

## 1.4. Data

A self-insured employer shall provide all relevant data set out in Schedule 3, Part 5 of the *Return to Work Regulations 2015*:

- 1.4.1. Fortnightly, unless an alternative arrangement has been agreed to by ReturnToWorkSA.
- 1.4.2. All errors at batch and line level shall be resolved within one month of receiving the data transmission return file.
- 1.4.3. A self-insured employer must notify ReturnToWorkSA at least one month prior to the implementation of any change to the workers compensation data system.

## 1.5. Financials

A self-insured employer shall provide to ReturnToWorkSA:

- 1.5.1. A copy of audited financial statements within five months of the self-insured employer's financial year end date, or within an alternative timeframe approved by ReturnToWorkSA.
- 1.5.2. An actuarial report on the outstanding workers compensation liabilities of the employer within three months of the self-insured employer's financial year end date or within an alternative timeframe approved by ReturnToWorkSA.
- 1.5.3. The self-insured employer shall provide a financial guarantee that meets all the terms and conditions set out in written correspondence issued by ReturnToWorkSA.
- 1.5.4. A self-insured employer shall provide to ReturnToWorkSA a contract of insurance that meets all requirements set out in Schedule 3, Part 9 of the *Return to Work Regulations 2015*.

## 1.6. Information provided to employees

A self-insured employer shall inform all employees in writing of the following arrangements:

- 1.6.1. How to report a work related injury
- 1.6.2. The process for lodging a claim for compensation
- 1.6.3. Location of claim forms
- 1.6.4. Overview of the claims administration process
- 1.6.5. Overview of the early intervention and return to work process
- 1.6.6. Injured worker rights and responsibilities
- 1.6.7. Entitlement periods relating to income support, medical expenses, economic and non-economic loss payments
- 1.6.8. Rights and responsibilities of the employer
- 1.6.9. Complaints management processes (including those reported to the Ombudsman).

## 2. Claim Management

### 2.1. General matters

- 2.1.1. Claim files are maintained in such a way that all decisions and determinations are identifiable and relevant supporting notes and documents maintained.
- 2.1.2. In all instances, notices and information are provided in accordance with return to work requirements including rights to review and are given within required timeframes.
- 2.1.3. The rights and needs of injured workers, including cultural and linguistic diversity are appropriately considered.
- 2.1.4. Confidentiality is maintained.
- 2.1.5. A copy of all reports prepared by a health practitioner detailing the findings made or opinions formed by the health practitioner shall be provided to the worker within seven calendar days.
- 2.1.6. Where a worker provides a written request, under section 180 of the Act, for a copy of all documentary material (hardcopy and electronic) relevant to their claim, the self-insured employer shall provide this material within 45 days of receiving the request.
- 2.1.7. A worker shall not be required to submit to an examination by a health practitioner of the same specialty more frequently than once every two months.

### 2.2. Claims

- 2.2.1. Claim forms are on file.
- 2.2.2. Where reasonably practicable claims are determined within 10 business days.
- 2.2.3. Where claims are not determined within 10 business days, offers of interim benefits are made in accordance with section 32 of the Act.
- 2.2.4. Claims are considered and determined (including re-determinations) in accordance with section 31 of the Act.

### 2.3. Medical Expenses

- 2.3.1. Payments for accounts for medical expenses are promptly paid.
- 2.3.2. Where a self-insured employer receives an application made by a worker seeking advanced approval for the provision of services, a written determination must be issued to the worker and where approval is not given, state the ground for the decision and inform the worker of their right to apply to have the decision reviewed.

## 2.4. Income Support

- 2.4.1. Average Weekly Earnings (AWE) entitlements are determined in accordance with Part 4, Division 4 of the Act, including incomes support for incapacity resulting from surgery.
- 2.4.2. AWE calculations are made in accordance with section 5 of the Act and copies of information used to calculate AWE are held on file.
- 2.4.3. AWE is appropriately adjusted in all cases a worker has previously redeemed entitlement to weekly payments.
- 2.4.4. AWE adjustments are made in accordance with section 45 of the Act.
- 2.4.5. AWE Reviews are made in accordance with section 46 of the Act.
- 2.4.6. Income support payments are documented and calculated in accordance with the Act.
- 2.4.7. Reduction/discontinuance of weekly payments is made in accordance with section 48 of the Act.
- 2.4.8. Where there has been a delay in the making of weekly payments, and the delay was not the fault of the worker, then the self-insured employer shall calculate and apply interest at the prescribed rate to the amount in arrears within one month and issue a written notice to the worker setting out details of the interest applied to the amount in arrears.

## 2.5. Serious Injury

- 2.5.1. Seriously injured workers are assessed and determinations made in accordance with section 21 of the Act.



## 2.6. Permanent Impairment – Economic Loss & Non-Economic Loss

- 2.6.1. Determinations of entitlement to economic and non-economic loss are issued in writing and detail the calculation applied to determine the economic and non-economic loss lump sum entitlements and the workers' rights to a review of the decision.

## 2.7. Redemptions and Deed of Release

- 2.7.1. Where a self-insured employer reaches agreement to redeem the liability to make ongoing weekly payments and/or the liability associated with ongoing medical services, all requirements set out in Section 53 and 54 of the Act have been met and relevant documentation is held on the claim file.
- 2.7.2. Where a self-insured employer redeems liability to make ongoing weekly payments, the self-insured employer will ensure the rate of weekly payments that would have been payable if there had been no redemption is appropriately recorded.
- 2.7.3. Where self-insured employers liability is discharged under a deed of release under section 66(7) of the Act, the self-insured employer will ensure the rate of weekly payments that would have been payable if the deed of release had not been entered into, is appropriately recorded.

## 2.8. Early Intervention, Recovery and Return to Work

- 2.8.1. Recovery and Return to Work Plans (Plan) comply with the standards and requirements prescribed by the regulations, and when developed are specific to an individual worker.
- 2.8.2. Recovery and return to work plans are in place where the injured worker is or is likely to be incapacitated for work more than four weeks, and detail the actions and responsibilities of key parties.
- 2.8.3. When preparing a Plan, the worker must be consulted and provided with a copy of the plan.
- 2.8.4. Where a worker has not returned to pre-injury employment within six months from date of first incapacity and is not working to their full capacity, new or other employment options are considered for the worker when reviewing the Plan.

- 2.8.5. Where a self-insured employer does not provide suitable employment, the self-insured employer notifies ReturnToWorkSA.

## 2.9. Legal Compliance

- 2.9.1. Claims are managed and delegations administered in accordance with *Return to Work Act* and Regulations.

# 3. Dispute Resolution

## 3.1. Reconsideration

- 3.1.1. A reconsideration officer is appointed and the Registrar must be notified as per the regulations of the details of the nominated officer.
- 3.1.2. The reconsideration process must comply with Part 6, Division 4 of the Act.

## 3.2. SAET Orders

- 3.2.1. Where a determination has been made by the South Australian Employer Tribunal (SAET) and an Order or direction issued, the self-insured employer must comply with the Order within the timeframe specific by the SAET.

# 4. Measurement, Monitoring and Review

## 4.1. Delegated powers and discretions

- 4.1.1. Processes are in place that monitor, measure and review the effective implementation of delegated powers and discretions granted to a self-insured employer under the Act and where relevant, strategies to improve performance of the injury management system are identified.
- 4.1.2. Processes are in place that monitor, measure and review the effective implementation fundamental principles, rights and obligations within section 13 of the Act and where relevant, strategies to improve performance of the injury management system are identified.

4.1.3. Processes are in place that monitor, measure and review the effective implementation of claims administration, recovery and return to work services in accordance with the Service Standards set out in Schedule 5, Part 2 of the Act and where relevant, strategies to improve performance of the injury management system are identified.



The following free information support services are available:

If you are deaf or have a hearing or speech impairment you can call ReturnToWorkSA on **13 18 55** through the National Relay Service (NRS) [www.relayservice.gov.au](http://www.relayservice.gov.au).

For languages other than English call the Interpreting and Translating Centre on **1800 280 203** and ask for an interpreter to call ReturnToWorkSA on **13 18 55**.

For braille, audio or e-text of the information in this brochure call **13 18 55**.

**ReturnToWorkSA**

13 18 55

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