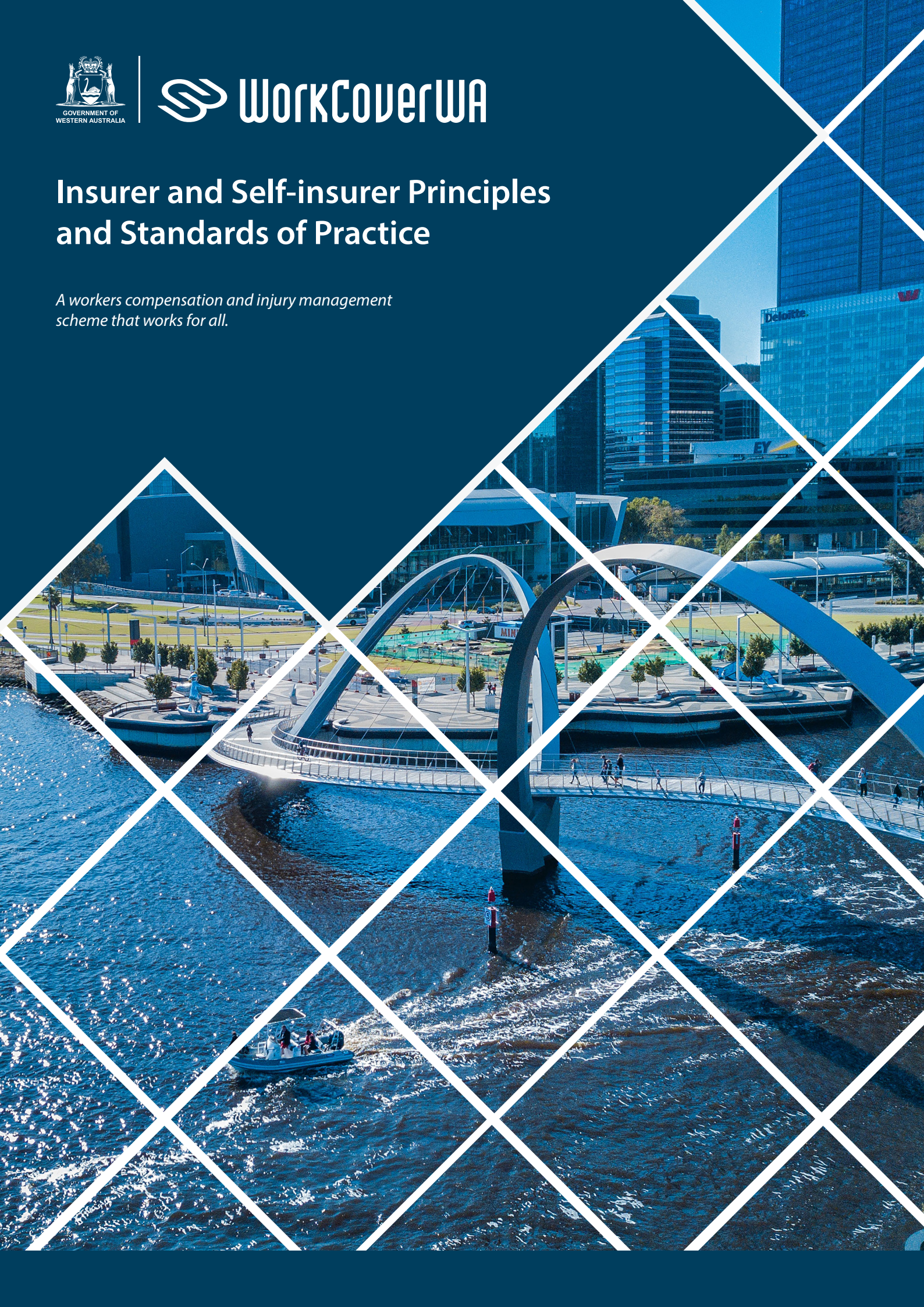




# Insurer and Self-insurer Principles and Standards of Practice

*A workers compensation and injury management scheme that works for all.*







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## Disclaimer

No part of this document limits, or is intended to limit, rights and obligations under the law.

To ensure compliance with legal obligations, refer to the *Workers Compensation and Injury Management Act 2023* (WA) (the Act) and associated legislation.

**Version 2. July 2024.**

## ***Acknowledgement of Country***

*We acknowledge the traditional custodians throughout Western Australia and their continuing connection to land, waters and community. We pay our respects to their cultures and to Elders past and present.*



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*“My aspiration is for insurers and self-insurers to monitor, improve and implement controls to ensure the Principles and Standards are achieved to maximise the workers compensation experience for workers and employers.”*

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## Foreword

The *Insurer and Self-insurer Principles and Standards of Practice (Principles and Standards)* provide a cohesive set of service expectations to ensure licensed insurers and self-insurers provide high quality service to injured workers and employers.

This revised edition of the *Principles and Standards* incorporates changes arising from the *Workers Compensation and Injury Management Act 2023* (the Act) and the new legislative and regulatory framework.

The principles are guiding statements applicable to all aspects of service delivery and should be referred to for all issues not directly covered by the Standards of Practice.

The Standards of Practice articulate six priority areas, identified by WorkCover WA, which have the greatest potential to impact workers and employers.

I am pleased to see insurers and self-insurers have implemented the *Principles and Standards* and have continued to innovate across their services.

My aspiration is for insurers and self-insurers to monitor, improve and implement controls, to ensure the *Principles and Standards* continue to be embedded in policies and practices, thereby maximising the workers compensation experience for workers and employers.

Given the strong link between expectations and outcomes, WorkCover WA will continue to closely regulate and monitor insurer and self-insurer performance and compliance.

**Chris White**  
Chief Executive Officer  
WorkCover WA



## Insurer and Self-insurer Principles and Standards of Practice

The *Principles and Standards* apply to all insurers (inc. specialised insurers) and self-insurers (inc. related entities) who are licensed by WorkCover WA to operate in the Western Australian workers compensation and injury management scheme (the scheme).

### What we do

WorkCover WA is the government agency (a statutory authority), accountable to the Minister for Industrial Relations, that is responsible for managing the Western Australian scheme.

WorkCover WA's role includes:

- providing strategic policy advice to government regarding workers compensation
- monitoring compliance with legal and regulatory requirements by employers, insurers and others participating in or affected by the scheme
- educating scheme participants about workers compensation and injury management, and
- providing an independent dispute resolution service.

WorkCover WA's objective is to balance the interests of stakeholders and ensure Western Australia has a scheme that works for all.

### How we do it

WorkCover WA regulates the performance of service providers to ensure a high standard of service is provided to workers and employers. The *Principles and Standards* reflect WorkCover WA's commitment to ensure Western Australian workers and employers have adequate workers compensation and return-to-work support.

Insurers and self-insurers are expected to comply with the Act. As such, legal expectations are not referenced in this publication. While the Act is the primary instrument used to regulate the scheme, additional mechanisms ensure WorkCover WA is clear on priority areas and what is expected from service providers.

The *Principles and Standards* clarify areas which, if not performed well, typically result in poor outcomes for injured workers and employers.

# Introduction

The *Principles and Standards* comprises of principles, priority areas, standards of practice and performance indicators

WorkCover WA developed the *Principles and Standards* to:

- ensure high standards of service are provided to employers and workers, and
- support effective claims handling, injury management, underwriting and administrative practices.

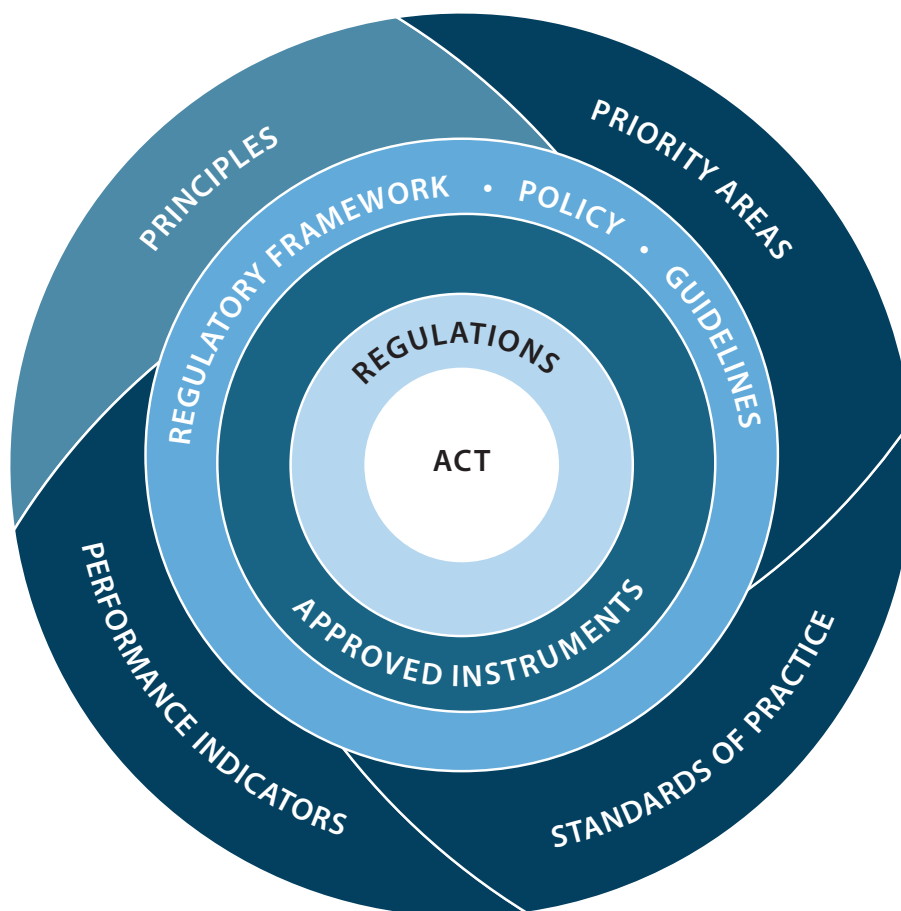
The *Principles and Standards* should be read in conjunction with the Act, the *Workers Compensation and Injury Management Regulations 2024* (the Regulations) and other administrative instruments.

# Monitoring

Insurers and self-insurers must comply with the *Principles and Standards* and are responsible for developing and implementing policies, procedures and practices consistent with them. Insurers and self-insurers can assist with compliance by raising awareness of the *Principles and Standards*, both internally and externally.

WorkCover WA will monitor insurer and self-insurer compliance against the performance indicators through audits, assessments, reviews and/or investigations. Outcomes will be reported to stakeholders to ensure transparency and accountability. The standards will be managed in accordance with WorkCover WA's *Regulatory Framework* with a proportionate response to non-compliance.

Although the *Principles and Standards* focus on insurer and self-insurer practices, all stakeholders are expected to act in a professional and courteous manner.



# Principles

The principles are overarching expectations for service delivery in the scheme. They provide direction for insurers and self-insurers when providing services to workers, employers and other stakeholders in Western Australia.

The principles guide decision-making in all aspects of workers compensation and are particularly important for aspects of service delivery not covered by the priority areas or standards of practice.



## **Principle 1** **Transparent and timely**

Decisions and processes made by insurers and self-insurers must be fair, timely, transparent, efficient and, where practicable, informal.



## **Principle 2** **Reasonable and active**

Insurers and self-insurers must take reasonable and proactive steps to be informed before decisions are made and must not delay decisions once sufficient information is obtained.



## **Principle 3** **Regular and responsive**

Regular and responsive communication must underpin the delivery of workers compensation services, particularly where sensitive and complex issues exist.



## **Principle 4** **Viability and accountable**

Insurer and self-insurer processes, practices and systems should support the long term viability, accountability and performance of the workers compensation scheme.

## Priority Areas

The principles guide all insurer and self-insurer services across the priority areas to ensure a fair and equitable workers compensation experience for workers and employers. Each priority area has a set of standards.



### Priority 1: Worker and employer experience

Insurer and self-insurer processes, systems and practices will ensure a fair workers compensation experience for workers and employers.



### Priority 2: Claims management

Insurers and self-insurers will actively manage claims to avoid employer and worker disadvantage, evidenced and supported by prompt decisions, consultation, clear policies and practices.



### Priority 3: Injury management

Insurers and self-insurers will manage claims with a primary focus on supporting a worker's recovery and their return to work.



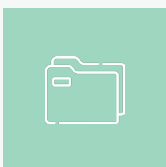
### Priority 4: Underwriting

Insurer underwriting policies and practices will be transparent and fair.



### Priority 5: Scheme regulation and administration

Insurers and self-insurers will comply with WorkCover WA regulatory and administrative requirements.



### Priority 6: Records management

Insurers and self-insurers will maintain records evidencing all key policies, processes and decisions.

# Standards of practice (Standards)

The Standards prescribe the minimum level of service workers and employers are to expect from insurers and self-insurers. While insurers and self-insurers must meet these standards, they are also encouraged to improve on them.



## Priority 1: Worker and employer experience

- |                          |                                 |
|--------------------------|---------------------------------|
| <b>1.1</b> Communication | <b>1.4</b> Privacy and consent  |
| <b>1.2</b> Accessibility | <b>1.5</b> Education and advice |
| <b>1.3</b> Contact       |                                 |



## Priority 2: Claims management

- |   |  |
|---|--|
| <b>2.1</b> Claim lodgement              | <b>2.8</b> Dispute resolution – Insurer and self-insurer process |
| <b>2.2</b> Decision-making              | <b>2.9</b> Authority to resolve disputes                         |
| <b>2.3</b> Claim liability decisions    | <b>2.10</b> Settlements  |
| <b>2.4</b> Deferred claims              | <b>2.11</b> Workplace fatality                                   |
| <b>2.5</b> Income compensation payments | <b>2.12</b> Worker’s state of connection                         |
| <b>2.6</b> Liability not accepted       | <b>2.13</b> Refusal to indemnify                                 |
| <b>2.7</b> Investigations               |  |



## Priority 3: Injury management

- |  |   |
|--|---|
| <b>3.1</b> Return-to-work objectives                   | <b>3.5</b> Medical report requests          |
| <b>3.2</b> Return-to-work programs                     | <b>3.6</b> Independent medical examinations |
| <b>3.3</b> Workplace rehabilitation provider referrals | <b>3.7</b> Treatment approvals              |
| <b>3.4</b> Return-to-work case conference              |   |



## Priority 4: Underwriting

- |                                  |  |
|----------------------------------|--|
| <b>4.1</b> New policies          | <b>4.7</b> Employer review of premium and/or industry classification |
| <b>4.2</b> Policy renewals       | <b>4.8</b> Certificates of Currency                                  |
| <b>4.3</b> Quote requests        | <b>4.9</b> Policy cancellation                                       |
| <b>4.4</b> Premium determination | <b>4.10</b> Employer coverage cancellation                           |
| <b>4.5</b> Claim costs           | <b>4.11</b> Specialised insurers                                     |
| <b>4.6</b> Premium transparency  |  |



## Priority 5: Scheme regulation and admin

- |  |                                |
|--|--------------------------------|
| <b>5.1</b> Data quality                      | <b>5.4</b> Professionalism     |
| <b>5.2</b> Payments to service providers     | <b>5.5</b> WorkCover WA policy |
| <b>5.3</b> Employer and worker reimbursement | <b>5.6</b> Scheme viability    |



## Priority 6: Records management

- |  |  |
|--|--|
| <b>6.1</b> Claims management recordkeeping | <b>6.4</b> Underwriting                |
| <b>6.2</b> Injury management recordkeeping | <b>6.5</b> Administrative expectations |
| <b>6.3</b> Notifications                   |  |









## Performance indicators

Performance indicators enable WorkCover WA to assess and monitor the extent to which insurers and self-insurers achieve outcomes and comply with the *Principles and Standards*. They also enhance the ability to transparently account to the community for performance.

WorkCover WA aims to ensure every worker and employer who engages with the scheme is treated fairly and equitably, irrespective of their location and circumstance. The performance indicators are used across all priority areas and standards, to measure how well insurers and self-insurers achieve this aim.

Additional performance indicators are listed, where required, specific to the respective standards.

01	<b>Performance indicator 1: Number of complaints</b> Identifies the number, nature, severity and outcome of complaints received by the insurer, self-insurer and WorkCover WA.	
02	<b>Performance indicator 2: Number of improvement notices</b> Identifies the number, nature and severity of improvement notices issued by WorkCover WA resulting from standards not being met.	
03	<b>Performance indicator 3: Timely and appropriate resolutions</b> Reviews the timeliness and appropriateness of insurer and self-insurer response to findings from complaints, breaches and improvement notices.	
04	<b>Performance indicator 4: Evidence of documentation</b> Measures if all processes are documented, if files evidence actions taken, their timeliness, decisions made and the reasons for them.	
05	<b>Performance indicator 5: Outcomes of worker and employer surveys</b> Measures outcomes arising from surveys undertaken by insurers, self-insurers or WorkCover WA.	
06	<b>Performance indicator 6: Outcome of audits</b> Measures outcomes arising from audits and reviews undertaken by WorkCover WA.	



## Priority 1: Worker and employer experience

*Insurer and self-insurer processes, systems and practices will ensure a fair workers compensation experience for workers and employers.*

### Standards

#### 1.1 Communication

Workers and employers will be kept informed on significant matters including determination of liability, financial entitlements, premium determination, rehabilitation and return to work. Workers and employers will be informed of these matters within 5 days of a decision being made.

#### 1.2 Accessibility

The cultural and linguistic needs of workers and employers will be considered. They will be informed of the availability of interpreter services, which will be made available on request.

#### 1.3 Contact

Receipt of correspondence from workers and employers will be acknowledged within 5 days.

Insurers and self-insurers will initiate and document regular and responsive contact with workers and employers to ensure they are aware of claim status, next steps and stakeholder responsibilities.

#### 1.4 Privacy and consent

The confidentiality of a worker's personal and medical information is paramount. Identified misuse or unauthorised disclosure will have consequences.

Consent authority is requested on the Workers Compensation Claim Form and must always be given before collecting or disclosing personal information. If a worker refuses or withdraws consent, they must be informed of the potential impact on the progress of their claim.

Notice of representation is sufficient for insurers or self-insurers to release documents requested by legal practitioners in accordance with the Act.

#### 1.5 Education and advice

If workers require or would benefit from independent support and assistance, they will be referred to WorkCover WA.

Insurers will make relevant educational resources available to employers to support them to meet their legal obligations and understand potential consequences of non-compliance. Insurers must report employer non-compliance to WorkCover WA.

### Additional performance indicator

In addition to the performance indicators, the following information will assist in assessing insurer and self-insurer compliance with Priority 1.

#### ***Enquiries to WorkCover WA***

What is the number and nature of enquiries to WorkCover WA's Advice and Assistance Service for each insurer and self-insurer in comparison with the market share?



## Priority 2: Claims management

*Insurers and self-insurers will actively manage claims to avoid employer and worker disadvantage, evidenced and supported by prompt decisions, consultation, clear policies and practices.*

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### Standards

#### 2.1 Claim lodgement

Insurers will actively educate employers and employer representatives to lodge claims with an insurer within the legislative timeframe.

#### 2.2 Decision-making

Insurers and self-insurers will exercise due diligence in identifying and gathering information from workers, employers and relevant stakeholders to make timely, fair and informed decisions.

Reasons for decisions will be communicated as outlined in *Standard 1.1 Communication*.

#### 2.3 Claim liability decisions

Insurers and self-insurers will comply with their statutory obligations in respect of claim liability decisions and will inform employers about their obligations to make income compensation and provisional payments.

The liability decision process requires:

- Insurers and self-insurers to provide a worker with either a liability decision notice, or a deferred decision notice, within 14 days of receiving a claim.
- If a liability decision notice, or a deferred decision notice, is not given within 14 days of receiving a claim, the insurer (or self-insurer) is taken to have accepted the claim, and the employer is liable to compensate the worker and commence payments.
- Employers must make provisional payments to a worker where a deferred decision notice has been given on time, but the insurer (or self-insurer) has not given a liability decision notice with 28 days of receiving the claim.

If a deferred decision is given on time, but a liability decision notice is not given within 120 days of receiving the claim, the insurer or self-insurer is taken to have accepted the claim and the employer is liable to compensate the worker.

#### 2.4 Deferred claims

Where a decision on the liability of a claim is deferred, insurers and self-insurers will actively manage and investigate the claim to ensure a liability decision can be made within the statutory timeframes.

Where appropriate, regular updates on the status and progress of the claim will be communicated to the worker (or an authorised representative), while the claim is deferred.

#### 2.5 Income compensation payments

Insurers will advise employers of their requirement to commence income compensation payments within 14 days of liability being accepted.

Self-insurers will commence income compensation payments within 14 days of accepting liability. The first income compensation payment will include backpay and leave adjustments.

Insurers must reimburse income compensation payments to employers within 14 days of request. Direct payee arrangements may be agreed at the insurer's discretion, if not otherwise required under the Act.

#### 2.6 Liability not accepted

If a decision not to accept liability is being disputed via WorkCover WA's Conciliation and Arbitration Services (CAS), investigations will continue if necessary.

Insurers and self-insurers who attend CAS proceedings unprepared to defend a claim, risk an interim payment order being issued.

## 2.7 Investigations

Factual investigations will only be conducted when evidence deems it necessary and will always be undertaken in a fair and ethical manner by trained or qualified professionals, employed or engaged by insurers or self-insurers.

Surveillance will only be used as a last resort and will be undertaken by licensed investigators in accordance with laws governing surveillance.

## 2.8 Dispute resolution – Insurer and self-insurer process

Insurers and self-insurers will have timely, fair and readily accessible internal processes for resolving disputes. Insurers and self-insurers will make reasonable attempts to resolve disputes by negotiation and further investigation before taking matters to WorkCover WA's Conciliation and Arbitration Services.

Insurers and self-insurers will publish and actively implement their *Internal Dispute Resolution Policy*.

## 2.9 Authority to resolve disputes

Prior to attending WorkCover WA dispute resolution proceedings, insurer and self-insurer representatives must consider potential outcomes which may resolve a dispute.

Insurer and self-insurer representatives must attend WorkCover WA proceedings with clear authority to make decisions.

## 2.10 Settlements

Financial settlements will be considered as a secondary option to a worker returning to work.

Settlement offers should be based on principles of fairness, equity and objectivity.

Unless delayed by third party involvement or otherwise agreed, insurers and self-insurers should process settlement payments within 14 days following registration of the agreement.

## 2.11 Workplace fatality

Insurers and self-insurers will be guided by WorkCover WA's *Compensation for Workplace Fatality – Guidelines for Insurers/Self-insurers* publication and will report fatalities to WorkCover WA within 7 days.

Claims related to a workplace fatality will be managed as a priority, with empathy and respect.

## 2.12 Worker's state of connection

Insurers will determine a worker's state of connection within legislative timeframes. If a claim is deemed in dispute on state of connection grounds, insurers will be required to demonstrate the delay obtaining information necessary to make a decision was not caused by insurer inaction or lack of diligence.

If a prompt assessment is unable to be made, *Standard 2.2 Decision-making* applies.

## 2.13 Refusal to indemnify

When an insurer determines there may be grounds to refuse to indemnify an insured employer, WorkCover WA must be informed within 7 days.

## Additional performance indicators

In addition to the performance indicators, the following information will assist in assessing insurer and self-insurer compliance with Priority 2.

### ***Use of Internal Dispute Resolution Policy***

Is there evidence workers are aware of and being offered access to *Internal Dispute Resolution Policy*? What proportion of complaints were processed through *Internal Dispute Resolution Policy* and how many were resolved?

### ***Proportion of settlements***

What proportion of claims resulted in a settlement agreement?

### ***Nature of dispute***

How many disputes were raised? What types of matters were disputed?

### ***Use of legislative timeframes***

What proportion of claims were lodged by employers within the legislative timeframe?





## Priority 3: Injury management

*Insurers and self-insurers will manage claims with a primary focus on supporting a worker's recovery and their return to work.*

### Standards

#### 3.1 Return-to-work objectives

Insurers and self-insurers will actively manage and promote a worker's timely recovery and return to work.

If external rehabilitation is required, insurers and self-insurers will advise workers of their right to choose a WorkCover WA approved workplace rehabilitation provider.

Employers will be provided education and assistance to support a worker's recovery and to facilitate their return to work as soon as medically appropriate.

Injury management planning should begin from notice of injury to ensure timely treatment, rehabilitation and return to work.

#### 3.2 Return-to-work programs

When an insurer or self-insurer is responsible for initiating or coordinating a return-to-work program, the plan must include the worker's input and be customised to their needs.

#### 3.3 Workplace rehabilitation provider referrals

Insurers and self-insurers will actively monitor and review return to work progress and when considered necessary, encourage referral to a workplace rehabilitation provider.

When an insurer or self-insurer receives notice of a workplace rehabilitation provider referral, the service will be arranged within 7 days.

Insurers and self-insurers will enter the referral into WorkCover Online within 7 days of confirming a service arrangement, or if the claim has not been lodged with WorkCover WA, within 7 days of lodging the claim.

#### 3.4 Return-to-work case conferences

Formal return-to-work case conferences will only be conducted if there are changes in the injured worker's capacity, or there are circumstances which impact on the worker's recovery or return-to-work program.

An injured worker who has the capacity to attend, must attend a return-to-work case conference if requested to do so by formal notice, and participate and cooperate in the conference when scheduled.

Insurers will ensure employers discuss the need for a return-to-work case conference before formal notice of attendance is given.

Employers will be advised of the worker's right to consult privately with their doctor prior to and during the case conference.

#### 3.5 Medical report requests

Insurers and self-insurers must only request medical reports and health information relevant to assessing the nature, cause and extent of an injury, and developing treatment and return-to-work plans.

### 3.6 Independent medical examinations

When it is determined an independent medical examination is required, insurers and self-insurers must:

- seek the opinion of a medical practitioner who typically specialises in the worker's area of injury (when the independent medical examination is for the purpose of reviewing treatment)
- engage a medical practitioner who is independent and objective
- document the reason for seeking the opinion of an independent medical examination and the reason for choosing the particular medical practitioner engaged, and
- provide the medical practitioner with complete, accurate, unbiased and objective information and questions to address.

Seeking multiple independent medical examinations of the same specialty is generally not appropriate and will require explanation.

### 3.7 Treatment approvals

Following a request to approve treatment, an insurer or self-insurer will approve, reject or seek additional information within 7 days, including notice of the decision to the worker and the requesting health professional.

After receiving additional information, notice of the decision will be made within 5 days and if rejected, reasons will be provided to the worker.

## Additional performance indicators

In addition to the performance indicators, the following information will assist in assessing insurer and self-insurer compliance with Priority 3.

#### ***Return-to-work rate***

What are the return to work and durability rates?

#### ***Disclosure of information***

Was all information disclosed given with the worker's consent?



## Priority 4: Underwriting

*Insurer underwriting policies and practices will be transparent and fair.*

## Standards

### 4.1 New policies

Insurers will quote new business policy terms (in writing) within 14 days of receiving a completed application for insurance.

### 4.2 Policy renewals

Insurers will invite policy renewal (in writing) at least 30 days prior to policy expiry. Full terms will be provided within 14 days of receiving required renewal information, and prior to policy expiry.

### 4.3 Quote requests

Where an insurer receives a request for a quote on premium, the insurer should request from the employer (or broker) all information which is reasonably required to prepare a quote which can be acted upon.

### 4.4 Premium determination

Insurers will have a documented methodology and reasoning for determining the premium and will provide the information to WorkCover WA and the employer on request.

### 4.5 Claim costs

Insurers must make employers aware all claim costs are typically included in premium calculations. Insurers must provide a rationale for the value of estimated claims on request.

### 4.6 Premium transparency

Insurer issued quotes and policy schedules, will clearly distinguish between workers compensation statutory premium charges and other itemised charges.

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#### 4.7 Employer review of premium and/or industry classification

An employer may apply to WorkCover WA for a review of:

- the industry classification based on which the premium for the policy is determined, and/or
- the premium determined by the insurer, where the premium is at least 75% greater than the relevant recommended premium rate fixed by WorkCover WA.

Where an insurer is proposing a premium which is at least 75% greater than the recommended premium rate set by WorkCover WA, the insurer must:

- advise the employer/insurance broker of their legislative right to seek a review from WorkCover WA
- direct them to the WorkCover WA website for further information.

WorkCover WA's *Premium and Industry Classification Review Guidelines* provide further information on insurer obligations and the review process.

#### 4.8 Certificates of Currency

A Certificate of Currency is evidence of a binding contract of insurance and must be issued by a licensed insurer.

Insurers will inform employers of the legal obligation to maintain a current policy of insurance and to have a Certificate of Currency available for inspection by WorkCover WA.

Insurers are expected to issue Certificates of Currency, including subsequent copies, if requested by the relevant policy holder.

#### 4.9 Policy cancellation

An insurer must not cancel a workers compensation policy without the permission of WorkCover WA.

Policy cancellation requests will be submitted via WorkCover WA Online.

#### 4.10 Employer coverage cancellation

Where an insurer is seeking to remove an employer from a workers compensation policy, permission must be sought from WorkCover WA.

Coverage cancellation requests will be submitted via WorkCover WA Online.

#### 4.11 Specialised insurers

A specialised insurer must not issue insurance policies to a particular industry, class of business, or employer which is not specified in their license.

### Additional performance indicators

In addition to the performance indicators, the following information will assist in assessing insurer and self-insurer compliance with Priority 4.

#### ***Number of policies lodged within legislative timeframes***

How many new, renewed and lapsed policies were lodged within legislative timeframes?



## Priority 5: Scheme regulation and administration

*Insurers and self-insurers will comply with WorkCover WA's regulatory and administrative requirements.*

### Standards

#### 5.1 Data quality

Insurers and self-insurers will maintain effective quality assurance systems for all data supplied to WorkCover WA.

Data maintained by the insurer and self-insurer and reported to WorkCover WA must be complete, accurate, timely and submitted in accordance with WorkCover WA specifications.

#### 5.2 Payments to service providers

Before making payment, insurers and self-insurers are to review service provider invoices to ensure rates and items billed align with approvals, do not exceed maximum prescribed amounts and contain all relevant information.

Insurers and self-insurers are to pay and record valid accounts within 14 days of receipt.

#### 5.3 Employer and worker reimbursement

Insurers and self-insurers are to process and pay reimbursement requests within 14 days.

#### 5.4 Professionalism

Insurers and self-insurers will act with integrity, diligence, transparency and confidentiality.

All proceedings must be actively and professionally managed, including areas relating to customer service, dispute resolution, records management, conflicts of interest and risk management.

#### 5.5 WorkCover WA policy

Insurers and self-insurers will comply with all relevant policies or administrative instruments issued by WorkCover WA.

#### 5.6 Scheme viability

Insurers and self-insurers are expected to make decisions with consideration given to the future viability and performance of the workers compensation scheme.

### Additional performance indicators

In addition to the performance indicators, the following information will assist in assessing insurer and self-insurer compliance with Priority 5.

#### **Record of attendance**

Record of attendance at Insurance Council of Australia (WA) meetings and/or insurer and self-insurer meetings, as convened by WorkCover WA.

#### **Solvency assessment**

Quarterly Australian Prudential Regulation Authority (APRA) solvency assessment.





## Priority 6: Records management

Insurers and self-insurers will maintain records evidencing all key policies, processes and decisions.

### Standards

#### 6.1 Claims management recordkeeping

Insurers and self-insurers must record the following information:

- claim form and consent authority
- agreed contact plan
- case activity, including dates and summary of action
- liability decisions, including reasons
- advice to workers of their right to access their case information, including personal and health information
- step-down in worker payments
- advice to the worker and employer after commencing income compensation payments directly to the worker
- purpose and commencement of factual investigations
- purpose and approach of surveillance.

#### 6.2 Injury management recordkeeping

Insurers and self-insurers must record the following information:

- advice to employers of their obligation to establish and implement a return to work program and injury management system, and their requirement to document the following, which otherwise is to be maintained by the insurer and self-insurer:
  - date of current plan
  - name of the worker and employer
  - contact with the worker and treating medical practitioner
  - return-to-work goals
  - actions to be taken, and by whom
  - worker consent with the content of the program
  - whether workplace rehabilitation is required, and date of commencement
  - a review date, and outcomes, no more than 4 weeks from consent
  - changes in worker capacity and

restrictions, as advised by the treating medical practitioner, and

- timeliness of actions listed in the return-to-work program.
- intent and reasons for case conferences, and
- reasons for decisions.

#### 6.3 Notifications

Insurers and self-insurers must provide:

- liability notices to the worker, employer and WorkCover WA, where relevant
- worker notification advising the prescribed amount for medical and other expenses has reached 60% of the total available
- discontinuance or reduction of income compensation payments
- dependency claim notifications.

#### 6.4 Underwriting

Insurers must record:

- policy holder contact details (including phone and email), claim information and wages
- evidence of premium quotes requested and provided, and
- compliance with the form of *Workers Compensation Policy* prescribed in the Regulations.

#### 6.5 Administrative expectations

Insurers and self-insurers must ensure:

- records storage controls are documented
- number and severity of legislative and/or policy breaches are recorded
- data is complete, accurate and supplied to WorkCover WA
- data errors are corrected within 30 days of insurers and self-insurers being notified by WorkCover WA.

# Glossary

## **Act**

*Workers Compensation and Injury Management Act 2023 (WA).*

## **Day**

A calendar day, unless otherwise stated.

## **Dispute**

A dispute over a worker's compensation claim by the parties involved, such as the insurer, employer, or worker.

A dispute can occur at any stage of a claim on many different matters.

## **Employer**

An employer as defined in the Act, including a self-insurer, and if consistent with the context, the employer's authorised representative.

## **Insurer**

An insurer who is licensed (inc. specialised insurers) by WorkCover WA to operate in the scheme in accordance with the Act, and an insurer's appointed representatives.

## **Internal dispute resolution policy**

An internal policy or process to hear and resolve complaints.

## **Return to work**

The process of returning a worker to the position held prior to injury, or to a new position the worker can perform.

## **Return-to-work program**

A written plan designed to support an injured worker to return to work.

## **Self-insurer**

An employer (inc. related entities) who is licensed by WorkCover WA to self-insure workers compensation liabilities in the scheme who is exempted from the obligation to insure under the Act.

## **Specialised insurer**

An insurer who is licensed by WorkCover WA to operate in the scheme, but subject to a licence conditions limiting insurance business to a particular industry, class of business, or employer.

## **Stakeholder**

Includes authorised representatives, brokers, employers, insurers, legal representatives, medical practitioners, peak bodies, registered independent agents (until 30 June 2026), self-insurers, unions, workers and workplace rehabilitation providers.

## **Worker**

A worker as defined in the Act, including an injured worker, following a work-related injury or illness.

## **Workplace rehabilitation provider**

An organisation approved by WorkCover WA to provide workplace rehabilitation and support for an injured worker's return to work.

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Chairperson, WorkCover WA

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Manager, Western Region, Allianz

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Chair, Self-Insurers Association

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President, Australian Rehabilitation Providers Association

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## Assistance

For further information about the standards or their application, contact WorkCover WA's Advice and Assistance Line on **1300 794 744**.





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