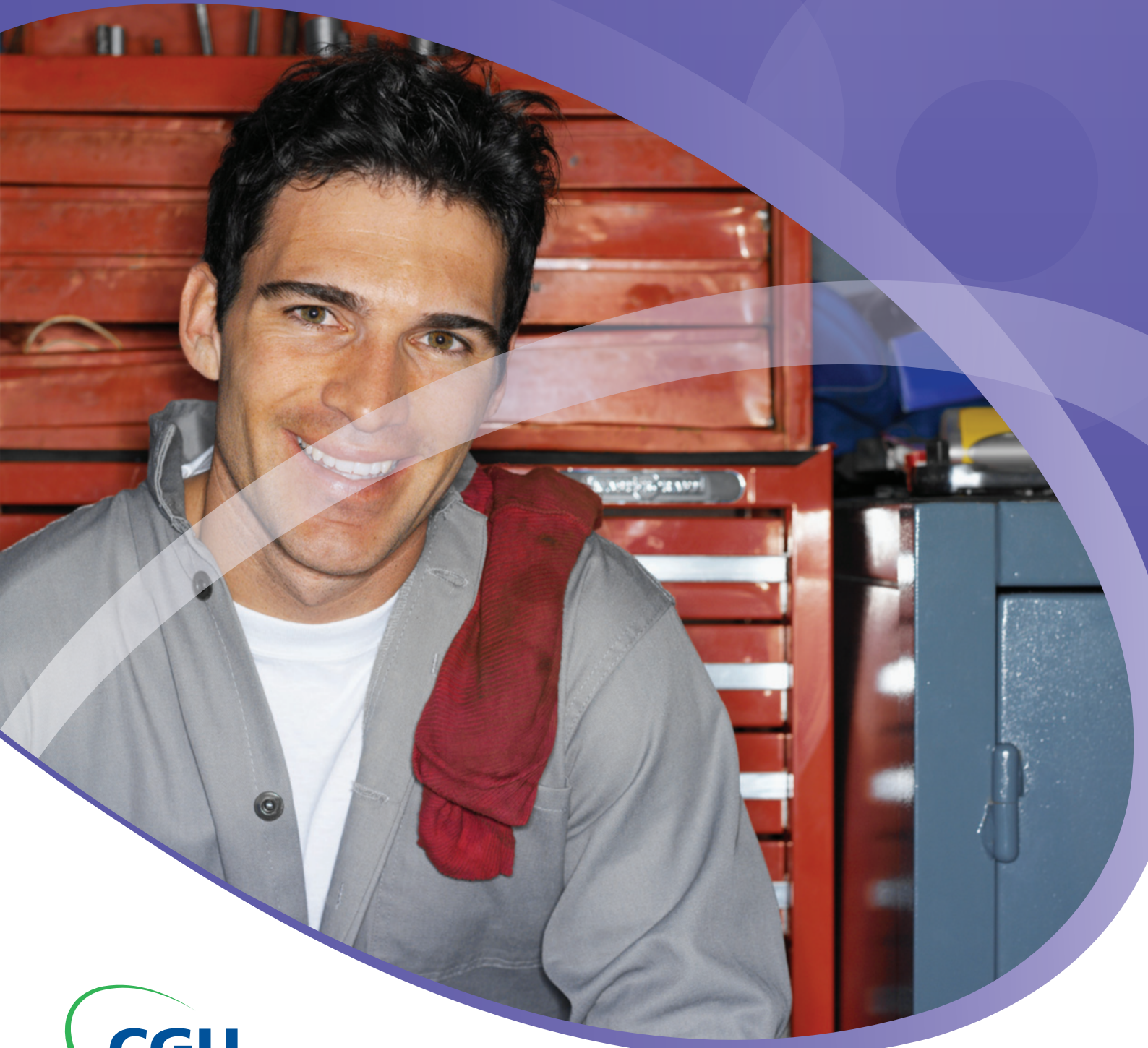


CGU Workers Compensation Northern Territory

information pack for employers



Discover the CGU Advantage...

Disclaimer

This publication contains important information about the local workers' compensation environment, your legislative obligations, entitlements and services available from us. It also provides guidelines for managing workers' compensation claims.

It is designed to provide general information only and is not intended as a substitute for any legislation or resource to which it refers. You should not act or omit to act on the basis of anything contained herein. In relation to any particular matter you should seek legal advice where appropriate.

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This publication is current as at January 2011.

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Introduction

CGU Workers Compensation is part of CGU Insurance, a member company of Insurance Australia Group (IAG) and one of Australia's leading commercial insurers, insuring over 1 million homes and 500,000 motor vehicles. Insurance Australia Group Limited (IAG) is an international general insurance group, with operations in Australia, New Zealand, the United Kingdom and Asia.

CGU is the country's largest regional and rural insurer, and one of Australia's largest and most experienced workers' compensation providers. We operate in all states and territories which permit private insurer participation and are also a leading provider of self insurance services.

CGU Workers Compensation delivers workers' compensation and health and safety services to over 200,000 employers across Australia. We offer products for small, medium, corporate and government employers, as well as self-insurers.

Whatever size your business, our approach is based on partnership. We'll work with you to manage your claims and drive early return to work outcomes. At the same time we'll ensure you have the information and tools you need to play an active role in managing your workers' compensation program and developing a strong safety culture within your organisation.

This information pack is a step in that direction. It contains important information about the local workers' compensation environment, your legislative obligations, entitlements and services available from us.

If you would like additional information regarding any of our services, please contact your insurance broker, agent or our CGU Workers Compensation office.

Contact details:

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Section 1

Your policy

1.1 Why do you need a policy?

It is compulsory under the Workers Rehabilitation and Compensation Act (NT) (the Act) for all employers of workers in the Northern Territory to have a current workers' compensation insurance policy with an approved insurer.

1.2 How do you take out workers' compensation insurance?

When taking out a policy, you will need to submit a proposal form that includes a proper estimate of the payments (including wages) that will be payable by you during the insurance period to the workers that you employ and pay the deposit premium based on the estimate. The premium may be adjusted at the end of the period based on actual payments.

1.3 Cover notes

If you have taken out a cover note, this must be finalised no later than one (1) month after it has been issued or within the terms agreed by us. The proposal form must be submitted to us within the time specified. A cover note that has expired leaves you uninsured.

1.4 Industry classification

Your premium will be based on an Industry Classification (ANZSIC) which is determined by the predominant activity at your work location. Where a company has several separate industries operating from different locations, each industry should be rated separately. Where that company has a head office comprising mainly clerical employees, the wages should be allocated to the predominant industry, unless they can be directly linked to the industry that they service.

Where an employer operates more than one industry at the same single location, that employer's predominant industry shall determine the rate that is applied to all their operations at that site. Other employers on the same site are to be rated in accordance with their own predominant industry.

1.5 Premium

Approved insurers assess workers' compensation insurance premiums and determine the rates charged to the employer. This is based on the industry type, claims history, wages bill and number of employees. A good claims record in conjunction with good occupational health and safety practices may influence the premium to be paid.

1.6 If you don't have a policy?

Failure to have a current workers' compensation insurance policy may result in prosecution under the Act and a fine of up to \$30,000.

If a worker is injured and you are uninsured you may also be required to pay to the Nominal Insurer the highest premium payment that would have been payable had insurance been in place.

1.7 Your obligations under the policy

Under the terms of the policy we issue, you have certain policy and claims responsibilities to fulfil. It is important that you take the time to read your policy document so that you are aware of these obligations. The major obligations you have are to:

- provide estimated and actual wages declarations for each policy period you are insured with us,
- maintain proper wages records for every worker employed,
- allow inspection of your wages records by our duly authorised representative (wage records must be retained in the Territory for at least 7 years),
- give notice of any injury as soon as practicable (see also 'Employer claim obligations' in Section 3), and
- assist an injured worker find suitable employment, and so far as is practicable, participate in efforts to re-train the worker (penalties may apply for non-compliance under section 75A of the Act).

1.8 Our obligations under the policy

Our obligations under the policy are to indemnify you for any payments that you become legally liable to pay under the Act. We will also meet any reasonable costs and expenses incurred by you (with our written consent).

We undertake to manage your claims pro-actively in order to achieve the best medical and return to work outcomes for your injured worker.

Section 2

Employer claim obligations

Immediately you are aware that a worker has suffered an injury, particularly where there may be lost time from work, the worker should be encouraged to seek medical assistance and obtain a certificate issued by a duly qualified registered medical practitioner.

A worker will not be entitled to compensation under the Act unless notice of the injury has been given to the employer as soon as practicable and before the worker has voluntarily left the employment in which he or she was injured. Notice of the injury may be given orally or in writing.

2.1 Online Initial Notification

We encourage our customers to adopt an 'early reporting culture'. This helps ensure the injured worker is receiving timely and appropriate treatment and enables CGU to move quickly in terms of claims processing and return to work planning.

Research shows that early injury notification also improves claim outcomes. Claims reported within two weeks of injury have been found to be 18 per cent more expensive than those reported within one week. This figure rises to 31 per cent when claims are not reported until week four.

Reporting delays have also been shown to increase the likelihood of litigation.

2.2 Providing Initial Injury Notification

Providing CGU with initial notification of an injury means we can prioritise complex or high-risk claims and start planning in terms of claim and injury management. Ultimately this will mean we can achieve better return to work outcomes and help you keep your workers' compensation premium under control.

The most convenient way to provide initial notification is online via the Live section of www.cgu.com.au/workerscompensation. Available 24/7, this system takes only a few minutes to complete and delivers a reference number which (upon formal notification) will become the claim number.

You can also provide initial notification via phone, fax or email.

Please note that initial notification does not replace your obligation to provide formal notification by submitting to CGU a claim form and medical certificate.

2.3 Submission of claim forms

A claim for compensation must be made:

- In the case of an injury, within 6 months of the occurrence of the injury.
- In the case of a disease, within 6 months of the incapacity arising from the disease.
- In the case of a death, within 6 months after advice of the death has been received by the claimant.

An employer who refuses to receive a claim for compensation or dismisses a worker for the reason only that the worker has made a claim or attempted to make a claim is guilty of an offence under the Act.

Upon receiving a claim it is the responsibility of the employer to immediately complete the Employer's Report (third page of the claim form), notifying us of the workplace injury, as well as forwarding all associated documentation (including original receipts for payment or reimbursement) associated with the claim.

Within three (3) days of a claim being lodged with you, it must be sent directly to us. We are then required to forward a copy of the claim to NT WorkSafe, the administrative arm of the Work Health Authority. All time lost claims must be accompanied by an initial workers' compensation medical certificate at the time of lodgement.

If the claim is accepted, the employer must commence weekly payments within three (3) business days after accepting liability.

Unless agreed in writing by the worker, weekly payments shall be made to the worker before expiration of seven (7) days after the end of the week in respect of which it is payable, or if normally paid at intervals greater than 1 week, before the expiration of seven (7) days after the end of the period in respect of which they are normally paid.

Claim forms are available from CGU Workers Compensation by contacting your Case Manager or via NT WorkSafe (www.worksafe.nt.gov.au or telephone 1800 250 713).

The treating doctor will usually hold supplies of approved workers' compensation medical certificates.

2.4 Accident record book

All injuries must be reported to the OHS Officer, Management and/or a Supervisor immediately and the incident recorded in an 'Accident Book'. An Accident Book can take the form of an exercise book and is required to show the following information:

- The date of accident.
- Time.
- Nature of injury.
- What caused the incident.
- To whom the injury was reported.
- Witnesses.
- Medical attention provided.

2.5 Notifiable injuries and dangerous occurrences

The Workplace Health and Safety Act (NT) provides that the Work Health Authority must be notified of certain types of accidents and occurrences. Failure to do so may attract a penalty.

Your organisation may have further regulatory obligations with regard to notifiable injury and dangerous occurrences. Contact NT WorkSafe for further information.

Section 3

Entitlements to compensation

3.1 Definition of a worker

Generally, a 'worker' is a person who provides work or services for another person and does not provide that person with an Australian Business Number (ABN) in writing.

3.2 When can a worker make a claim?

Compensation will be paid to a worker for a work-related injury regardless of whether the disability occurs because of the worker or employer's fault. Weekly compensation is not payable if the injury is deliberately self inflicted or results from serious or wilful misconduct.

An injury means a physical or mental injury arising out of or in the course of his or her employment and includes:

- a disease, and
- the aggravation, acceleration, exacerbation, recurrence or deterioration of a pre-existing injury or disease.

3.3 Injury management

Injury management is "the management of workers' injuries in a manner that is directed at enabling injured workers to return to work." It is your responsibility to work with your injured worker(s) and cooperate in this process, where it is supported by medical evidence.

Injury management provides benefits to workers, minimises disruption in your workplace, and helps to contain workers' compensation costs.

The first step is to provide CGU with initial notification of an injury, which you can do online at cgu.com.au. We will screen the notifications of injury for the early identification and assessment of 'at risk' claims, and implement appropriate strategies to overcome any barriers to return to work.

Our role is to:

- a) Determine the risk level of notifications received and develop an appropriate injury management response.
- b) Initiate early contact with the employer, worker and treating doctor to identify any barriers with return to work.
- c) Prepare a Case Management Action Plan (where appropriate) which is then communicated to all parties.

The three risk categories of claims are defined as follows:

- Non-significant Injury: claims for medical expenses only where no time from work has been lost.
- Low Intervention: claims where time lost from work has not or will not exceed four (4) weeks and/or the worker has not sustained a serious injury.
- High Intervention: claims where time lost from work will exceed four (4) weeks or there are significant barriers to recovery.

3.4 High intervention claims

High intervention claims are considered those claims where the expected time off work or the initial medical certificate is for a period exceeding four (4) weeks. We prefer that you contact our office by telephone or fax immediately, in the event of any incident occurring where time will be lost from work by the injured worker.

In the event of a high intervention claim, we may make immediate arrangements for an accident assessment to be conducted. The accident assessment will look into the circumstances of the accident and may assist in the determination of liability as well as the identification of any workplace hazards or hazardous substances that may require you to modify or make changes to the worksite as a part of your risk management and occupational health and safety program.

3.5 Deciding liability of the claim

Once we receive the Claim Form and an approved workers' compensation medical certificate, we will make a decision to accept, deny or defer within five (5) business days. A letter will be sent to you confirming our decision on liability and will include the claim number, the name of the Case Manager administering the claim and their direct telephone number.

Where you dispute the validity of any claim, you should complete the relevant section of the Employer's Report of the claim form and contact us as soon as possible to advise your concerns and provide any supporting documentation (if available). Based on the information provided, we may appoint an external investigator to investigate the circumstances of the injury and/or the claim, take statements from interested parties and/or seek legal advice.

We will also contact the worker and advise him/her of their rights and responsibilities in regard to their claim for compensation.

3.5.1 Accepted claims

If the claim is accepted and it involves time lost, you must commence payment of compensation for the period of incapacity supported by workers' compensation medical certificates within three (3) business days of the decision to accept the claim. You will be advised of the correct rate of pay applicable in the approval letter if we have been provided with requested pay information. Otherwise you will be advised of the rate of pay as soon as practicable after the wage information has been provided.

3.5.2 Deferred claims

If we agree to defer liability, the injured worker will be notified in writing that liability is pending and subject to further enquiries.

Once our enquiries are complete, we will advise you of the outcome and our decision.

If liability is deferred, weekly payments of compensation must also commence within three (3) business days of that decision. These payments are to commence with one week's pay and continue for up to 8 weeks within which time a further decision must be made to either accept or deny liability. If the claim is subsequently accepted, compensation owing will be offset by any amounts paid during the period of deferral.

Important note:

Under no circumstances should compensation payments be made to the worker without our express authority.

3.5.3 Denied claims

If the claim is denied, a letter will be sent advising our grounds for denial. This letter is an insurer's notice to advise the employer and worker that liability is denied

A dispute may arise where a worker is aggrieved by the decision of an employer (which is usually the decision of the insurer):

- a) to dispute liability for compensation claimed by the claimant,
- b) to cancel or reduce compensation being paid to the claimant, or
- c) relating to a matter or question incidental to or arising out of the claimant's claim for compensation.

For points a) and c) above, a worker has 90 days from receipt of the insurer's Notice of Decision and Rights Appeal form to apply to NT WorkSafe for mediation if there is a dispute.

After NT WorkSafe receives the request for mediation, a mediator is appointed within 7 days. Once appointed, the mediator has 21 days to progress and complete the mediation process. Mediation may help solve disputes by sharing information and documents, identifying the issues in dispute, discussing them and trying to reach a mutually acceptable agreement. It is a fair, informal and quick service and there is no cost to the worker.

Mediation may result in:

- the reasons for a decision becoming clearer or better understood by the worker,
- the decision being changed,
- an undertaking by the insurer to reconsider their decision on receipt of further information, or
- no change to the decision.

All parties will be advised in writing, by the mediator, of the outcome of the mediation including any recommendations. The written advice of the mediator is referred to as a Certificate of Mediation. If a worker is dissatisfied with the outcome of the mediation process they may then make an application to the Work Health Court within 28 days from their receipt of the Certificate of Mediation.

3.5.4 Recurrence or aggravation of injury

If the recurrence is a progression of the original injury with no new causative incident or aggravation, then it will form part of the original claim. If the recurrence or aggravation is caused by a new work-related incident, the worker will need to submit a new claim.

Please contact your Case Manager as soon as possible in the case of a recurrence or aggravation of a worker's injury.

3.6 Benefits payable

Once the claim has been accepted or deferred, weekly benefits are to be made. If the claim is accepted, payments are to be made for the certified period of incapacity. "Incapacity" is an inability or limited ability to undertake paid work because of an injury. If liability has been deferred, payments are only to be made from the date of deferral.

We will calculate the amount of weekly benefits to be paid to a worker based on his or her normal weekly earnings ("NWE"). NWE are based on workers' remuneration and are usually a worker's normal numbers of hours per week at his or her normal hourly rate. NWE also includes an over-award payment, climate allowance, district allowance, leading hand allowance, qualification allowance, service grant, shift allowance and overtime (where it is worked in accordance with a regular and established pattern). Other allowances and superannuation contributions are excluded from a worker's remuneration.

In order to calculate a worker's NWE we will usually ask that you provide us with detailed pay records which clearly identify all components of his or her remuneration for a period of 52 weeks immediately prior to the date of injury. Remuneration is also not limited to the actual wages paid to worker but extends to include benefits of other kinds received by the worker in respect of certain services rendered for or on behalf of the employer.

Certain non-monetary benefits, such as free accommodation provided by the employer, may form part of the reward for work done and services rendered and therefore comprise "remuneration" earned by the worker. Details of any such benefits should therefore be submitted as part of your proposal in section 1.2.

In the event of time being lost from work supported by a workers' compensation medical certificate, the injured worker should be paid based on the NWE information that we have provided you.

3.7 Period for which benefits are payable

An injured worker's weekly compensation is as follows:

(a) First 26 weeks of incapacity.

A worker is entitled to receive their NWE for the first 26 weeks of total or partial incapacity less any amounts actually earned in employment

(b) After 26 weeks – long-term incapacity.

After the first 26 weeks a worker is entitled to 75 per cent of their loss of earning capacity subject to a maximum of 150 per cent of average weekly earnings ("AWE"). This rate can be payable until the injured worker reaches retirement age

Loss of earning capacity is the difference between the amount a worker is reasonably capable of earning in a week and their indexed NWE.

AWE is the average weekly earnings as published by the Australian Statistician for the Northern Territory Full-Time Adult Persons, Ordinary Time Earnings, last published before January each year.

Please keep accurate records of all benefits paid to ensure that the correct amounts have been paid and to assist you when claiming reimbursement from CGU.

3.8 Claims processing and payment authority

Compensation should not be paid until approved by us in writing and only at the rate we have calculated. You are obliged to pay compensation to workers at the usual place of payment on their normal pay day. Only pay compensation for the period of incapacity certified by the treating doctor, supported by approved workers' compensation medical certificates. Do not pay compensation in advance of normal pay days. If you do not receive a further certificate of incapacity, contact us for further advice.

We encourage you to complete and submit claims for reimbursement of weekly compensation paid on a fortnightly/monthly basis.

3.9 Medical certificates

All periods of incapacity must be supported by approved workers' compensation medical certificates. Requests for a current medical certificate must be made in writing. This can be done by the employer but this is usually done by us.

If no medical certificate is received within 14 days after the request, weekly payments should cease immediately provided you have confirmation from us. All medical certificates should be sent to us immediately. When an injured worker has recovered from their work related injury they should return to their treating doctor and obtain a final workers' compensation medical certificate.

3.10 Submission of claims related documentation to CGU

Our claim acknowledgement letter will quote the claim number allocated to the claim.

To ensure prompt attention, the claim number must be used in all correspondence and when submitting all claims related documentation including certificates, receipts, invoices and requests for reimbursement of weekly compensation to us.

Please keep the acknowledgement letters and copies of all correspondence/documents associated with the claim for future reference.

3.11 Injury management and workplace rehabilitation

We recognise the value of working in partnership with our customers in driving injury management.

We believe that the best return to work plans are delivered by an integrated approach to injury claims management and that flexibility in service delivery is critical to the achievement of safe and durable return to work. We are committed to minimising your risk and exposure post-injury and will work with you in restoring injured employees to their pre-injury capacity, while also containing costs – a ‘win-win’ situation.

How can an employer manage and maximise their injury performance?

With an injury management program and policy that encompasses the following:

- Return to work guidelines and suitable duties registers designed specifically for the job positions within your organisation outlining physical requirements of each position.
- A defined alternative employment policy for injured employees that are unable to return to pre-injury duties.
- Establishment of a preferred rehabilitation provider that is aware of your worksite/s, culture and business practices.
- Establishment of a preferred medical practitioner(s) who is aware of your industry, has reviewed your worksite and understands the physical requirements of all positions and the availability of alternative duties.
- Defined staff who coordinate all workers’ compensation matters.

These are activities that we will work with you to implement and achieve.

How can we assist?

Our injury management strategies are built around the prevention of long-term disability by promoting recovery and positive health outcomes. With this focus, we have developed an approach to injury management that promotes the early identification of ‘at risk’ claims via a comprehensive, evidence-based injury management model.

We offer a consistent approach to injury management nationally using CGU’s unique Case Conferencing tool which ensures there is a strong joint management approach between our Case Managers and Injury Management Advisers. CGU’s Case Conference tool applies internal standards of practice that exceed legislative obligations whilst offering flexibility of service to employers. Our approach recognises that the best possible return to work outcomes occur in cooperation between insurer and employer. We will work with you to establish appropriate return to work procedures.

3.12 Medical and incidental expenses

If liability for a claim has been accepted, the employer is liable to pay the costs reasonably incurred by a worker as a result of the work-related injury for reasonable medical and rehabilitation services.

Please forward any receipts or invoices to us when you receive them. Please do not pay any accounts without our approval, as this may be deemed to be an admission of liability. Payments will be made by our office to the creditor concerned.

3.13 Travelling expenses

Injured workers can claim the reasonable cost of travelling to and from medical and associated appointments. The worker is required to complete a Travel Reimbursement form and forward this to us when practicable.

If travelling by personal motor vehicle, the worker will be reimbursed for the number of kilometres travelled at the applicable rate. Please check with us if any other form of transport will be used before incurring the expense.

3.14 Centrelink payments

If there has been a delay in lodging a claim, or liability had been disputed, the worker may have received a benefit from Centrelink. Should the claim be accepted, you are legally obliged to deduct any amount owing to Centrelink from payments that are going to be made to the worker, until Centrelink’s debt is satisfied. We will advise you of the amount to be deducted.

Section 4

Employee obligations

4.1 Worker's responsibilities

A worker's benefits may be terminated if there is an unreasonable refusal or failure to:

- undertake medical, surgical and rehabilitation treatment,
- undertake rehabilitation training or a return to work program,
- attend a medical examination that is arranged by the employer, or
- provide ongoing certification of incapacity.

In each of these circumstances 14 days notice must be given in writing beforehand.

4.2 Job search options

The NT Workers' Compensation scheme aims to assist injured workers return to work as soon as is practicable. To enhance this objective, NT WorkSafe has introduced the alternative employer incentive scheme ("AEIS").

The AEIS provides:

- "that the new employer be indemnified by the original employer for any aggravation, acceleration or exacerbation of the injury that occurs within one (1) year after the worker commences employment with the other employer, and monetary incentives for the new employer."

Section 5

Customer service

5.1 Customer service standards

Our customer service standards detail our commitment of service to you.

Key elements of our service standards include:

- Acknowledge new claims within one (1) business day of receipt.
- Respond to telephone enquiries within one (1) business day.
- Send acknowledgement to enquiries sent by mail within two (2) business days.
- Send acknowledgement to email enquiries within one (1) business day.
- For eligible claims, we will reimburse wages to employers within seven (7) business days of receipt of appropriate documentation.
- Reimburse all claims for medical and other allied health services including travel claims within fifteen (15) business days.
- Complete Injury management screening within three (3) business days of lodgement on all claims.
- Coordinate claims reviews.
- Invite you to attend and keep you informed of all matters that proceed to mediation or subsequently, the Work Health Court.
- Notify you as soon as we become aware of any impending Case Manager changes and keep you informed of the transfer process to a replacement Case Manager.

5.2 Claim reviews

Claims management is not a function performed only by the insurer. Information shared between both the insurer and employer plays a vital role in the administration and ongoing assessment of claims.

To facilitate this, we suggest that claim reviews be conducted on a regular basis. These will provide an excellent forum to discuss the following:

- Current status of claims.
- Future management.
- Current estimates.
- Claim trends.
- Rehabilitation.
- Occupational health and safety.
- Cost reduction strategies.
- Other issues affecting claim costs and premiums.

Claim reviews are coordinated by your Case Manager and/or Workplace Rehabilitation Provider and attended by appropriate CGU representatives as required including our Injury Management Adviser, Technical Adviser and Team Manager.

We can also provide advice in regards to Occupational Safety and Health, Injury Management, Claims Management and cost reduction strategies.

If you would like a claim review meeting to discuss any of your open claims, please contact us to arrange a suitable time.

5.3 Legal, investigation and workplace rehabilitation providers

5.3.1 Service providers

We will work with you in establishing a network of service providers. We have established provider panels in the areas of legal, investigation and workplace rehabilitation providers. Our providers all have specific arrangements concerning cost and service delivery.

A comprehensive objective and subjective performance measurement model overlays our provider network allowing us to monitor performance from the perspective of quality and timeliness.

In the event that we are not satisfied with the performance of a provider or a conflict arises, then we will seek a meeting with all parties involved to resolve the conflict.

5.3.2 In-house Injury Management Advisers

We have a dedicated team of health professionals who provide support to our claims staff in strategically managing injury management activities. This support is provided in terms of streamlining our systems and processes around the utilisation of workplace rehabilitation providers and specific review of individual performance and return to work strategies required on claims.

Our Injury Management Advisers are all qualified health professionals specialising in a diverse range of areas, namely Occupational Therapy, Nursing, Rehabilitation and Physiotherapy.

We need to understand your business to ensure we deliver timely injury management services. Our Injury Management Advisers will assist you in developing an employer profile that details your rehabilitation policy, preferred network, suitable duties registers and so on.

5.3.3 Workplace Rehabilitation

We consider the referral to external service providers to be an extension of our business. The link between you, workplace rehabilitation service providers and us is essential to ensure that a timely and durable return to work is achieved.

We have established preferred provider arrangements with external rehabilitation providers. Our preferred rehabilitation and return to work providers have been selected from a detailed tender process and have been selected under strict performance criteria surrounding their abilities in the following areas:

- Cost efficiency.
- Return to work outcome performance.
- Timeliness of undertaking instructions and activities.
- Reporting requirements.
- Areas of expertise.

Once a preferred workplace rehabilitation provider has been selected, the Injury Management Team Manager is responsible for this relationship. Their role is to manage the relationship with that service provider to:

- monitor service provision,
- review provider performance,
- identify any areas of business improvement between us and that service provider, and
- review and feedback.

We also produce a six monthly scorecard for workplace rehabilitation providers. This scorecard tracks claims data and is used as a means to manage provider's performance. The report looks at, amongst other data, date of referral by duration band, cost, outcome, comparison to all providers, open cases and so on.

5.4 Managing the medico-legal process

We will make available to you, subject to the privacy law requirements, all medico-legal reports as soon as practicable, either by way of full copies of the report or provision of a summary report.

5.5 Dispute resolution

A dispute arises where a worker is aggrieved by the decision of an employer:

- to dispute liability for compensation claimed by the worker,
- to cancel or reduce compensation being paid to the worker, or
- relating to a matter or question incidental to or arising out of the worker's claim for compensation.

5.5.1 Mediators

NT WorkSafe may appoint a person to be a mediator, with their function to promote the resolution of disputes between workers, employers and insurers.

Once a claimant has applied to NT WorkSafe to have their dispute referred to a mediator, a mediator must be appointed within seven (7) days.

Section 6

CGU Safety and Risk Services

CGU Safety and Risk Services are a specialised team of professionals within our business offering support services to our customers.

The Safety and Risk Consultants are available to provide advice to businesses to improve their safety performance and compliance requirements.

Some services are available on a fee for service basis. Examples of these services include:

- Accredited training programmes. Auditing and/or assessment of safety management systems. Development and implementation of policies and procedures for accident prevention.
- Management consultancy for business development and integration of safety management systems.

For all enquiries please contact our CGU Safety and Risk Consultants on 1300 138 601 or email us safety@cgu.com.au

5.5.2 Power of the mediator

For the purpose of promoting resolution, the mediator has power to:

- Conduct discussions with each party.
- Convene a conference requiring all parties to attend.
- Require a party to provide specified written information to the mediator or another party.
- Require information to be provided within a specified time.
- Do any other duties necessary for the purpose of a resolution.

5.6 Legislative updates

Our commitment is to ensure that you will be kept informed on all workers' compensation, rehabilitation and occupational health and safety legislative changes.

This is done in a variety of ways including:

- Information and training seminars.
- Email – information is provided of legislative updates via email to our designated contacts.

Section 7

Frequently asked questions by pre-injury employers

Will I be required to provide an injured worker with employment?

You have a legal obligation under the Act to provide suitable employment to your injured worker. It needs to be work for which the worker is fit, and which, as far as practicable, is similar or equivalent to the worker's pre-injury employment.

You have an obligation to provide suitable employment as soon as the worker has capacity to return to work even though the worker may continue to carry a disability. The disability may be permanent.

How do I identify what is suitable employment?

You need to consider the worker's work history, workplace skills and abilities, age, physical capacity and other relevant factors in deciding what is suitable employment. We can assist by ensuring the worker's workplace rehabilitation program provides the relevant assessment and services to assist you in identifying suitable work.

Suitable work may be alternative employment, modified employment or a job that is created for the worker. Work may be part-time or full-time depending on what is appropriate for the worker's capacity as determined by a medical practitioner.

Your obligation to provide suitable employment is not limited to the location at which the worker was working prior to his/her injury, so you will need to consider relevant options across the organisation.

What about safety?

In planning the worker's return to work, the workplace rehabilitation provider should take into account, in consultation with us, the worker's safety as well as the safety of other workers. Your obligations under the Workplace Health and Safety Act (NT) remain. With the help of professionals, safe systems of work can be provided.

Will providing an injured worker with suitable employment cost me money?

You need to pay wages. However, training and equipment to support the worker's return to work may be approved and paid for by us where it is established that it will promote the worker's return to work. Talk to your CGU Case Manager to arrange any assistance or to negotiate agreed approval of expenses.

Injured workers with an open accepted claim are usually entitled to weekly compensation, which is the major source of costs in the workers' compensation scheme. These costs are passed back to employers through increases in their individual premium. If you want to keep your future premium down it is best to ensure work that contributes to your company's business is provided as soon as it is feasible to do so.

What if I want to terminate my injured worker's contract of employment?

You may have, or continue to have, an obligation to provide suitable employment or maintain the contract of employment. Please contact your Case Manager directly to discuss this process.

Section 8

Summary

In order to achieve a successful outcome, the injury management and return to work process requires a team effort with ongoing communication between you, your injured worker, medical practitioner and CGU.

We trust you have found this Pack informative and of benefit. We would appreciate any feedback on our services at any time to ensure we continue to partner with you to reduce workplace injuries and achieve positive return to work outcomes.

Remember our staff are always available to help you. Contact your Case Manager directly or feel free to contact us on the number below.

You will also find all the information and forms you need to manage a claim at our website **www.cgu.com.au**.

Alternatively you can contact NT WorkSafe with any queries you may have in relation to workers' compensation matters.

Notes

Notes

contact details

CGU Workers Compensation

Level 3 47 Mitchell Street
Darwin NT 0800

GPO Box 9960
Darwin NT 0801

Tel: (08) 8924 0331
Fax: (08) 8924 0399

cgu.com.au

NT WorkSafe

www.worksafe.nt.gov.au
Tel: 1800 250 713

...that's the CGU Advantage



Insurance Australia Limited
ABN 11 000 016 722
trading as CGU Workers
Compensation