

Priority 1: Worker and Employer Experience				
Standards	Description	Performance Evidence	Conformance	
			Yes	No
1.1 Communication	Workers and employers will be kept informed on significant matters including determination of liability, financial entitlements, premiums, 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 the claim's status, next steps, and stakeholder responsibilities.			
1.4 Privacy and Consent	The confidentiality of a workers' personal and health information is paramount. Identified misuse or unauthorised disclosure will have consequences. Consent authority is requested on the <i>Workers' Compensation Claim Form</i> 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.			

Priority 2: Claims Management				
Standards	Description	Performance Evidence	Conformance	
			Yes	No
<b>2.1</b> Claim Lodgement	Insurers will actively educate employers and employer representatives to lodge claims with an insurer within the legislative timeframe.			
<b>2.2</b> 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.			
<b>2.3</b> Pended Claims	<p>When a claim is pended, it will be actively managed to ensure a decision is made in a timely manner and the injured worker is aware of the status and progress of the claim.</p> <p>Where a claim is pended for greater than statutory timeframes, the insurer or self-insurer must document reasons for pending and provide evidence of a monthly review with the aim to progress the claim</p> <p>Communication with workers or their representatives is expected to increase in frequency when claims are pended.</p> <p>On claims pended greater than 3 months, senior oversight is required and a monthly status report will be provided to WorkCover WA.</p>			
<b>2.4</b> 'Without Prejudice' Payments	<p>Recognising the benefits of early treatment and injury management, insurers and self-insurers may consider paying for reasonable treatment and workplace rehabilitation without admission of liability.</p> <p>The reasons for making payments without admission of liability will be documented.</p>			

Priority 2: Claims Management				
Standards	Description	Performance Evidence	Conformance	
			Yes	No
<b>2.5</b> Weekly Payments	<p>Insurers will advise employers of their requirement to commence weekly payments within 14 days of liability being accepted. Self-insurers will commence weekly payments within 14 days of accepting liability. The first weekly payment will include backpay and leave adjustments.</p> <p>Insurers must reimburse weekly 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.</p>			
<b>2.6</b> Investigations	<p>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.</p> <p>Surveillance will only be used as a last resort and will be undertaken by licensed investigators in accordance with laws governing surveillance.</p>			
<b>2.7</b> Dispute Resolution – Insurer and Self- insurer Process	<p>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 before taking matters to WorkCover WA's Conciliation and Arbitration Services.</p> <p>Insurers and self-insurers will publish and actively implement their <i>Internal Dispute Resolution Policy</i>.</p>			
<b>2.8</b> Authority to Resolve Disputes	<p>Prior to attending WorkCover WA dispute resolution proceedings, insurer and self-insurer representatives must consider potential outcomes which may resolve a dispute. Representatives must attend WorkCover WA proceedings with clear authority to make decisions.</p>			

Priority 2: Claims Management				
Standards	Description	Performance Evidence	Conformance	
			Yes	No
<b>2.9</b> 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.			
<b>2.10</b> Workplace Fatality	Insurers and self-insurers will be guided by WorkCover WA's <i>Compensation for Workplace Fatality – Guidelines for Insurers/Self-Insurers</i> 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.			
<b>2.11</b> 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, <i>Standard 2.2 Decision-making</i> applies.			
<b>2.12</b> 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.			

Priority 3: Injury Management				
Standards	Description	Performance Evidence	Conformance	
			Yes	No
<b>3.1</b> Return to Work Objectives	<p>Insurers and self-insurers will promote the benefit of timely return to work to all parties. 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.</p> <p>Self-insurers will actively manage a worker's recovery and timely return to work. Injury management planning should begin from notice of injury to ensure timely treatment, rehabilitation and return to work.</p>			
<b>3.2</b> 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.			
<b>3.3</b> Workplace Rehabilitation Provider Referrals	<p>Insurers and self-insurers will actively monitor and review return to work progress and when considered necessary, encourage referral to a workplace rehabilitation provider.</p> <p>When an insurer or self-insurer receives notice of a workplace rehabilitation provider referral, the service will be arranged within 7 days. Insurers or 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.</p>			
<b>3.4</b> Return to Work Case Conferences	<p>Insurers and self-insurers will promote case conferencing as an important step in supporting a worker to stay at work, or return to work, after a workplace injury.</p> <p>Insurers will assist employers to prepare for and actively participate in the planned management of a worker's recovery and timely implementation of a return to work program. Employers will be advised of the worker's right to consult privately with their doctor prior to and during the case conference.</p>			

Priority 3: Injury Management				
Standards	Description	Performance Evidence	Conformance	
			Yes	No
<b>3.5</b> 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.			
<b>3.6</b> Independent Medical Examinations	<p>When it is determined an independent medical examination is required, insurers and self-insurers must:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• engage a medical practitioner who is independent and objective</li> <li>• document the reason for seeking the opinion of an independent medical examination and the reason for choosing the particular medical practitioner engaged, and</li> <li>• provide the medical practitioner with complete, accurate, unbiased and objective information and questions to address.</li> </ul> <p>Seeking multiple independent medical examinations of the same specialty is generally not appropriate and will require explanation.</p>			
<b>3.7</b> 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. Subsequent to receiving additional information, notice of the decision will be made within 5 days and if rejected, reasons will be provided to the worker.			

Priority 4: Underwriting				
Standards	Description	Performance Evidence	Conformance	
			Yes	No
4.1 New Policies	Insurers will quote new business policy terms within 14 days of receiving a completed application for insurance.			
4.2 Policy Renewals	Insurers will invite policy renewals at least 30 days prior to policy expiry. Full terms will be provided within 14 days of receiving required renewal documentation, and prior to policy expiry.			
4.3 Premium Transparency	Insurers will have a documented methodology and reasons for charging the premium and will provide sufficient reasons to WorkCover WA and the employer on request.			
4.4 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.			
4.5 Premium Loadings	Insurers will apply to WorkCover WA to charge premium loadings in accordance with WorkCover WA policy requirements.			
4.6 Certificates of Currency	A <i>Certificate of Currency</i> is evidence of a binding contract of insurance and must be issued by an insurer. Insurers will inform employers of their legal requirement to keep a current policy of insurance and for them to have a <i>Certificate of Currency</i> available for inspection by WorkCover WA.			
4.7 Policy Cancellation	WorkCover WA's <i>Workers' Compensation Policy Cancellation Request Form</i> must be completed for cancellation to be considered by WorkCover WA.			

Priority 5: Scheme Regulation and Administration				
Standards	Description	Performance Evidence	Conformance	
			Yes	No
<b>5.1</b> 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.			
<b>5.2</b> 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			
<b>5.3</b> Employer and Worker Reimbursement	Insurers and self-insurers are to process and pay reimbursement requests within 14 days.			
<b>5.4</b> 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.			
<b>5.5</b> WorkCover WA Policy	Insurers and self-insurers will comply with all relevant policies issued by WorkCover WA.			
<b>5.6</b> 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.			



Priority 6: Records Management				
Standards	Description	Performance Evidence	Conformance	
			Yes	No
<b>6.1</b> Claims Management Recordkeeping	<p>Insurers and self-insurers must record the following information:</p> <ul style="list-style-type: none"> <li>claim form and consent authority</li> <li>agreed contact plan</li> <li>case activity, including dates and summary of action</li> <li>liability decisions, including reasons</li> <li>pending claim reviews</li> <li>advice to workers of their right to access their case information, including personal and health information</li> <li>step-down in worker payments</li> <li>advice to the worker and employer after commencing weekly payments directly to the worker</li> <li>purpose and commencement of factual investigations, and</li> <li>purpose and approach of surveillance.</li> </ul>			

Priority 6: Records Management				
Standards	Description	Performance Evidence	Conformance	
			Yes	No
6.2 Injury Management Recordkeeping	<p>Insurers and self-insurers must record the following information:</p> <ul style="list-style-type: none"> <li>• 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: <ul style="list-style-type: none"> <li>◦ date of current plan</li> <li>◦ name of the worker and employer</li> <li>◦ contact with the worker and treating medical practitioner</li> <li>◦ return to work goals</li> <li>◦ actions to be taken, and by whom</li> <li>◦ worker consent with the content of the program</li> <li>◦ whether workplace rehabilitation is required, and date of commencement</li> <li>◦ a review date, and outcomes, no more than four weeks from consent</li> <li>◦ changes in worker capacity and restrictions, as advised by the treating medical practitioner, and</li> <li>◦ timeliness of actions listed in the return to work program.</li> </ul> </li> <li>• intent and reasons for case conferences, and</li> <li>• reasons for decisions.</li> </ul>			
6.3 Notifications	<p>Insurers and self-insurers must provide:</p> <ul style="list-style-type: none"> <li>• pending claim notifications</li> <li>• liability notices to the worker, employer and WorkCover WA, where relevant</li> <li>• termination day notifications</li> <li>• worker notification advising the prescribed amount for medical and other expenses has reached 60% of the total available</li> <li>• discontinuance or reduction of weekly payments, and</li> <li>• dependency claim notifications.</li> </ul>			

Priority 6: Records Management				
Standards	Description	Performance Evidence	Conformance	
			Yes	No
<b>6.4</b> Underwriting	Insurers must record: <ul style="list-style-type: none"> <li>• policy holder contact details (including phone and email), claim information and wages</li> <li>• evidence of premium quotes requested and provided, and</li> <li>• compliance with the Employer Indemnity Policy, as endorsed by WorkCover WA.</li> </ul>			
<b>6.5</b> Administrative Expectations	Insurers and self-insurers must ensure: <ul style="list-style-type: none"> <li>• records storage controls are documented</li> <li>• number and severity of legislative and/or policy breaches</li> <li>• data is complete, accurate and supplied to WorkCover WA within 14 days of the close of each calendar month, and</li> <li>• data errors are corrected within 30 days of insurers and</li> <li>• self-insurers being notified by WorkCover WA.</li> </ul>			