

Review Unit Policy

Prompt and non-adversarial management of review applications

Key Words

Prompt, non-adversarial, 3 months, review decision

Purpose

This policy outlines relevant considerations to ensure the Workers' Compensation Regulator (the Regulator) complies with the legislative requests for a prompt and non-adversarial review process.

Other Associated Policies or Material

Workers' Compensation and Rehabilitation Act 2003

Workers' Compensation and Rehabilitation Regulation 2003

Review Unit Procedure – Deciding a request for an extension of time to lodge an application for review

Review Unit Procedure – Procedural Fairness during the review process

Responsible Persons

Executive Manager – Review & Appeals Unit

Team Leaders – Review Unit

Review Officers

Registration Officers – Review Unit

Background

Section 541 of the *Workers' Compensation and Rehabilitation Act 2003* ('the Act') outlines that a claimant, worker or employer who are aggrieved by an insurer's decision, or the insurer's failure to make a decision, may apply for review.

Section 539 sets out that the object of the review process is to provide a non-adversarial system for prompt resolution of disputes.

Policy

In order to ensure prompt and non-adversarial management of review applications the Regulator will:

- encourage potential review applicants to use the full extent of the 3 month timeframe available to them after receiving the insurer's decision, to obtain the information they wish to submit with the application for review
- provide telephone and web-based support to potential review applicants with information on the review process
- be guided by the object for review stated in Section 539 of the Act for a **prompt and non-adversarial review process**
- make its best endeavours to ensure review decisions are made within 25 business days of the Regulator receiving a valid review application, as specified in Section 545 of the Act
- Within the context of a prompt and non-adversarial process, the Regulator will endeavour to manage each review application without bias and ensure the applicant and other parties have had the opportunity to be heard.

Approximately only 1% of all of the premium and claims decisions, that are able to be reviewed, made by insurers result in a review application being lodged with the Regulator. We recognise that all review applicants (employers or workers) feel aggrieved by the insurer's decision. Typically both the review applicant and the other party have a strong interest in both the outcome of the review decision and how promptly a decision can be made by the Regulator.

To assist the Regulator in balancing the interests of both parties whilst satisfying the object of the review process outlined in the Act, we have two written procedures that promote prompt and non adversarial decision making at review. These procedures are as follows:

- Review Unit Procedure – Deciding a request for an extension of time to lodge an application for review
- Review Unit Procedure – Procedural Fairness during the review process

Policy Owner:

Executive Manager – Review & Appeals

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