WORKERS COMPENSATION CLAIMS, NUMBER AND PROCESSING

2671. Mrs C.L. Edwardes to the Minister for Consumer and Employment Protection

(1) I refer to the issue of workers compensation claims and ask how many workers' compensation claims are currently in the system?

(2) How many have been in the system for -

(a) less than six months;
(b) between six and 12 months;
(c) between 12 and 18 months;
(d) between 18 months and two years;
(e) between two years and 2.5 years;
(f) between 2.5 and three years;
(g) between three and 3.5 years;
(h) between 3.5 and four years;
(i) between four and 4.5 years;
(j) between 4.5 and five years; and
(k) longer than five years?

(3) What is the current limit on processing workers compensation claims?

(4) What happens to claims not finalised within that period?

(5) What are the main reasons for delays?

(6) Is it correct that writs have been issued against WorkCover to prevent claims from being processed?

(7) If so, how many?

(8) If so, for what reasons?

(9) What is the level of cooperation between WorkCover and WorkSafe?

Mr J.C. KOBELKE replied:

(1) 63,262. The number must be interpreted in line with the data specifications.

The data represents all claims lodged since 1991 that were 'active' during the financial year 2002/2003. An 'active claim is one for which any payment was made during 2002/2003. The groupings are based on actual days lost over the life of each 'active' claim, regardless of when the claim was received by the insurer or self-insurer. Part 2(a) includes lost time and no lost time claims. No lost time claims are those which there was no actual time lost, but for which there was a payment made during 2002/2003 (usually one or more medical payments).

The figures exclude Disallowed and Duplicate claims.

The data were extracted from WorkCover WA's production database on 1 December 2003, and represent returns from insurers and self-insurers up until the end of September 2003, apart from three insurers and two self insurers who were late (with a negligible effect on claim numbers).

(2) (a) 58,282;
(b) 2,484;
(c) 1,169;
(d) 610;
(e) 333;
(f) 190;
(g) 89;
(h) 56;
(i) 22;
(j) 6; and
(k) 21.

(3) The Act requires approved insurers and self insurers to process claims (that is accept, deny or pend seeking more time to determine liability) within the timeframe of 14 days of receipt of a first medical certificate and a claim form from the employer in the case of an approved insurer and 17 days from the receipt of this information from the worker in the case of a self insurer.

(4) The process described in 3 above provides that for workers in cases where claims are denied or pended (ie where more time is required by the insurer to determine liability) they may seek to have their claim determined through the dispute resolution process.

(5) As indicated in 3 and 4 above approved insurers and self insurers may deny a claim which means they do not accept liability usually because they have evidence to indicate the injury is not work related. In the case of a pended claim the insurer is normally seeking to establish that the claim presented represents a work related injury. The main reason for delay is to gather supporting or contrary medical evidence.

(6) No.

(7) Not applicable.

(8) Not applicable.

(9) There is a high level of co-operation which will be further improved by the legislative changes soon to be introduced into the Parliament.