



**Australian Government**

# **WHS Incidents and Insurance Readers' Guide - Providers**

This guide offers advice to providers on Work Health and Safety (WHS) incident management, and insurance arrangements for all individuals in activities under Workforce Australia Services, Workforce Australia - Transition to Work, Parent Pathways, or other Departmental programs, a full list of covered activities is available at Attachment A.

<b>Introduction</b>	<b>2</b>
<b>How to use this Guide</b>	<b>3</b>
<b>Incident management</b>	<b>4</b>
<b>Completing a WHS Incident Report</b>	<b>8</b>
<b>Provider actions and responsibilities</b>	<b>9</b>
<b>Insurance information</b>	<b>10</b>
<b>Group Personal Accident insurance information</b>	<b>12</b>
<b>Medical and hospital costs</b>	<b>13</b>
<b>Public and Property Liability Insurance</b>	<b>15</b>
<b>Workforce Australia Employment Services Provider Information</b>	<b>16</b>
<b>Workforce Australia - Transition to Work Provider Information</b>	<b>17</b>
<b>Parent Pathways Provider Information</b>	<b>18</b>
<b>Attachment A</b>	<b>19</b>

# Introduction

The *WHS Incident and Insurance Readers' Guide – Providers* (the Guide) details providers' obligations referred to in the relevant Deeds and guidelines, as managed by the Department of Employment and Workplace Relations (the Department).

The Guide also details the type of insurance cover available to participants, including the children of participants in Parent Pathways, in the event they are injured while participating in employment services activities and explains the role of providers in submitting insurance claims.

Important: The *WHS Incident and Insurance Readers' Guide – Providers* is not a substitute for the insurance policies. It does not reflect all terms, conditions, exclusions and limitations of the actual insurance policies. Please refer to the insurance policy documents for the actual terms and conditions. If there are any discrepancies between this Guide and the insurance policy documents, the insurance policy documents take precedence.

In the *WHS Incidents and Insurance Readers' Guide – Providers*:

- **“activity”** refers to the range of activities individuals can undertake to help improve their chances to find, keep and change jobs or create their own job. For example, attending a course facilitated by a training provider is an activity.
- **“activity supervisor”** refers to your supervisor while at an employment services activity or placement;
- **“Department’s IT System”** formerly known as ESSWeb, refers to the online system for records keeping related to Employment Services Programs as managed by the Department, may also be known to providers as Workforce Australia Online for Providers or the Workforce Australia Digital Platform.
- **“participants”** refers to individuals eligible for receiving Workforce Australia Services, undertaking Workforce Australia Services (including Workforce Australia Online), Transition to Work, Parent Pathways and other Employment Services, a full list of covered activities is available at Attachment A;
- **“provider”** is a general term which refers to any employment services provider offering an activity listed in Attachment A; caseload provider; non-caseload provider; referring provider; non-referring provider.
- **“Work for the Dole Community Support Projects (CSP) host organisations”** refers to host organisations, landowners, lease holders and farms who are receiving assistance from participants undertaking Work for the Dole Community Support Projects as defined in the Workforce Australia Deed of Standing Offer;

- **“WHS incident”** refers to any incident, event or near miss that resulted in, or may have resulted in, harm to a person or property.

## **General Advice Warning**

The information in this Guide is for general information only and does not take into account an individual’s personal objectives, financial situation or needs. Before acting on this advice you must assess whether it is appropriate in accordance with your own objectives, financial situation or needs.

If this advice contains information about a particular financial product, you should ensure you obtain a Product Disclosure Statement (PDS) in respect of that product prior to making any decision to acquire that product.

## **Further information**

Any questions about these policies should be directed to your Provider Lead in the first instance. If further information is required, contact the Department’s National Customer Service Line on 1800 805 260.

Full policy details are available in the relevant insurer’s Product Disclosure Statement. In the event of any discrepancy between these documents, the Policy Disclosure Statement takes precedence.

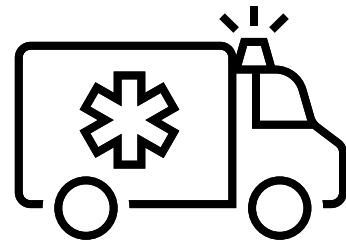
## **How to use this Guide**

This Guide has two main sections: incident management processes, and insurance information. Providers are encouraged to use this Guide to understand their WHS incidents reporting and management obligations, and to understand insurance cover available to participants.

**For further information on this guide, please contact your Provider Lead.**

## Incident management

This section outlines what should happen if a participant is involved in a WHS incident at an employment services activity. It also covers steps to take if a third party suffers an injury at an activity or there is damage to property.



The provider is required to report to the Department all activity-related accidents or near misses that happen to participants (including travel to, from or during an activity).

These include:

- any Critical WHS Incidents (including in relation to a participant or member of the public), which must be reported to the Department within one hour
- any Non-critical WHS Incidents, which must be reported as soon as possible and on the same day as the incident occurred.

A '**Critical WHS Incident**' has the same definition as a notifiable incident under the *Work Health and Safety Act 2011* (Cth) and means an incident that results in the death of a person, a serious injury or illness of a person or a dangerous incident. Examples of a Critical WHS Incidents include: injuries requiring immediate treatment as an in-patient in a hospital, a serious head or eye injury, a serious burn, spinal injury, or amputation of any part of the body. A dangerous incident is an incident that exposes a person to a serious risk to health or safety due to an immediate or imminent exposure to: electric shock, spillage/leakage of a substance, uncontrolled implosion, explosion or fire. Please refer to the relevant clauses in the Work Health and Safety Act in your state jurisdiction.

A '**Non-critical WHS Incident**' is any incident that relates to a work, health and safety issue or near miss, but is not a Critical WHS Incident. Non-Critical Incidents must be reported to the Department on the same day as the incident is reported to the provider. Non-Critical WHS Incidents include incidents such as those involving non-serious injury requiring first aid and/or assistance from a medical practitioner, minor property damage, or near misses that could have resulted in serious or non-serious injury and any other WHS incidents that are non-Critical that may impact upon a participant or the Department or bring the provider or the Services into disrepute.

## What to do when a participant is injured?

The table below outlines the process if a participant is injured at an employment services activity. Providers must ensure participants and activity supervisors are aware of the steps they need to take, and activity supervisors and hosts are aware of the support they need to provide to participants.

### Initial Phase

**Timeframe: Incident occurs, 0-2 hours**

Who	Requirements/processes
Participant	<ul style="list-style-type: none"> <li>• Reports the incident to their activity supervisor and activity provider.</li> <li>• Seeks medical treatment (if required) as soon as possible after the injury occurs and follows proper medical advice.</li> </ul>
Activity supervisor	<ul style="list-style-type: none"> <li>• Provides assistance and support to the participant by               <ul style="list-style-type: none"> <li>- offering first aid and contacting emergency services (if needed)</li> <li>- ensuring they are safe and comfortable</li> <li>- contacting the participant's provider.</li> </ul> </li> <li>• Completes an incident report form as soon as possible, and on the same day of incident, records all details of the incident (including photographs of any injuries or damage), and sends it to the provider(s) in accordance with program guidance material.</li> </ul> <p><b>Note:</b> The primary concern should be the affected participant's welfare and the welfare of other participants present.</p>

### Next Steps

**Timeframe: ASAP or on the same day as an incident is notified to them**

Who	Requirements/processes
Provider	<ul style="list-style-type: none"> <li>• Determines if the incident is <b>critical or non-critical (as defined above)</b> and follows the correct process:</li> </ul> <p>The provider must notify the Department of any <b>critical WHS incidents</b> as soon as possible, and within one hour by phone, followed up with a formal written notification to the Provider Lead. The Provider Lead will notify the relevant team within the Department. Providers must also complete and submit a WHS Incident form as soon as practicable and on the same day as the incident occurred at an Activity.</p> <p>The provider must notify the Department of any <b>non-critical WHS incidents</b> by completing the WHS Incident Notification screen in Department's IT System as</p>

Who	Requirements/processes
	<p>soon as practicable and on the same day the incident is reported to the provider. The WHS Incident Notification screen can be accessed through the sidebar on the Caseload screen using the participant's JSID, or through the 'Manage' functionality for the participant involved on the Activity Placement screen using the Activity ID.</p> <p>If the Department's IT System is not accessible, complete the WHS Employment Assistance Program Incident Report located on the WHS Incidents and Insurance page on the Provider Portal.</p> <p><b>Note:</b> A reference number will be provided on submission of WHS Incident notifications in Department's IT System. If a number is not provided, email <a href="mailto:insuranceandincidents@dewr.gov.au">insuranceandincidents@dewr.gov.au</a>.</p>
Department	<ul style="list-style-type: none"> <li>Receives an incident report via Department's IT System. Automatically generated emails are forwarded to the Insurance and Incidents Team.</li> </ul>
Insurance and Incidents/ and relevant Program Area	<ul style="list-style-type: none"> <li>Insurance and Incidents team/relevant program area reviews and actions where necessary. The Insurance and Incidents team/program area follows up with relevant Provider Lead for action and/or additional information, as required.</li> <li>Ensures the Provider Lead and/or the State Network Delivery Officer has given the provider information to assist the participant with the insurance process.</li> <li>If claim is submitted to the insurer, Insurance and Incidents team confirms date and details of incident to the insurer.</li> </ul>

## Ongoing Support

**Timeframe: Day 2+**

Who	Requirements/processes
Provider	<ul style="list-style-type: none"> <li>Provides the participant with a copy of the <b>WHS Incident and Insurance Readers' Guide - Participants</b> and explains how to lodge an insurance claim.</li> <li>Helps participant fill out the '<i>Group Personal Accident Insurance Claims Form</i>', available on the Provider Portal (if applicable).</li> <li>Works with the participant to ensure they are not left with out of pocket expenses. These may be claimable on the provider's insurance or the provider can request the Department reimburses these expenses where appropriate</li> </ul>

Who	Requirements/processes
	<p>and available through the Department’s Employment Fund, Upfront Payments (Transition to Work), or Parent Funds (Parent Pathways).</p> <ul style="list-style-type: none"> <li>• Reviews risk assessment, and updates where appropriate.</li> <li>• Reviews the participant’s Mutual Obligation requirements and supports participant to request an exemption (if required).</li> </ul>
Participant	<ul style="list-style-type: none"> <li>• Continues to follow medical treatment (if required) to assist in recovery.</li> <li>• Keeps all receipts to obtain reimbursement.</li> <li>• Seeks reimbursement from Medicare.</li> <li>• If applicable, lodges an insurance claim for out of pocket expenses, non-Medicare medical expenses or other benefits directly to the insurer. <ul style="list-style-type: none"> <li>○ The form and the supporting receipts can be submitted directly to the insurer at <a href="mailto:claims@ahiinsurance.com.au">claims@ahiinsurance.com.au</a> for claim assessment.</li> </ul> </li> </ul> <p><b>Note:</b> The provider should help the participant if they require assistance with the claim form or with the insurer in general.</p>
Insurer	<ul style="list-style-type: none"> <li>• Considers the participant’s claim, assesses the evidence supplied and advises the participant of the outcome.</li> <li>• Provides a Claim Assessment Advice outlining the insurance coverage and limits (as necessary).</li> <li>• Reimburses eligible medical expenses in accordance with the policy.</li> </ul>

# Completing a WHS Incident Report

## Through the Caseload screen

When a provider has the participant directly on their caseload, they will be able to access the WHS Incident screen through the selecting 'WHS Incident' option on the sidebar of the Caseload screen in the Department's IT System.

Select 'Add WHS Incident', completing the fields, with as much detail as is available and submitting the incident on the 'Review & Submit' page.

**Note:** A reference number will be provided on submission of WHS Incident notifications in Department's IT System. If a number is not provided, email [insuranceandincidents@dewr.gov.au](mailto:insuranceandincidents@dewr.gov.au).

## Through the Activity screen

When an activity provider has a participant referral from the self managed digital caseload or a second provider, they are able to report WHS incidents by opening the Activity in Activity Hub in the Department's IT System. Then selecting the 'Placements' option on the sidebar of the Activity screen, selecting the 'Manage' option for the correct Participant involved in the WHS Incident.

Select 'Add WHS Incident', completing the fields, with as much detail as is available and submitting the incident on the 'Review & Submit' page.

**Note:** A reference number will be provided on submission of WHS Incident notifications in Department's IT System. If a number is not provided, email [insuranceandincidents@dewr.gov.au](mailto:insuranceandincidents@dewr.gov.au).

## Unable to complete WHS Incident report online

If the Department's IT System is not accessible, or the WHS Incident form is unable to be submitted, complete the WHS Employment Assistance Program Incident Report located on the WHS Incidents and Insurance page on the Provider Portal. And email the completed form to the department's [insuranceandincidents@dewr.gov.au](mailto:insuranceandincidents@dewr.gov.au) mailbox and cc your Provider Lead.



# Provider actions and responsibilities

## Supporting participants post incident - take time to talk

- make time for conversations
- give affected participants the chance to talk openly about the incident
- provide constructive support. People are more likely to cope with an incident and have less fear, if they get positive support, and
- offer a sensitive, confidential debriefing as soon as possible after the incident.

## Make sure the activity supervisor knows how to support the participant

- talk to the activity supervisor about supporting the participant. This may include alternate duties, adjusted hours or different tools or equipment.

## Keep the Department informed

- Maintain records, ensure case records are accurate and updated.
- Conduct timely investigations, including post-incident questionnaires and evaluations.
- Respond promptly to requests for information from the Department.

## Learn from experience

- review all relevant risk assessments and arrangements to establish whether you need to modify existing control measures.

## If applicable, notify your WHS Regulator

- Report 'notifiable incidents' as defined Section under 35 of the Work Health and Safety (WHS) legislation to your Work Health and Safety Regulator.
  - Under Section 35 of the WHS Act a 'notifiable incident' is defined as: the death of a person, or the serious injury or illness of a person, or a dangerous incident.
- Providers must advise the Department immediately of such an event and advise if the incident has been reported to the relevant Work Health and Safety Regulator.
- For more information regarding Notifiable incidents, please refer to the [Incident notification information sheet | Safe Work Australia](#).

## Insurance information

The Department purchases Group Personal Accident insurance and Public and Products Liability insurance to cover participants in the event of injury or damage to third party individuals or property while undertaking an activity or placement. Full list of programs and approved activities covered is available at Attachment A.

It also purchases Public and Products Liability insurance for Work for the Dole Community Support Project host organisations.

This section provides general information about the Department’s insurance arrangements. It does not constitute legal advice and should not be relied upon as such.

### What insurance does the Department purchase?

The Department purchases the following three insurance policies:

Class of Insurance	Explanation of Cover
Group Personal Accident insurance	Covers the participant in respect of personal injury or death that occurs while undertaking approved activities, including direct travel to, from or during such activities.
Public and Products Liability insurance for participants	Covers the legal liability of the participant arising out of their negligence that causes personal injury to a third party, or damage to a third party’s property, while participating in approved activities.
Public and Products Liability insurance for Work for the Dole CSP host organisations	<p>Covers the legal liability of;</p> <ul style="list-style-type: none"> <li>• Work for the Dole CSP host organisations</li> <li>• owners of private property;</li> <li>• land lease holders; and</li> <li>• farms</li> </ul> <p>who are receiving assistance from participants undertaking Community Support Projects.</p> <p>The insurance provides coverage where a claim is denied under the Work for the Dole CSP host organisation, owner or lease holder or farm’s own public liability insurance policy because that policy excludes particular claims arising in relation to the Community Support Project.</p>

## Who does the Department purchase employment services insurance from?

The Department purchases:

- Group Personal Accident insurance from Accident and Health International (AHI) Underwriting Pty Ltd
- Public and Products Liability insurance from Pen Underwriting.

## How is an insurance claim made?

To submit a Group Personal Accident insurance claim for a personal injury to the insurer, participants will need to complete and sign a claim form listing any treatment or out of pocket expenses not covered by Medicare.

Receipts must be provided for any injury-related expenditure, such as medical treatment, transportation and parking.

The claim form and any receipts must then be submitted via email to [claims@ahiinsurance.com.au](mailto:claims@ahiinsurance.com.au).

Any questions about the claim should be submitted to AHI via email to [claims@ahiinsurance.com.au](mailto:claims@ahiinsurance.com.au) or by phone on 1800 618 700.

Note: A report of the incident would have been received by the Department at the time of the incident. AHI and the Department will conduct a reconciliation of the initial incident notification and the insurance claim.

A provider should always help provider serviced participants to submit a claim if assistance is required.

All submitted claims are considered by the relevant insurer to determine if the claims fall within the insurance policy.

To ensure their claim is processed, the participant they should submit it as soon as possible after the event, noting time limits may apply.

All participants in approved activities are covered and may claim insurance.

## How do participants contact the insurer?

To submit an insurance claim to the insurer for personal injury, or if participants have questions about their claim, they can email AHI at [claims@ahiinsurance.com.au](mailto:claims@ahiinsurance.com.au) or call 1800 618 700.

## Who can participants or CSP host organisations speak to about insurance?

All questions from participants and/or Work for the Dole CSP host organisations should be directed to you (as the provider) in the first instance. If further information is required, contact the Department's National Customer Service Line on 1800 805 260.

## **Group Personal Accident insurance information**

This section provides information about the Group Personal Accident insurance policy which provides insurance for participants who are injured at employment services activities.

Full policy details are available in the relevant insurer's Product Disclosure Statement (PDS).

In the event of any discrepancy between these documents, the PDS takes precedence.

### **What is the participant covered for?**

If a participant is injured when participating in an approved activity, they may lodge an insurance claim under the Group Personal Accident insurance policy.

The policy also covers injury that occurs when travelling directly to and from, and during activities.

Participants are not covered for illness or sickness.

If a participant has been injured at an approved activity, they may lodge a claim for out of pocket expenses incurred as a result of the injury. Expenses may include medical treatment or travel. Please note: the policy does have standard exclusions.

### **What if the injury was not obvious until the participant finished the activity or the next day?**

All incidents and injuries should be notified to the Department as soon as possible and on the same day as the incident. Where a participant or activity supervisor notifies the provider of an incident or injury outside this timeframe, the provider must still notify the Department as soon as possible and on the same day after becoming aware of the injury.

Failure to notify the Department of an incident may prejudice the insurer if the participant later decides to lodge an insurance claim.

### **When does the insurance coverage start and end?**

The insurance covers participants while they are attending an approved activity, including travel to and from activities and between activities.

### **What is 'direct' travel?**

'Direct' travel is uninterrupted travel that is:

- travel from the participant's home to the activity
- travel between activities
- required travel during the activity
- travel to and from the provider's location to the activity.

### **What if the claim is rejected by the insurer?**

If the insurer rejects the claim, you may seek a review. There is a three tier review process, all steps in the review process are free of charge.

First, you may speak to a staff member from the insurance company about the claim. Secondly, if the matter is not resolved to your satisfaction, you may access the insurance company's Complaints and Dispute Resolution Process.

If the matter remains unresolved, you can lodge a complaint with the Australian Financial Complaints Authority.

## **Can participants claim WorkCover?**

No, participants on income support undertake placements that are recognised as 'Approved Programs of Work' under Social Security legislation. This means that a participant is not an employee while undertaking a placement. As participants are not employees, they are not eligible for workers' compensation.

## **Medical and hospital costs**

### **When should a participant seek medical treatment?**

Participants who are injured at an activity should immediately seek medical treatment from a medical professional.

### **What medical and hospital costs are not covered under the policy**

Participants may claim medical costs that are not subject to the Medicare rebate. These costs can be claimed within 12 months from the date the injury was sustained.

Non-Medicare medical costs may include treatments from allied health providers, including but not limited to physiotherapy, chiropractic and osteopathy.

No cover is provided for any Benefit payment that would constitute the carrying out of a "Health Insurance Business" as defined under the Private Health Insurance Act 2007 (Cth) or any succeeding legislation to that Act or would result in a breach of the provisions of the Health Insurance Act 1973 (Cth) or the National Health Act 1953 (Cth).

### **What if the participant is still out of pocket for their medical treatment costs?**

If a provider serviced participant is out of pocket following injury and the **insurer does not** cover those costs, the participant should speak to their provider.

The provider may consider covering the Medicare gap or out of pocket expenses under the Workforce Australia Employment Fund, Transition to Work Upfront Payments, or the Parent Pathways Parent Fund, depending on the participant's circumstances, and in accordance with any guidelines.

For further information please consult the relevant guideline or your Provider Lead.

## **What should participants tell their doctor/treatment provider when they ask about payment?**

AHI has developed letters to help health professionals understand the insurance that is available to participants. There are two letters:

- Medical Practitioner – provides an explanation of your insurance coverage and clarifies that it is not workers' compensation insurance.
- Allied Health – provides information on the insurance available and the treatment options available under the insurance.

Participants may seek a copy of the letters from AHI via their provider.

## **Who will pay for medical costs at time of treatment?**

Participants will generally be required to pay their medical costs upfront.

If treatment is not covered by Medicare and a participant is unable to pay their medical costs upfront, they should speak to the insurer. In some cases, the insurer may agree to pay the non-Medicare rebated treatment provider directly.

## **What happens to a participant's income support payments if they are injured? Who can they speak to about this?**

If a participant is unable to participate in an activity or is unable to meet their mutual obligation requirements because of an injury, they will need to speak to their provider.

If a participant has a valid reason for not attending a particular activity or undertaking any of their mutual obligation requirements because of an injury, they must let Services Australia and their provider know as soon as possible before the date of the scheduled requirement to ensure their income support payment is not put on hold or cancelled.

An injured participant may also be eligible for a temporary medical exemption from their mutual obligation requirements, this is arranged through Services Australia.

The participant should contact Services Australia with written evidence of their medical condition to seek an exemption.

## **What benefits are payable under the policy?**

For full details of policy please see insurance policy and schedules

### **Out of pocket**

Any expense that is non-Medicare related, for example non-Medicare related treatment gaps, petrol and transport.

## Non-Medicare Medical expenses

Expenses incurred from treatment not covered by Medicare, for example from allied health providers, including but not limited to physiotherapy, chiropractic and osteopathy. Please see the insurance policy and schedule for full details of the coverage.

## Broken/Fractured bones

A participant may be eligible for a once-off compassionate benefit when diagnosed with broken or fractured bone(s).

# Public and Property Liability Insurance

## What happens if a third party suffers an injury at an activity or there is damage to property?

The provider and/or activity supervisor **must**:

Step	Action
1	Provide assistance to the injured person and notify any emergency services, if appropriate to do so.
2	Take all reasonable steps, following an accident or loss, to protect any person or property from any further injury, loss or damage.
3	Not imply fault or accept responsibility as this may prejudice your claim with the Insurer. The Insurer has undertaken to accept the risks against which the Department is insured, so it is their responsibility to accept or reject liability.
4	Immediately record all details (no matter how minor the injury may seem at the time) of:  a) the incident (location/time), including photographing any injuries or damage, b) any third party who has, or may have, sustained injury, loss or damage, and c) any witnesses to the accident or loss.
5	Complete the 'Public and Products Liability Claim Form' <b>available on the provider portal</b> and forward it and email relevant documentation to the <a href="mailto:InsuranceandIncidents@dewr.gov.au">InsuranceandIncidents@dewr.gov.au</a> mailbox.  The Public and Products Liability Claim Form is also an incident report and should be completed any time there are third party injuries or accidental damage to property.

# Workforce Australia Employment Services Provider Information

This section outlines specific information for Workforce Australia Services providers seeking to use the Employment Fund for Workforce Australia Services participants. For further information on using the Employment Fund, please consult the relevant Deed and guidelines, or speak with your Provider Lead.

The Employment Fund is not available for Workforce Australia Services Online Participants.

Please refer to the appropriate section in this document for information on Workforce Australia – Transition to Work Upfront Payments and Parent Pathways Parent Funds.

## Claiming the Medicare Gap through the Employment Fund

### Can I use the Employment Fund to claim Medicare Gap expenses for an injured participant?

Yes, for provider serviced participants. If a participant is out-of-pocket following an injury and the insurer does not cover those costs, the participant may refer the matter to the provider for consideration. The decision to access the Employment Fund is at the provider's discretion and in accordance with the Employment Fund General Account Guidelines.

Providers can self-approve reimbursement of Medicare Gap expenses up to \$1,000 per participant per year (excludes GST). Any claim for Medicare Gap expenses in excess of this amount must be approved by a Provider Lead or State Network Delivery Officer prior to claiming reimbursement through the Employment Fund.

Employment Fund is not available for Workforce Australia Online participants.

### What information will I need to provide to the Department once the Employment Fund reimbursement limit for Medicare Gap expenses has been exceeded?

The following documents will be required once the Employment Fund reimbursement limit for Medicare Gap expenses has been exceeded:

- WHS Incident number from Department's IT System (or a copy of the Incident Report)
- participant details
- activity details
- participation details, and
- copies of any medical reports and invoices.



## How will I know if the request for reimbursement of Medicare Gap expenses is approved?

A Provider Lead or State Network Delivery Officer will respond to all requests in writing.

## When do I reimburse the participant?

For Medicare Gap expenses under the \$1,000 limit, a Workforce Australia Employment Services provider can reimburse the participant immediately.

For Medicare Gap expenses in excess of the \$1,000 limit, a Workforce Australia Employment Services provider must only reimburse the participant after the requested amount has been approved in writing by the Department.

## When am I reimbursed?

Once a Workforce Australia Employment Services provider has reimbursed the participant, then they can claim reimbursement of the Medicare Gap expenses through the Employment Fund.

# Workforce Australia - Transition to Work Provider Information

This section outlines specific information for Workforce Australia – Transition to Work providers seeking to use Upfront Payments for Transition to Work participants. For further information on using Upfront Payments, please consult the relevant Deed and guidelines, or speak with your Provider Lead.

Please refer to the appropriate section in this document for information on using the Employment Fund for Workforce Australia Employment Services and Parent Pathways Parent Funds.

## Claiming the Medicare Gap through Upfront Payments

Transition to Work providers can use their discretion to reimburse a participant for out of pocket expenses not covered by Medicare, private health insurance or other subsidies or programs through Upfront Payments. Requirements for a claim must be met.

The process to claim is:

1. The participant receives and pays for medical treatment, claims any reimbursement from Medicare, and submits evidence of payment and the gap (e.g. a receipt) to their provider for consideration.
2. The provider assesses the evidence to see if the expense meets all requirements.
3. The provider pays the participant for out of pocket expenses.
4. The provider may choose to make a comment in ESS and include any evidence of the payment as part of the participants record.

## Parent Pathways Provider Information

This section outlines specific information for Parent Pathways providers seeking to use the Parent Funds for participants' health and medical expenses. For further information on using the Parent Funds, please consult the *Parent Pathways Deed 2024-2027* and *Parent Pathways Guidelines*, or speak with your Provider Lead.

Please refer to the appropriate section in this document for information on using the Employment Fund for Workforce Australia Employment Services and Workforce Australia - Transition to Work Upfront Payments.

### Claiming reimbursements through the Parent Funds

Parent Pathways providers can claim reimbursement from the Pooled Fund (Non-Vocational Support or Professional Services categories), for eligible health and medical expenses of participants, and in some cases their children. If a medical expense is not bulk-billed or offered as a free service, providers can claim reimbursement for a participant's out of pocket expenses not covered by Medicare, private health insurance, subsidies or other programs, in line with the Parent Funds chapter of *Parent Pathways Guidelines*. The process to claim reimbursement is:

1. The participant receives and pays for medical treatment, claims any reimbursement from Medicare, and submits evidence of payment and the gap to their provider for consideration.
2. The provider assesses the evidence against *Parent Pathways Guidelines*. If the expense meets all requirements, the provider may pay the participant and seek reimbursement through the Parent Funds.
3. The provider creates a commitment in the Department's IT System and makes a claim for reimbursement.

**For further information on this guide, please contact your Provider Lead.**

## Attachment A

Participants in Workforce Australia, Workforce Australia Online, Transition to Work and Parent Pathways undertaking the following Activities are covered under the insurance policies referred to in this guide:

<b>Activities</b>
Career Transition Assistance
Employability Skills Training
Launch into Work
Local Jobs Program
Non-government programmes (AAR)
Parent Pathways (and children)
Self-Employment Assistance Workshops & Training
Transition to Work
Observational Work Experience
Provider Sourced Voluntary Work
Work for the Dole
Work for the Dole (CSP)
Workforce Specialists