

MIB March 31st Official Injury Claim Clinic Q&A Part 1

1. In contrast to part 4.7 the PAP is silent as to the path, should a claim exit under part 11.6 – where an NVC puts the overall value over £10K. Does the claim continue under the RTA Protocol (submit CNF) if in scope, or can the claimant litigate? This is the 3rd time I have asked this an answer would be appreciated.

You only consider the NVC at the point that you have been unable to resolve the portal claim. It is otherwise outside of the scope of the portal. If adding NVC at section 11 takes the claim over the £10,000 limit the claimant will start proceedings in Part 7.

2. If a claimant moves from one representative firm (e.g. law firm) to another does the new representative firm take over the existing claim on the Official Injury Claim Portal or do they have to start again with a new SCNF etc.? What if the claimant instructs a law firm having started on OIC as an unrepresented claimant?

There is no mechanism within the portal for change of representation (or for adding a representative to an unrepresented claimant). In these cases, the existing claim on the portal will need to be withdrawn and the new rep start the journey again. The portal has a print/download facility so that evidence previously uploaded can be re-used.

3. It is not clear how long a compensator has to pay for a medical report before it is deemed to be overdue. In order to maintain their obligations to the Court, experts need to be paid on set credit terms.

The system does not cater for payment of medical reports.

4. Is there a plan to provide API JSON examples at each stage? It is becoming increasingly difficult to test; the data dictionaries do not match the expected JSON and the expected JSON does not match the web user journey.

In our upcoming sprint 34 release we shall provide the latest samples of API JSON requests for all API calls. As for the question on the API not being in line with the API we would require specific examples: the Professional user and compensator journey should be aligned with the API.

5. For LiPs, if the compensator challenges the medical report, do they retain responsibility for payment?

Compensators effectively engage the medical journey for unrepresented claimants once a partial or full admission of liability has been made, notwithstanding any

subsequent debate on report content. As part of the instructions received the DME/MRO will be told of the admission and asked relevant questions.

6. What evidence will be needed for a Compensator to have the Portal Helpdesk agree to redirect the claim to the MIB as uninsured?

It is highly unlikely a compensator will be directing any uninsured claim to MIB. If a compensator is faced with a claim and wants to dispute policy liability, they will have to resolve it between themselves and the claimant. The outcome of this exchange could be used by the claimant to claim against the MIB in the event of the compensator being correct.

7. Will the MedCo offer for LIP include randomisation of MRO's (2T1 & 5T2's) as the current offer? Sols have this to break the link between those who commission reports & MROs who produce them. LIP are 1-time users, why not offer all the MROs or have a taxi rank, so each MRO gets the next LIP in the queue.

MedCo published a refreshed full set of criteria for selection last Friday (26th March 2021); questions related to this issue should be directed towards MedCo as the policy decisions are not shared or debated with Official Injury Claim in advance. Official Injury Claim simply uses the MedCo facility.

8. It should be clearer to LIP that choosing an MRO will more likely result in far wider choice of appointments and as such should be promoted clearly in the offering, LIP should be directed to MRO's before DME's.

See Q7. Official Injury Claim are only users of the MedCo system. Decisions and debate on how DME's or MRO's are offered are not within our gift. If you refer to the Guide to Making a Claim – there are some pointers in there.

9. Where a claimant selects an MRO but then does not want to proceed, or no contact can be made with the claimant to arrange an examination, does the case need closing on the Official Injury Claim portal and whose responsibility is this, and after what time frame?

Official Injury Claim facilitates the choosing of the expert by an unrepresented claimant via MedCo. From an expert's perspective they only ever have to close the claim on MedCo as they do now. The expert will not be required to close the claim on Official Injury Claim.

10. If the compensator is forced to dispute liability where they are not the contract insurer but the process/portal does not allow redirection or rejection. When the court finds in the compensator favour - where will this leave the claimant with the process?

There is an option to redirect prior to the denial if the compensator knows who the correct insurer should be. If the compensator succeeds at a hearing post denial on the basis that their insured is not the correct defendant, the claimant has the opportunity

to start over again against the correct defendant - if they have any details.

11. Will the MRO receive the MedCo ref with the instruction from Official Injury Claim to arrange a medical?

Examinations arranged by professional users are expected to continue as they presently exist. The approved medical will be uploaded to the system by the pro user once decided. For unrep cases, Official Injury Claim asks MedCo for the standard offer and once selected sends instructions directly. The MedCo and Official Injury Claim references are both shown in the DME/MRO workbasket held on the Official Injury Claim system.

12. Will there be a standard medical report template used for Official Injury Claim?

Yes, the current standard medical reporting format will be used. There is no change.

There will also be standard forms of instruction that contain description of injuries and other matters to be considered e.g. seat belt or standard questions on prognosis and outcome.

13. How will MRO's invoices be identified by the TPI - will they need the Official Injury Claim Ref /Medco Ref/TPI ref with the report invoice?

DME/MRO's have compensators identified as they get instructions. DME/MRO will need to send invoices to the compensator to be paid. That payment is made outside the system.

14. If the claimant does not attend a medical appointment, who pays the DNA fee? I presume this is the compensator?

There is no requirement on the compensator to pay for this.

15. How do you suggest we deal with pre-existing injuries? E.g. the claimant has a back condition (possibly a slipped disc) which was exacerbated by the accident. Would we value this based on Tariff, Tariff plus up to 20% uplift or would we make a JCG offer as we do now?

There is broader debate about how a mixture of tariff and non-tariff injuries are dealt with when both exist, but tariff for a whiplash injury (for less than 24 months) is defined and will need to be correctly identified. Tariffs are described as amounts rather than offers or awards within the system to highlight they are a pre-determined set amount dependant on injury duration.

16. Is there a size limit for document uploads to the portal? And which document types can be uploaded (e.g. pdf, .jpeg etc)?

30MB

Acceptable File types	Description
AVI	(audio video)
WMV	Windows media video
MOV and QT	Quicktime format
MKV	Matroska open-standard multimedia format
MP4	MPEG-4 Part 14 Video file
AVCHD	Advanced Video Coding High Definition
BMP	Bitmap
JPEG/JPG	Joint Photographic Experts Group
GIF	Graphics Interchange Format
TIFF	Tagged Image File Format
PNG	Portable Network Graphics
PDF	Portable Document Format
DOC/DOCX/ODT	MS Word
TXT	Text file
RTF	Rich text format
PPT / PPTX	MS Power Point
XLS / XLSX	MS Excel
EML, MSG, PST	Email message

17. Who will notify the MRO if the claimant requires a translator for the medical appointment? Do MROs arrange a translator at the request of an unrepresented claimant or should approval be obtained from the compensator first?

The claimant identifies this type of need when inputting medical preferences and the information shared with MedCo in asking for an offer.

18. Is there a limit on how many times counter proposals can be made on a denial of liability in full case under 6.12 or does the 3 proposals rule only apply to admission of liability in part cases under 6.8(7)?

There is no limit on the number of counter proposals where liability is denied. A claimant need not challenge the denial at all and proceed straight to court, or if having provided further information the compensator changes their stance they can follow a different process e.g. the compensator may move to part admission.

19. Will the DME/MRO process and screens for retrieving an instruction, responding to a challenge on a report, and the report upload be shared at any point prior to go live? Leaving this unseen until first instructed prevents appropriate preparations from taking place.

Official Injury Claim are working with MedCo in order to help with training material generally. This will also include a short film/video clip to help demonstrate the process.

- 20. If the LIP decides to 'wait out the prognosis period' after reviewing the report, will the compensator still have access to this report in order to settle the DME/MRO invoice for report costs?**

The unrepresented claimant has to both approve the factual content of the report AND agree to its release before the compensator gets to see it. The claimant could indeed choose to wait out prognosis before authorising release.

- 21. When can DMEs obtain access to the system for training and testing purposes?**

See answer 19.

- 22. For represented clients, will the insurer retain contractual responsibility – as now – for payment of medical fees? Yes. Does the compensator have any additional/parallel responsibility?**

For unrepresented, the compensator is assumed to accept responsibility at the point of accepting either partial or full responsibility as covered in Q5 above.

- 23. Guidance from MOJ says ALL DME expert types are able to opt-in to provide services for LIPs. But MoJ rules say, only GP and A&Es will be able to provide a service to LIPs for non-whiplash injury claim/mixed injury claim involving both whiplash and non-whiplash injuries Does this just apply to DMEs?**

This question confuses the position between soft tissue and non-soft tissue injuries and represented and unrepresented claimants. The only experts who can provide a report where there is a non-soft tissue injury claim are GPs and A&E consultants. This is whether the claimant is represented or not. This applies to Independent Medical Experts (IMEs) instructed via MROs just as it applies to DMEs.

- 24. After the initial go live in May, if there are any changes to the workflow, will existing cases automatically be transferred over to new workflows? If not, how will compensators / users know which version of a workflow a claim is on?**

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There are no plans to integrate with the existing Portal OR to transfer cases between them.

- 25. Do you envisage large enough opt-ins from DMEs to provide a nationwide service of DMEs? The signposting for MROs should state there is an increase in appointment availability. LIPs will become frustrated after selecting 'DME' then having to return and select MRO due to lack of appointments.**

Official Injury Claim relies on MedCo to do the work that it is expected to deliver. It is not expecting any issue in the service it provides, as now.

26. What details will be shared with MROs/DMEs on their instructions from unrepresented claimants?

There will be a standard medical instruction form that the MRO/DME will receive. This will include info regarding the injury, any issues regarding seatbelt or causation, it will also provide details of any special requirements that are needed and general information regarding the claimant and compensator including reference numbers.

27. Claims Portal company say that the existing MOJ portal will also be updated to allow Tariff and Non-Tariff to be submitted separately on 31 May. When will we get further detail on what this update involves?

It's important for IT planning especially as lots of firms resources are devoted to integration with Official Injury Claim and CPL are communicating separately on this. We are aware they are sharing information on their website and with eshots directly.

28. What are claimants expected to do when there is more than one Defendant liable for their injuries. Multi-Car Shunts etc. Rules are silent and Portal does not seem set up to deal with such scenarios. What should a claimant do?

Process is designed for 1 claimant v 1 defendant. If the claimant brings claims against both defendants, the portal will help link those claims together. Issue between claimant and defendant will need to be resolved, defendant may then need to seek a contribution separately.

29. Will claimants be able to update their contact details (address, phone, email) after initial claim submission? How will compensators be notified of these changes (API integration)?

Yes. The claimant can update their details and an in-system message will update the compensator.