

COVID-19 Vaccine Claims Scheme – Registering a claim and/or specific correspondence 012-21112356

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Background

s22

For Complex Assessment Officer (CAO) use only.

This document outlines the process to follow when COVID-19 Vaccine Claims Scheme (CVCS) correspondence is received by either via post or email. These include CVCS claim (MO062), responses to requests for additional information, responses to deed of settlements, and request for review of decision.

Types of CVCS claims

A claimant must submit a claim in a form that is approved. The 2 approved claim types are:

- an online process where the claimant submits their claim and supporting documentation through Medicare Online Account
 (MOA) via MyGov or the Express Plus Medicare app. This will appear automatically in the s47E(d)
 system, or
- manually, by completing the CVCS claim (MO062) form and submitting the form and supporting information by either post,
 email or lodging it at a local service centre

CVCS registration

All CVCS claims must be registered. The registration process for claims received through Medicare Online Account (MOA) or by post and/or email are different. This is because the claims received through MOA have already undergone several checks. MOA claims are also automatically entered into the \$47E(d) system.

All claims must be registered before they can be assessed.

For a claim to be registerable into s47E(d) Tier 1 and Tier 2 claims require both:

- · a claimed amount of \$1,000 or more and
- · financial institution details to be provided

Note: exemption for Tier 3 claims.

For information about assessing a registered claim, see <u>COVID-19 Vaccine Claims Scheme – Finalising assessment and make</u> recommendations.

The Resources page contains links to letters and relevant Service Australia and external websites.

Related links

Authenticating a Medicare customer

COVID-19 Vaccine Claims Scheme

COVID-19 Vaccine Claims Scheme - Assessing

COVID-19 Vaccine Claims Scheme – Finalising assessment and make recommendation

COVID-19 Vaccine Claims Scheme – managing telephone and face-to-face enquiries

COVID-19 Vaccine Claims Scheme - Request for review

Medicare identity documents A to Z

Process

For Complex Assessment Officer (CAO) use only.

This document outlines the process to follow when COVID-19 Vaccine Claims Scheme (CVCS) correspondence is received by either via post or email. These include CVCS claim (MO062), responses to requests for additional information, responses to deed of settlements, and request for review of decision.

On this page:

Register a COVID-19 Vaccine Claim Scheme (CVCS) claim

Withdraw a COVID-19 Vaccine Claim Scheme (CVCS) claim

Additional information received

Deed of Settlement accepted

Review of decision

Confirm details using mainframe

Confirm bank and address details on CDMS

Confirm provider details on PDS

Email or mail correspondence

Register a COVID-19 Vaccine Claim Scheme (CVCS) claim

Table 1

Step	Action
1	Recognise the correspondence type + Read more
	Determine the correspondence type. If it is:
	 a manual claim: check the claimant has submitted a complete COVID-19 Vaccine Claims Scheme Application (MO062) form and supporting documents/evidence if a MO062 claim has been submitted go to Step 2 if no MO062 claim has been submitted, go to Step 10 A response to a request for more information, go to Table 3 Signed deed of settlement, go to Table 4 Request for a review of decision, go to Table 5 None of the above: treat this as general correspondence. Depending on the enquiry, you may need to ring the sender of the email to discuss their email in more detail. Procedure ends here
2	CVCS application (MO062) form and supporting documentation received + Read more
	For mailed claims only, on the first page of the CVCS write the:
	date the claim was received, and

	initials of the staff member who receipted the claim
	Note: for Tier 3 claims, send an email to the Panel inbox to advise the Complex Claims Team that a Tier 3 claim and supporting documentation has been received. Complex Claims Team will take ownership of the claim and respond accordingly.
3	Check for duplicate claims in s47E(d) + Read more
	It is important to check if the claimant has previously submitted a claim to prevent duplicate claims in the system. s47E(d)
4	Review the search results + Read more
	If more than one record is returned, take note of the ARNs.
	Review each ARN to decide if the claim is for the same patient for the same harm.
	Compare the claimant's details in s47E(d) for the ARN against the claim. Compare the names, addresses and Medicare numbers. If there is:
	 enough evidence to decide they are not the same person, go to Step 5 not enough evidence to decide or it appears they are the same person, check the status of the claim in s47E(d) If the status is: s47E(d)
5	Determine the Tier of the claim + Read more
,	Tier 1: claim is between: \$\(\) \$1,000.00 and \$15,999.99 and claiming for pain and suffering, or \$\(\) \$1,000.00 and \$19,999.99 and not claiming for pain and suffering Tier 2: claim is: \$\(\) \$16,000.00 and above and claiming for pain and suffering, or \$\(\) \$20,000.00 and above and not claiming for pain and suffering Tier 3: if the claimant is the executor or an administrator of the estate of a deceased patient who died because of adverse reactions related to the COVID-19 vaccination. Note: email Complex Claims and Panel teams to advise a Tier 3 claim has been received
	Once the Tier of the claim has been established, go to Step 6.
6	Create a new claim in s47E(d) + Read more

	s47E(d)
	547 2 (d)
	Supporting documents section
	Upload the claim and supporting documents to the relevant document types. Include notes for the
	supporting document. <u>Go to Step 7</u> for classifying supporting documents
	Submit the claim, this will create an ARN.
	Take note of the ARN, as this is needed later to contact the claimant and advise them of their ARN.
7	Classify documents + Read more
	For mailed claims only , <u>scan</u> the submitted supporting documents and save them into the relevant ARN folder in s ^{47E(d)} Scan individual documents separately.
	For emailed claims only , save the email and documents into the relevant ARN folder in \$47E(d)
	For both emailed and mailed claims , review and organise documents with the claim in the following document types:
	Medical Reports, for example MO063 form
	 Evidence of Hospitalisation, for example, hospital discharge summary Costs Claimed, for example, receipts, payslips and invoices
	Summary of Injury, for example, a written statement from the claimant that describes the harm and how
	their life circumstances were impacted
	Evidence of Authority to act on the patient's behalf, Authorising a person or organisation to act on your
	behalf – COVID-19 Vaccine Claims Scheme (M0064)
	Other, for example, identity documents for proof of identity (required for assessment, not for registration) and any other documents the claiment wishes to attach.
	and any other documents the claimant wishes to attach
8	Create work item in PaNDA for manual claim + Read more
١	
	s47E(d)
	When the work item is created, it will be assigned to you and show in your work list in PaNDA:
	s47E(d)
	Once the claim is registered in s47E(d) and PaNDA, go to Step 9.

9	Contact claimant + Read more
	When all documents have been received and uploaded onto the system:
	 phone the claimant using the phone number provided and tell them: their claim has been received their ARN number
	 When phone contact has been made: in s47E(d)Notes section - leave a note with the date and time of the call and a short outline of the conversation
10	Forms or documents not provided + Read more
	If any essential documents, including the MO062 claim form, have not been submitted:
	 phone the claimant and explain all the documents that are required to allow the registration and assessment of their claim
	 if the claimant cannot be contacted via phone, send the claimant a letter advising them to contact us regarding their documents they posted to us
	See <u>Table 9</u> for filing of email or documents received.

Withdraw a COVID-19 Vaccine Claim Scheme (CVCS) claim

Table 2

Step	Action
1	Claimant has sent a request to withdraw their claim + Read more
	When a claimant emails their request to withdraw their claim, they need to provide 3 points of identification: s47E(d)
	If these are not provided, the request for withdrawal cannot be actioned. The claimant's request is uploaded into s47E(d) under the corresponding ARN: • The claimant's email is converted to PDF • The filename of the email PDF needs to be – s47E(d)
	For mailed claims only, on the first page of the request for withdrawal, write: • date the claim was received, and • initials of the staff member who receipted the claim
2	Prepare a claim withdrawn letter + Read more To create letter: Selects47E(d) letter template s47E(d)
	On letter template complete: s47E(d)

I	s47E(d)
	 Proofread the letter to make sure: all text is the same font brackets (< or >) have been removed and all text is black in colour Save the finalised letter in the relevant claim folder in the s47E(d) as a PDF document A quality assurance check and delegate sign-off of the letter is required before sending the letter to the claimant. For this letter, quality assurance can be performed by your team leader.
3	Upload the withdraw claim documents to s47E(d) + Read more
	Locate the claimant's ARN in \$47E(d)
	Under s47E(d)
	upload the withdraw request email/postal request add notes: document type how it was received date uploaded receipting officer upload the Withdraw claim letter select s47E(d)
	Print Withdraw claim letter and post to claimant.
4	Withdraw claim from s47E(d) + Read more In s47E(d) under the claimant's ARN: s47E(d)
	Status of the claim changes to Withdrawn .
5	Update the PaNDA work item + Read more s47E(d)
	See <u>Table 9</u>

Additional information received

Table 3

Step	Action
1	Identify the additional information received + Read more
	All responses to Need information requests are by either mail or email.
	For mailed claims only, on the first page of the CVCS claim form write:
	 date the claim was received, and initials of the staff member who receipted the claim
	Has additional information been received in response to a Need more information letter?
	Yes, go to Step 2 No, in the s47E(d) system: upload new supporting documents with notes about what the document is, how it was received, the date and receipting officer

	 advise the assessing officer via email that the claimant has submitted additional documents and to review the documents go to Step 3
2	Receipt the response + Read more
	Enter responses to a Need more information letter into s47E(d)
	 Scan the supporting documents/notes from the response Enter new information received into the s47E(d) system: upload new supporting documents with notes about what the document is, how it was received, the date and receipting officer save the changes made select s47E(d) to allow assessment of claim Advise the assessing officer via email that the claimant has supplied additional documents and to review the documents For supporting documents that are mailed in, send the original documents to the admin team to file in a corporate file onsite s47E(d) Go to Step 3
3	Update PaNDA work item + Read more
	 Locate the work item in PaNDA (take note of the case manager) s47E(d) the work item to yourself In the s47E(d) field to add s47E(d) to end of the ARN number Add a processing note with details of when the additional information was received s47E(d) work item to the case manager Select s47E(d) as the reason Advise the case manager by email of the additional information/evidence submitted
	See <u>Table 9</u> .

Deed of Settlement accepted

Table 4

Step	Action
1	Deed received + Read more
	 Scan and save the signed deed into the appropriate ARN folder in s47E(d) Save the document as s47E(d) Send the original deed to the admin team to file in a corporate file onsite in s47E(d)
2	Update the work item ins47E(d)+ Read more
	s47E(d)
	When the claim has been paid in s47E(d) the case manager:
	• updates the claim in PaNDA
	s47E(d) • updates the status of the claim to s47E(d)
	See <u>Table 9</u> .

Review of decision

Table 5

Step	Action
1	Request for review of decision + Read more
	 Upload the request for review and any additional documents to s47E(d) under the appropriate ARN
2	Inform the Complex Claims Team + Read more
	Send an email to the Panel mailbox to advise of receipt of the review request.
	Go to <u>Table 9</u> .

Confirm details using mainframe

Table 6

Step	Action
1	Log on process for AIR mainframe + Read more
	s47E(d)
2	Verify AIR information + Read more
	s47E(d)

Confirm bank and address details on CDMS

Table 7

Step	Action
1	Open CDMS + Read more
	Open the Medicare portal s47E(d)

s47E(d) If the customer does not have a Medicare card number or IHI, locate the customer's Medicare record: s47E(d) Locating the customer by Address Search If the customer is unable to provide their Medicare Card number, details may be found using address search. If the claimant's record: • has been found, go to Step 2 • cannot be found, go to Step 4 2 Confirming details + Read more ... Go to the s47E(d) in CDMS and: access the s47E(d) screen to confirm the bank details provided in the claim match those on their record • confirm the Address details provided in the claim match those found on their record If they do not match, create a note in s47E(d) The assessor will see the comment and investigate this further as part of the assessment process. The bank account details provided will be used to pay the compensation claim. Confirm these details after the signed deed has been returned and just before the compensation payment is made to make sure they are correct. s47E(d) 3 Flag Check + Read more ... s47E(d) If no flags are found in this process, continue with registering the claim. Unable to locate claimant on CDMS + Read more ... If the CDMS record for the claimant cannot be located, the assessing officer may contact their team leader for help in locating the CDMS record.

Confirm provider details on PDS

Step	Action
1	Open PDS + Read more
	Open the Medicare portal:
	s47E(d)
	If the provider number of the doctor has not been listed in the report, use their full name and other provided details to locate on Ahpra: \$47E(d)
2	Check provider details + Read more
	s47E(d)
	If there are any concerns about the information from a provider:
	Call the practice, and complete security check by confirming: s47E(d)
	check the medical report/documents provided by the doctor were written by the doctor on the correct date. Make sure it is for the correct patient with the symptoms mentioned in the report

Email or mail correspondence

Table 9

Step	Action
1	Correspondence received + Read more
	Email correspondence
	 Must be filed under the relevant subfolder in the s47E(d) once they have been actioned If the email is from a claimant who has a claim in s47E(d) upload the email to s47E(d)
	Mailed correspondence
	 Must be filed in a corporate file onsite in s47E(d) Dispose of the documents securely after 70 calendar days, see <u>Storing Documents</u>
	The claim is now ready for assessment. For information on the assessment see <u>COVID-19 Vaccine Claims Scheme – Assessing.</u>

References

Legislation

Links to the Federal Register of Legislation site go to a 'Series' page. Select the 'Latest' version.

Privacy Act 1988

Rules and regulations

COVID-19 Vaccine Claims Scheme Policy 2021

Resources

External websites

COVID-19 vaccine claims scheme | Australian Government Department of Health and Aged Care

No Fault COVID-19 Indemnity Scheme | Health Portfolio Ministers

Services Australia website

COVID-19 vaccine claims scheme

Letters and electronic messages

Services Australia has endorsed the letter or electronic message for use. It is the latest version. Do not use locally produced letters or electronic message.

COVID-19 Vaccine Claims Scheme (CVCS) letters



COVID-19 Vaccine Claims Scheme – managing telephone and face-to-face enquiries 012-21120751

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Background

s22

This document outlines how Services Officers and claim assessors answer telephone and face-to-face enquiries about the COVID-19 Vaccine Claims Scheme (the Scheme). It also includes scanning and recording documents lodged at a service centre.

Background

Claimants can submit a claim to Services Australia (the agency) for compensation under the Scheme.

Due to the nature of the Scheme:

- · conversations about claims must be managed with sensitivity
- · ensure claimants are treated with respect and the claimant's privacy is protected

A person may attend a services centre to:

- · lodge their claim and/or supporting documents
- · enquire about the scheme

See the Process page for more information on managing customer enquiries.

CVCS enquiry line

The COVID-19 Vaccine Claims Scheme enquiry line is open from 9am – 5pm AET.

The <u>Australian Immunisation Register (AIR) general enquiries</u> line has an option for enquiries about the COVID-19 Vaccine Claims Scheme.

If a customer calls and selects IVR option 1 then IVR option 5, an assessor from the COVID-19 Vaccine Claims Scheme will speak to

Interpreter and translation services

Individuals with limited English, or who are deaf or hearing impaired, may need help when contacting the agency.

Assessors can:

- · access on-demand telephone interpreter services on behalf of individuals
- · direct individuals to information and resources in their requested language
- · refer individuals to translation services

The Resources page contains:

contact details

- CVCS forms
- · links to external websites and online tools
- AIR enquiry line IVR messaging options and transfer points
- frequently asked questions (FAQ)

Related links

Authenticating a Medicare customer

COVID-19 Vaccine Claims Scheme

COVID-19 Vaccine Claims Scheme - Assessing

COVID-19 Vaccine Claims Scheme - Finalising assessment and make recommendation

COVID-19 Vaccine Claims Scheme - Registering a claim and/or specific correspondence

COVID-19 Vaccine Claims Scheme - Request for review

<u>Customer aggression - Reporting and recording incidents</u>

Customers talking about suicide or self-harm

Telephone standards for Medicare and Health Delivery

Privacy concerns when calling customers, returning calls or leaving messages on answering machines

Social work service referral

Process

This document outlines how Services Officers and claim assessors answer telephone and face-to-face enquiries about the COVID-19 Vaccine Claims Scheme (the Scheme). It also includes scanning and recording documents lodged at a service centre.

On this page:

Manage general enquiries

Customer attends a service centre

Customer at risk of suicide or self-harm - refer to Social Worker

Manage general enquiries

Table 1

Step	Action
1	Basic eligibility + Read more
	It is important customers know the eligibility requirements for the Scheme.
	The main requirements are:
	 a claimant must submit a claim in approved format. The approved claim types are: an online process where the claimant submits their claim through the Medicare Online Access (MOA) through myGov the Express Plus Medicare mobile app manually, by completing the COVID-19 Vaccine Claims Scheme (CVCS) Application form (MO062). They can submit by this either post or email, or taking their claim and supporting documents to a service centre Note: the first 2 options are only available where the claimant is the patient, or for someone under 14 years of age who is on the claimant's Medicare card. The COVID-19 Vaccine Claims Scheme (CVCS) Application form (MO062) is available on the Services Australia website.

• the patient has developed a clinical condition or administration-related harm that has been diagnosed by a qualified medical practitioner. The COVID-19 Vaccine Claims Scheme medical report form (MO063) must be completed by a medical practitioner who either: o made the diagnosis and is qualified to make that diagnosis, or · has all the reports from the treating practitioner • the patient received a Therapeutic Goods Administration (TGA) approved COVID-19 vaccine on or after 22 February 2021. Four COVID-19 vaccines are currently approved in Australia: AstraZeneca Vaxzevria (COVAST) Moderna Spikevax (MODERN) Pfizer Comirnaty (COMIRN) Novavax Nuvaxovid (NOVNUV) Note: the claim is ineligible if the patient received a COVID-19 vaccine not listed above. • the patient incurred out of pocket costs and/or lost earnings and/or carer costs (both past and future) of at least \$1,000 Frequently asked questions and details about conditions covered by the Scheme are on the Resources page. 2 Where to find more information + Read more ... If the person wants to find out more about the Scheme, they can: · visit the Services Australia website • call the COVID-19 Vaccine Claims Scheme enquiry line • visit the Department of Health and Aged Care website Frequently asked questions and details about conditions covered by the Scheme are on the Resources page.

Customer attends a service centre

Table 2: service centre staff who have questions about the Scheme can phone the COVID-19 Vaccine Claim Scheme team on 1800 813 167.

Staff can cold transfer customers to (iWS) softphone option s47E(d)

ltem	Description
1	Customer wants to make a claim + Read more
	 a claimant must submit a claim in an approved format: an online process where the claimant submits their claim through the Medicare Online Access (MOA) through myGov the Express Plus Medicare mobile app manually, by completing the COVID-19 Vaccine Claims Scheme (CVCS) Application form (MO062). They can submit this by either post or email, or by taking their claim to a service centre
	Note: the first 2 options are only available where the claimant is the patient, or for someone under 14 years of age who is on the claimant's Medicare card. The COVID-19 Vaccine Claims Scheme (CVCS) Application form (MO062) is available on the Services Australia website.
	Service centre staff can print the forms MO062, MO063, MO064 (authorisation form), MO065 and MO066 for the customer if requested. The <u>Resources</u> page has links to the forms.
2	Scan and return documents + Read more
	If a customer attends a service centre to lodge their claim or supporting documents:
	Scan all documents and email the documents internally to the s47E(d)
	Return all documents to the claimant or dispose of the documents securely, see <u>Storing scanned documents</u>
3	Explain next steps + Read more
	Do not give advice on whether the documents provided are sufficient for the purpose of the Scheme. Let the persor know that once the Scheme receives these documents, an assessor will be in contact. This contact is usually in writing or a phone call.

If the customer has general enquiries about the Scheme, see <u>Table 1</u>.

Customer at risk of suicide or self-harm - refer to Social Worker

Table 3

Step	Action
1	Record information + Read more
	If the customer threatens self-harm and there are serious concerns for their wellbeing and safety, record the following details:
	s47E(d)
	Tell the customer:
	'With your consent, I will refer you to a social worker who may be able to help you'
2	Contact social worker + Read more
	Make contact with a social worker through normal <u>referral protocols</u> .
	To transfer a call:
	s47E(d)
-	
	If an escalation to police:
	• is required, including when the call is disconnected before transfer to a social worker, go to Step 3
	is not required, advise a team leader or supervisor and go to Step 3
3	Further escalation + Read more
	If escalation to police is required, escalate the incident using the agency's templates and protocols. See Security Incident Reporting > Police contact.
	For more information on security incident reporting see <u>Customer aggression – Reporting and recording incidents</u> .
	Advise a team leader or supervisor of the action taken.

References

Legislation

Links to the Federal Register of Legislation site go to a 'Series' page. Select the 'Latest' version.

Privacy Act 1988

Financial Framework (Supplementary Powers) Regulations 1997

Policy

<u>COVID-19 Vaccine Claims Scheme – Policy</u> Department of Health and Aged Care

Guide for Health Professionals

<u>COVID-19 Vaccine Claims Scheme – Guidance for conditions</u> Department of Health and Aged Care

<u>COVID-19 Vaccine Claims Scheme – Guidance for injuries caused by vaccine administration</u> Department of Health and Aged Care

Resources

Adverse effects covered by the Scheme - Clinical conditions as advised by TGA

Table 1

Clinical condition	Applicable vaccine(s)	Relevant Treating Specialist
Anaphylactic reaction	 AstraZeneca (Vaxzevria) Pfizer (Comirnaty) Moderna (Spikevax) Novavax (Nuvaxovid) 	All Medical Practitioners
Erythema Multiforme (Major)	Moderna (Spikevax) Pfizer (Comirnaty)	DermatologistImmunologistPaediatrics (if appropriate)
Myocarditis	Pfizer (Comirnaty)Moderna (Spikevax)Novavax (Nuvaxovid)	CardiologistPaediatrics (if appropriate)
Pericarditis	Pfizer (Comirnaty)Moderna (Spikevax)Novavax (Nuvaxovid)	CardiologistPaediatrics (if appropriate)
Capillary leak syndrome	AstraZeneca (Vaxzevria)	Intensive Care MedicineHaematologistPaediatrics (if appropriate)
Cerebral Venous Sinus Thrombosis (CVST) without Thrombocytopenia	AstraZeneca (Vaxzevria)	HaematologistNeurologistPaediatrics (if appropriate)
Guillain Barre Syndrome (GBS)	AstraZeneca (Vaxzevria)	NeurologistImmunologistPaediatrics (if appropriate)
Thrombocytopenia, including immune Thrombocytopenia	AstraZeneca (Vaxzevria)	HaematologistPaediatrics (if appropriate)
Thrombosis with Thrombocytopenia Syndrome (TTS)	AstraZeneca (Vaxzevria)	HaematologyImmunologistPaediatrics (if appropriate)
Transverse Myelitis	AstraZeneca (Vaxzevria)	NeurologistImmunologistPaediatrics (if appropriate)

Adverse effects covered by the Scheme - Administration-Related Harm

COVID-19 Vaccine Administration-Related Harm refers to:

- either a clinically diagnosed:
 - o shoulder injury; or
 - other moderate to significant physical injury giving rise to permanent impairment or the need for an extended period of medical treatment (excluding psychological distress)
- an injury that was sustained during the physical act of performing the administration of a COVID-19 vaccine, and
- the most likely cause of the injury is the administration of the COVID-19 vaccine and less likely caused by any of the COVID-19 vaccine recipient's other circumstances

Symptoms not covered by the Scheme

- Contracting COVID-19
- Psychological and psychiatric conditions
- · Secondary injuries (such as injury suffered when fainting, or a haematoma at the injection site that becomes infected)
- Any of the following other symptoms unless they form part of the symptom complex of a clinical condition listed in Table 1:
 - o COVID-19 headache
 - fatique
 - o injection site reaction
 - muscle or joint pain
 - dizziness
 - diarrhoea
 - o pain in extremity
 - fever
 - o insomnia
 - nausea
 - vomiting
 - lethargy
 - hyperhidrosis
 - chills
 - decreased appetite
 - malaise
 - lymphadenopathy
 - somnolence
 - o abdominal pain
 - pruritus
 - urticaria/rash
 - o influenza-like illness
 - angioedema
 - anxiety-related reactions such as hyperventilation and fainting

FAQs - General

Table 2

Item	Description
1	Question: Will this be expanded to all vaccinations?
	Answer: No. The Scheme relates only to Therapeutic Goods Administration (TGA) approved COVID-19 vaccinations that were part of the Australian Government COVID-19 vaccine rollout.
2	Question: My claim relates to a clinical condition in Table 1. Is this automatically covered by the Scheme?
	Answer: The Scheme is specific to a list of adverse effects and injuries. These are medically diagnosed clinical conditions considered likely to be related to a TGA-approved COVID-19 vaccination. Your reporting doctor will need to provide an opinion that the condition is most likely caused by the COVID-19 vaccine as part of your diagnosis and less likely to be caused by any other circumstance.
3	Question: My claim relates to an injury received when the vaccine was administered. Is this covered by the Scheme?
	Answer: Administration-related harm is included in the Scheme. If you are claiming administration-related harm, your reporting doctor will need to provide an opinion that the harm you suffered was most likely caused by administration of the vaccine and less likely caused by any other circumstance.

	The claim would be referred to a panel of independent legal experts for assessment, who will make a recommendation whether compensation should be paid, and if so the amount.
4	Question: Which COVID-19 vaccinations does the Scheme cover?
	Answer: The Scheme compensates eligible claimants who have received a TGA approved COVID-19 vaccine delivered under the Australian Government Approved Program on or after 22 February 2021 and:
	 suffered moderate to significant injury, or persons who have died from the vaccine or the administration of a TGA approved COVID-19 vaccine
·	The Scheme will not cover compensation for an amount already awarded for the same injury through another scheme or court process, or for losses reimbursed by a third party.
5	Question: Will the Scheme cover TGA approved COVID-19 vaccine booster doses?
	Yes. The Scheme will cover TGA approved COVID-19 vaccine booster doses.
6	Question: How long does the Scheme run for?
	Answer: The Scheme will remain open for 2 years after the end of the human biosecurity emergency period under the Biosecurity Act 2015 ends. You will be able to receive your vaccination and submit a claim for compensation within 2 years after the official end of the emergency period. The human biosecurity emergency period came to an end on 17 April 2022 and the Scheme will be open up to and including 17 April 2024.
	The Department of Health and Aged Care updated its COVID-19 Vaccine Claims Scheme Policy 2021 on 13 December 2023 to extend the Scheme end date to 30 September 2024.
	The Scheme will accept new claims up to and including 30 September 2024. This supersedes the previous Scheme end date of 17 April 2024.
7	Question: Do I need to identify who caused the injury?
	Answer: A person making the claim does not need to establish that anyone in particular was at fault. However, the claimant must submit evidence to establish that the injury (or a person's death) was likely caused by a TGA approved COVID-19 vaccine or its administration, and less likely by any other circumstance.
8	Question: When can a claim be made?
	Answer: Eligible claimants have been able to submit a claim for compensation to the agency from December 2021. Claims will be accepted up to and including 30 September 2024.
9	Question: How can I claim?
	Answer:
	Getting ready to claim
	To claim you'll need:
	 to talk to your reporting practitioner about whether you will meet the eligibility requirements of the Scheme gather evidence to support the amount you are claiming and know which categories of losses you wish to claim against written details of what happened
	 evidence of admission to hospital or evidence of a waiver and being treated in an outpatient setting (for eligible clinical conditions only) evidence of receiving third-party payments, or a statement that includes details of being entitled to or
	receiving of any third-party payments in relation to your diagnosed harm • your reporting practitioner to complete the COVID-19 Vaccine Claims Scheme (CVCS) medical report form (MO063). To assist them to complete this report, bring your evidence to support what you are intending to claim for
	You will need to show how you have calculated the amount you are claiming and provide evidence to support this.
	Submitting your claim
	You can submit your claim form and supporting documents in any of these ways:
	using your <u>Medicare online account</u> through <u>myGov</u>

- using the Express Plus Medicare app
- posting the completed claim form and supporting documents to the return address on the form
- emailing your form and supporting documents and/or information to the COVID-19 Vaccine Claims Scheme
- taking your claim form and supporting documents to a service centre

Note: if you are posting a claim, you will also need to complete the COVID-19 Vaccine Claims Scheme Application form (MO062) and submit the required identity documents.

Question: What happens if my situation changes or I have additional supporting information which may affect my claim and I have already received payment?

Answer: If your claim is currently being assessed and you have additional information to support your claim(s), you can:

- contact the COVID-19 Vaccine Claims enquiry line to have this information considered, or
- you can email or post this information to the COVID-19 Vaccine Claims Scheme to have it added to your claim

If you have received a deed of settlement offer or a notice to advise your claim is not payable, you can request a review. If you request a review, you can provide additional information within 28 days of receiving an acknowledgement of your review request. If you do not provide further information within 28 days of the acknowledgement, the agency may complete the review using the information already provided.

If your claim is finalised and compensation has been paid, you will not be eligible to submit a new claim to the Scheme in respect of the same harm.

You can submit a claim for subsequent harm in the following circumstances:

- · Further related harm:
 - if the harm you suffered significantly worsens and requires additional treatment
 - this must be for a period of at least 6 months after the latest date for which compensation was originally paid under the Scheme in respect of out-of-pocket expenses and/or lost earnings
- Subsequently recognised harm:
 - if the harm is different and unrelated to the harm for which compensation was previously paid (a new or different diagnosed condition)

You must meet the minimum threshold of \$1,000.00 as part of eligibility for a claim for subsequent harm.

See the COVID-19 Vaccine Claims Scheme Policy 2021 on the <u>Department of Health and Aged Care</u> website for more information on further related harm.

Question: Who has authority to act on my behalf / how can I give authority for someone to act on my behalf?

Answer: You can authorise someone to act on your behalf by completing the following form and including this with your claim.

 Authorising a person or organisation to act on your behalf – COVID-19 Vaccine Claims Scheme form (MO064)

If you are authorising someone else to act on your behalf and they will be claiming for you, they cannot submit your claim via your <u>Medicare online account</u> through <u>myGov</u> or the <u>Express Plus Medicare App</u>.

The person you authorise **cannot** be the reporting or treating practitioner in your claim as this is a conflict of interest.

Question: Do I have to be a Medicare customer / have a Medicare Card, or be an IHI holder to apply for the Scheme?

Answer: The Scheme is available to anyone who received a vaccination as part of the Australian Government COVID-19 vaccine rollout. The amount of significant impacts from the vaccines are low and so it is expected nearly everyone who may be impacted will have a Medicare card.

If you think you might be eligible for compensation under the Scheme, but you do not have a Medicare card, please call us on COVID-19 Vaccine Claims Scheme enquiry line to discuss how you can claim.

Question: What if I want to withdraw and / or edit my claim?

13

	Answer: If you would like to withdraw and/or edit your claim, you can advise the agency by contacting the <u>COVID-19 Vaccine Claims Scheme (CVCS)</u> team.
	Claims must be resubmitted on or before the Scheme end date of 30 September 2024.
14	Question: What notification(s) can I expect to receive throughout the claim process?
	Answer: The agency will try to update claimants via their preferred communication method as soon as possible. Claimant circumstances can be complex and this may impact the time taken to assess the claim and notify claimants. We may need further information to assess claims and we may need to refer claims to a panel of medical experts.
	The agency will contact claimants or their representatives if further information is required in order to continue assessing their claim.
	If you have lodged a claim via Medicare Online Accounts (MOA) or Express Plus Medicare app, and you have myGov notifications turned on, you will receive notifications where the claim status changes in the system to any of the following statuses:
	 Claim has been paid Medical panel Legal panel Need more information – a link to the letter will also be provided in the myGov notification Deemed not payable – a link to the letter will also be provided in the myGov notification
	If you have lodged your claim through a manual channel, you will receive a letter in the post when your claim status changes to the following:
	 Medical panel Legal panel Claim has been paid
15	Question: If I have had a reaction to the vaccine and I would like to claim does it have to show on the AIR before it will be accepted?
	Answer: Yes, we will verify your claim against information we hold on the Australian Immunisation Register (AIR).
	If your details are incorrect or are not showing on your vaccination history, ask your vaccination provider to update the details on the AIR.
	It can take up to 10 days for a vaccination provider to report your vaccination information.

FAQs – Eligibility

Table 3

Item	Description
1	Question: Who is eligible under the Scheme?
	Answer: The Scheme is open to those vaccinated:
	 in Australia, and individuals vaccinated overseas under the Australian Government Overseas Network (AGON) COVID-19 vaccination rollout managed by Department of Foreign Affairs and Trade (DFAT) and Defence who: received a Therapeutic Goods Administration (TGA) approved COVID-19 vaccine delivered under the Australian Government Approved Program on or after 22 February 2021 suffered moderate to significant harm or death caused by the vaccine or the administration of the vaccine meet the minimum threshold of \$1,000 in substantiated losses (past and/or future) across claim areas such as out-of-pocket costs, lost income, carer services, and were admitted as an inpatient to a hospital or can satisfy the requirements of a waiver for outpatient treatment of vaccine harm (eligible clinical conditions only)

Question: Are there any exceptions to having to be admitted to hospital?

Answer: The hospitalisation requirement may be waived if outpatient treatment was received and the COVID-19 vaccine recipient was not admitted to hospital:

- · due to the nature of their clinical condition, or
- · the recipient was in a rural or remote area making it difficult to access a hospital

The hospitalisation requirement does not apply in the case of death.

Note: the hospitalisation requirement cannot be waived for claims for administration-related harm. A patient must have been admitted to hospital as an inpatient to satisfy the hospital requirement for administration-related harm.

Question: Are there different levels of eligibility for compensation under the Scheme?

Answer: The Scheme eligibility is broken up into 3 tiers.

Tier 1 claim

3

Eligible claimant for a Tier 1 claim is a person who:

- received a COVID-19 vaccine under the Australian Government's COVID-19 vaccine rollout, excluding seafarer, and
- · suffered a recognised clinical condition or injury covered by the Scheme
- meets the evidence requirements including their treating doctor's statement confirming the diagnosis and link to the relevant COVID-19 vaccination received
- · was admitted to hospital for treatment related to the harm, or
 - · meets the requirements to have the hospitalisation requirement waived (for clinical conditions only)
- has suffered losses out of pocket costs (past and/or future) and/or lost earnings (past and/or future) and/or carer costs (past and/or future) falls within the amount of:
 - \$1,000.00 and \$15,999.99 and claiming pain and suffering, or
 - \$1,000.00 and \$19,999.99 and not claiming pain and suffering

If the claimant is not the patient they will need to provide authorisation to represent the patient by completing the Authorising a person or organisation to act on your behalf COVID-19 Vaccine Claims Scheme form (MO064).

Note: the person you authorise cannot be the reporting or treating practitioner in the claim as this is a **conflict of interest**.

Tier 2 claim

Eligible claimant for a Tier 2 claim, is a person who:

- received a COVID-19 vaccine under the Australian Government's COVID-19 vaccine rollout, excluding seafarer, and
- suffered a recognised clinical condition or injury covered by the Scheme
- meets the evidence requirements including their treating doctor's statement confirming the diagnosis and its link to the relevant COVID-19 vaccination received
- · was admitted to hospital as an inpatient for treatment related to the harm, or
 - meets the requirements to have the hospitalisation requirement waived (for clinical conditions only)
- has suffered losses out of pocket costs (past and/or future) and/or lost earnings (past and/or future) and/or carer costs (past and/or future) falls within the amount of:
 - \$16,000.00 or above and claiming pain and suffering, or
 - \$20,000.00 or above and not claiming pain and suffering

If the claimant is not the patient they will need to provide authorisation to represent the patient by completing the Authorising a person or organisation to act on your behalf COVID-19 Vaccine Claims Scheme form (MO064).

Note: the person you authorise cannot be the reporting or treating practitioner in the claim as this is a **conflict of interest**.

Tier 3 claim

Eligible claimant for a **Tier 3** claim is the executor or an administrator of the estate of the deceased. These claims are in relation to harm that caused, or materially contributed to, the death of a COVID-19 vaccine recipient.

Eligibility requirements:

	 death certificate of the deceased, listing the cause(s) of death received a TGA approved COVID-19 vaccine delivered under the Australian Government Approved Program suffered a recognised clinical condition or injury covered by the Scheme meets the evidence requirements including a statement from a treating doctor of the deceased confirming the condition(s) that led to death and link to the relevant COVID-19 vaccination received
4	Question: Do I need to identify who caused the harm?
	Answer: A person making the claim does not need to establish that anyone in particular was at fault.
	The claimant must provide evidence listed in the Scheme policy to establish that the harm (or a person's death) was:
	 most likely caused by a TGA-approved COVID-19 vaccine or its administration, and less likely due to any other circumstance
5	Question: What is and where can I view the eligibility criteria?
	Answer: The Department of Health and Aged Care has the Scheme policy on its website, which underpins the eligibility criteria.
	The Services Australia website will also have information to help explain who is eligible.
6	Question: Am I eligible if I have already had my vaccination?
	Answer: Yes. The Scheme will apply to all TGA approved COVID-19 vaccinations delivered by authorised healthcare practitioners from the start of the vaccine rollout that commenced on 22 February 2021.
7	Question: Am I eligible if I have moved overseas / current address is not in Australia?
	Answer: Yes. If you meet all other eligibility criteria, including having a TGA approved COVID-19 vaccination delivered on or after 22 February 2021 as part of the Australian rollout.
8	Question: Our records show that no one on your Medicare card has received a COVID-19 vaccination
	Answer: If this is incorrect, ask your vaccination provider to update your details on the Australian Immunisation Register.
-	It can take up to 10 days for a vaccination provider to report your vaccination information.

FAQs – Evidence

Table 4

Item	Description
1	Question: What can I claim for?
	Answer: Claims can be made for:
	 lost earnings (past and/or future) out of pocket expenses (past and/or future) attendant care (past and/or future) gratuitous care (past and/or future) loss of domestic services (past and/or future) pain and suffering – must be claimed in conjunction with one or more of the above claim categories
2	Question: What sort of evidence will be required? Answer: It is recommended claimants refer to the COVID-19 Vaccine Claims Scheme Policy 2021, found on the Department of Health and Aged Care website when looking at the various types of losses they can claim for and what evidence they will need to provide. The Services Australia website is also a good reference point. It aims to be set out in a way that can help people.
	The <u>Services Australia</u> website is also a good reference point. It aims to be set out in a way that can help people navigate what can be a complex area.

FAQs - Assessment

In the following table 'I' and 'you' refers to the person making the enquiry.

Table 5

Description				
Question: How is my claim assessed?				
Answer:				
Where the claim is for an amount from \$1,000 up to \$19,999.99 (or \$1,000 and \$15,999 and includes pain and suffering in the claim):				
 the agency will assess the claim against the eligibility criteria and evidence, and make a recommendation to an authorised delegate within the agency, as the administrator of the Scheme 				
Claims for \$20,000 and above (or \$16,000 and above and includes pain and suffering in the claim) will be assessed by an independent panel of medical and legal experts.				
Claims for administrative-related harm below this amount may also be referred to the panel. A member of the panel will review the claim and may seek additional evidence or advice from:				
the claimant				
 Therapeutic Goods Administration (TGA) the Department of Health and Aged Care (DoHAC) an independent legal expert 				
They will then make a recommendation to an authorised delegate within the agency regarding whether compensation should be paid and if so, the amount.				
Claimants will need to agree to authorise the agency to access relevant information in order to verify and assess the claim. This may include:				
 patient data held in the Australian Immunisation Register (AIR), and other relevant bodies such as the Department of Health and Aged Care (DoHAC), including the Therapeutic Goods Administration (TGA) the health practitioner or organisation who administered the vaccine the hospital where the claimant was hospitalised 				
The amount of compensation payable is based on the evidence and information provided by the claimant and aims to reimburse a claimant for financial amounts or losses they have or will incur.				
The compensation payable may include an amount for pain and suffering, which is supported by the evidence submitted by the claimant and by the reporting/treating practitioner.				
Question: What sort of evidence will be required?				
Answer: It is recommended claimants refer to the COVID-19 Vaccine Claims Scheme Policy 2021, found on the <u>Department of Health and Aged Care</u> website when looking at the various types of losses they can claim for and what evidence they will need to provide.				
The <u>Services Australia</u> website is also a good reference point as we will try to set this out in a way that can help people navigate what can be a complex area.				
Question: Do calculations for future lost income factor in the Consumer Price Index (CPI)?				
Answer: The COVID-19 Vaccine Claim Scheme has been modelled on the Civil Liability Act 2002 (NSW).				
Section 12 and section 13 of the Civil Liability Act refers to fixing damages for future economic loss and does not support calculations that include CPI. The CPI refers to household inflation and expenditure and sits outside of what is legally considered to be average weekly earnings.				
Therefore future lost income in the Scheme does not include CPI and has not been included in the Policy.				

FAQs - Decision and Notification

Table 6

ltem	Description
1	Question: Will decisions be made public?
	Answer: No. Privacy provisions will protect claimants' information, including the outcomes from being made public.
2 Question: How will I be provided with formal notification of my claim	
	Answer: The agency will contact the claimant or their authorised representative to advise an outcome of their claim. If you submitted an online claim through MyGov and have notifications turned on, you will receive notifications as your claim progresses through the Scheme.
	When approved for payment, the agency will issue each eligible claimant a deed to review and accept prior to compensation payment being made.
	When the deed is accepted, the agency will make a payment.

FAQs – Payment

Table 7

ltem	Description
1	Question: Who pays?
	Answer: The Australian Government will make all payments for the Scheme.
2	Question: What compensation will be paid?
	Answer: Compensation will be worked out based on the circumstances of the individual, which may include an amount for lost earnings, care services, out of pocket expenses, and/or pain and suffering.
	The compensation arrangements where death has been likely caused by a Therapeutic Goods Administration (TGA) approved COVID-19 vaccine or its administration will be assessed by independent expert panels.
3	Question: How will compensation be calculated?
	Answer: Compensation is determined based on the type of claim(s) being made and will include any combination of the following categories:
	 out-of-pocket costs (past and/or future costs) excluding third party payments that are paid / to be paid by a third party payer, such as a health insurer and Medicare rebates lost earnings (past and/or future earnings) excluding third party payments that are paid / to be paid by a third party payer such as paid sick leave by an employer level and length of paid attendant care services provided (past and/or future) excluding third party payments that are paid / to be paid by a third party payer such as a health insurer level and length of gratuitous care services provided excluding third party payments that are paid / to be paid by a third party payer level and length of domestic services provided excluding third party payments that are paid / to be paid by a third party payer level of pain and suffering as determined by the amount payable (for Tier 1 claims) or by the independent legal panel (for Tier 2 claims) excluding third party payments that are paid / to be paid by a third party payer funeral expenses incurred up to \$15,000 excluding third party payments that are paid / to be paid by a third party payer such as any funeral expenses lump sum benefit for dependents of the deceased excluding third party payments that are paid / to be paid by a third party payer such as any death payment

4	Question: Is compensation capped?
	Answer: No. The Scheme does not have an overall cap on the compensation that may be paid to an eligible claimant. However, guidance will be provided to the panel consistent with compensation payments under the Civil Liability Act 2002 (NSW). The intention is to ensure consistency in compensation payments awarded by specifying guidance for the different categories of loss (lost earnings, care services, out of pocket expenses, pain and suffering).
5	Question: Will there be any conditions placed on me if I accept a payment under the Scheme?
	Answer: Yes. If you agree to accept compensation under the Scheme, you will need to agree in writing to repay any further compensation received. This is up to the amount of that compensation for the same clinical condition or harm from someone else (for example, from a workers' compensation insurer). Where the compensation from a third party exceeds the amount paid under the COVID-19 Vaccine Claims Scheme, the full amount of COVID-19 Vaccine Claims Scheme compensation must be repaid. A principle of the Scheme is that a person is not compensated twice for the same harm.
6 .	Question: How do I advise if I receive compensation from a third party?
	Answer: If you receive a compensation payment from a third party, you will need to advise the COVID-19 Vaccine Claims Scheme. You can do this by contacting the <u>COVID-19 Vaccine Claims Scheme</u> team.
7	Question: How long will it take to process my claim?
	Answer: the agency will aim to action each claim as soon as possible. There are other variables which may impact the length of time including:
	 further information being required the responsiveness of claimants
	the need to engage an external medical and/or legal expert
8	Question: What payment notification will I receive?
	Answer: the agency will issue each eligible claimant with a deed to review and accept before compensation payment are made. The deed will include the amount of compensation you will receive if you accept the deed.
	If the deed is accepted, the agency will make the agreed payment.
	If you have lodged a claim via Medicare Online Accounts (MOA) or Express Plus Medicare app, and you have myGov notifications turned on, you will receive a notification where the claim status changes in the system to deemed paid.
	If you have manually lodged your claim, you will receive a letter advising your compensation payment has been sent to your nominated bank account.
9	Question: Is it necessary that I respond to and / or accept the deed of settlement?
	Answer: No. It is not a requirement to respond to the deed of settlement.
٠	When you receive a deed of settlement, you have 6 months to accept. Acceptance of the deed means that the terms of agreement are accepted and is required for payment to be made.
	It is recommended to seek independent advice before responding to the deed of settlement. The cost of seeking any independent advice, legal or otherwise, will be paid by the claimant and/or their party.
	If you do not respond to the deed of settlement within 6 months after the offer is made and do not seek a review of the outcome of your claim, this is deemed to have declined the offer. If the deed is declined and there is no review of the outcome, the claim process will end and no further claims can be made in respect of the same harm, unless otherwise permitted in accordance with clause 4 or 5 of the Policy.

FAQs - Personal

In the following table 'I' and 'you' refers to the person making the enquiry.

Table 8

l	1			
ltem	Description			
1				

1	Question: Is your claim relating to harm from the COVID-19 vaccine or an injury caused by the administration?
	Answer: The Scheme is specific to harm relating to medically diagnosed clinical conditions considered likely to be related to a Therapeutic Goods Administration (TGA) approved COVID-19 vaccine. The treating doctor will need to provide advice that the condition is most likely caused by the COVID-19 vaccine as part of the patient's diagnosis.
	If the injury relates to the administration of the vaccine, the same evidence requirements would apply from the patient's treating doctor (rather than the vaccine administrator). The claim would be referred to a departmental medical officer and/or a panel of independent legal experts for assessment. They will make a recommendation about whether compensation should be paid, and if so, the amount of compensation to offer.
2	Question: Will the Scheme reimburse costs to individuals who choose to pursue a claim through the courts?
	Answer: No. The Scheme will not cover the costs to individuals who choose to pursue a claim through the courts.
	Although people will not be prevented from taking action through the courts (unless that person has agreed to accept compensation under the Scheme), the Scheme has been designed as an alternative to legal proceedings.
3	Question: What happens if a person pursues a claim through a court process but is unsuccessful or thinks that compensation awarded has been insufficient, are they able to claim through the Scheme?
	Answer: The intent of this Scheme is to provide patients with an alternate pathway to compensation that would be similar to what is awarded through a court process. Should a payment be made through a court process, a claimant would be ineligible for the Scheme, as it is an alternative to a court process, not an addition.
	A principle of the Scheme is that a person is not compensated twice for the same harm.
4	Question: Can I apply for compensation under the Scheme if I am also obtaining benefits under the National Disability Insurance Scheme (NDIS)?
·	Answer: Yes. The Scheme will not prevent an individual who receives compensation from accessing the NDIS but the amount received through the NDIS might be affected.
5	Question: Does my employment status impact what I am able to claim for (i.e. self-employed)
	Answer: No. Compensation is worked out using the same method for all employment types.
6	Question: What is the tax treatment for compensation payments?
	Answer: The tax treatment of any compensation paid under the Scheme is in accordance with applicable taxation laws. Claimants should consider obtaining professional or legal advice on the appropriate tax treatment for any payments they have or will receive under the Scheme.

FAQs – Businesses

Table 9

Description
Question: How do state based workers compensation arrangements interact with the COVID-19 Vaccine Claims Scheme? For example, can you only claim for vaccination injuries under the Scheme?
Answer: The intent of the Scheme is not to replace existing workers' compensation arrangements. It also does not remove an individual's right to pursue workers compensation if eligible or seek to litigate in relation to an adverse outcome from vaccination. However, the Scheme will provide claimants with a more efficient administrative option to seek compensation and an outcome similar to a court process, rather than having to undertake a complex and costly court process.
Should a patient seek and receive workers' compensation payments related to an adverse reaction to a Therapeutic Goods Administration (TGA) approved vaccine, any payments received by way of workers' compensation would be taken into account so that the claimant is not compensated twice. Where compensation is also paid under the Scheme for the same injury, the claimant may be required to repay either the Australian Government or the relevant workers' compensation scheme.

2	Question: What happens if an employee suffers an adverse effect following the vaccine as part of our workplace vaccine program?
	Answer: If your employee has suffered an adverse effect related to a TGA approved COVID-19 vaccine received in the course of, or as a result of their employment, they may be eligible to make a claim under the Scheme.
	The employee will need to meet the eligibility criteria for claims under the Scheme, including providing medical evidence from a healthcare practitioner confirming they suffered harm as a result of receiving a TGA approved COVID-19 vaccine.
3	Question: Will employers be responsible for an adverse event that occurred as part of our employee vaccination program?
	Answer: The Scheme does not replace workers compensation arrangements. However, the Scheme will provide claimants with an administrative option (should they wish) to seek compensation under the Scheme rather than making a claim for workers compensation. In assessing claims under the Scheme, the Australian Government will not consider the responsibility of employers in relation to harm suffered by a claimant, or death of an employee, which is directly a result of a workplace COVID-19 vaccination. However, employer's broader responsibilities are not being indemnified through this Scheme.
4	Question: Could an employee pursue legal proceedings against an employer?
	Answer: Claimants are not prevented from taking action through the courts. However, the Scheme has been designed as a streamlined alternative to legal proceedings. If a claimant pursues subsequent legal proceedings after receiving compensation under the Scheme, they will be required to repay the lesser compensation amount received back to the Australian Government.
	A principle of the Scheme is that a person is not compensated twice for the same harm.
5	Question: Will business interruption costs \$1,000 and over be claimable under the Scheme?
	Answer: The Scheme is designed to only provide compensation to eligible individual claimants who have suffered harm as a result of receiving a TGA approved COVID-19 vaccine. The Scheme will not provide compensation for business interruption costs or any other lost profits or other amounts, including indirect or consequential loss.
	If an eligible claimant is a sole trader or business owner, a loss of their personal income (past and or future) may be claimed as lost earnings under the Scheme.
6	Question: What advice should employers provide employees who want to know what compensation cover is in place if they have an adverse effect related to a vaccine sanctioned via the employer?
	Answer: The employer should refer the employee (patient) to the <u>Department of Health and Aged Care</u> website.
	While side effects from COVID-19 vaccinations can occur, most are mild and last no longer than a couple of days. Serious and life-threatening clinical conditions caused by vaccination are very rare. The Scheme provides a safety net to support those affected, by providing eligible claimants with access to compensation where they suffer a moderate to severe harm or death caused by a TGA approved COVID-19 vaccine.
7	Question: Will employers have rehabilitation and return to work obligations for someone who successfully makes a claim under the COVID-19 Vaccine Claims Scheme? With respect to compensation being paid, will this cover income lost by person/s that need to take time off work to care for someone impacted as a result of the COVID-19 Vaccine Claim Scheme?
	Answer: Employers should obtain their own legal advice on this issue specific to an individual's circumstances.
	The Scheme is intended to provide a one-off compensation payment to those who have suffered moderate to severe harm or death caused by a TGA approved COVID-19 vaccine. This claim should take into account any other compensation amounts the claimant may have received as a result of the harm. It may include an amount for additional domestic care, if required by the claimant.
	The Scheme does not apply to third parties, such as family members of the eligible claimant (with the exception of cases involving death where payment will be made to the estate and this may subsequently be dispersed to family members).
8	Question: What happens if there is a long-term side effect from the vaccination?
	Answer: The Scheme is structured to cover harm that occurs within 2 years after the Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020 expiring. The biosecurity emergency period ended on 17 April 2022 and the COVID-19 Vaccine Claims Scheme will accept new claims up until 17 April 2024. Claims will be settled having regard to both past and future costs associated with the harm.

	The Department of Health and Aged Care updated its COVID-19 Vaccine Claims Scheme Policy 2021 on 13 December 2023 to extend the Scheme end date to 30 September 2024.
	The Scheme will accept new claims up to and including 30 September 2024. This supersedes the previous Scheme end date of 17 April 2024.
9	Question: Should employers encourage employees to have a vaccine under the federal scheme, rather than under a formal employer sanctioned vaccine program, to eliminate the risk of a workers compensation claim?
	Answer: The consistent message to all people in Australia is to get vaccinated. The Scheme applies to all vaccinations carried out by approved healthcare practitioners as part of the Australian Government's rollout, including vaccines administered in the context of an employer sanctioned vaccine program.
	Employers should seek their own legal advice in relation to whether an employee could make a workers' compensation claim in respect of a COVID-19 vaccination received in an employer sanctioned vaccination program.
10	Question: Can workers compensation schemes recover from the Scheme for vaccine harm claims?
	Answer: The Scheme is only open to eligible claimants. The Scheme does not enable third parties such as workers' compensation bodies to make claims for compensation.
11	Question: What is the interaction between the Vaccine Claims Scheme and businesses?
	Answer: If an eligible claimant is injured as a result of a TGA approved COVID-19 vaccination received in the workplace, the individual can submit a claim under the Scheme where the minimum threshold is \$1,000.
	If a claimant is a sole trader or business owner and received a TGA approved COVID-19 vaccine, the impact on their income as a result of the harm suffered will likely be relevant to assessing any compensation amounts for lost earnings by that individual.
12	Question: Will the COVID-19 Vaccine Claims Scheme apply to people vaccinated through mandatory vaccination programs?
	Answer: Yes. The Australian Government is funding the Scheme. It is open to all eligible claimants who receive a TGA approved COVID-19 vaccination from an approved healthcare practitioner as part of the Australian Government's COVID-19 vaccine rollout.

FAQs - Practitioner

Table 10

ltem	Description				
1	Question: I am a nurse working in a private clinic administering COVID-19 vaccinations, what does the Scheme mean for me?				
	Answer: The Scheme is universally available to eligible claimants who suffer harm as a result of receiving a Therapeutic Goods Administration (TGA) approved COVID-19 vaccine from an approved healthcare practitioner.				
2	Question: My patient has suffered an adverse effect to a TGA approved COVID-19 Vaccine, what steps should I take?				
	Answer: While side effects from COVID-19 vaccinations can occur, most are mild and last no longer than a couple of days. Serious and life-threatening side effects are very rare. The Scheme provides a safety net to support those affected by providing eligible claimants with access to compensation where they suffer moderate to severe harm or death caused by a TGA approved COVID-19 vaccination.				
	If your patient has suffered moderate to significant harm or death caused by a TGA approved COVID-19 vaccine, you can refer them (or the executor or administrator of their estate, in the event of death) to Services Australia or Department of Health and Aged Care websites for more information about making a compensation claim under the COVID-19 Vaccine Claim Scheme.				
	As part of the claims process the patient will need to provide evidence in support of their claim that their harm has been caused by the vaccine. This evidence will include a medical report from their treating doctor or a hospital physician indicating the nature of the harm suffered by the patient post vaccination, the length of that condition and the causative link to the TGA approved COVID-19 vaccine.				

It is also important that any adverse reaction to a TGA approved COVID-19 is reported to the TGA as part of their usual surveillance program.

Question: Would I be subjected to any legal proceedings?

Answer: A key aim of the Scheme is to reduce the risk of legal action against a healthcare practitioner who is involved in the COVID-19 vaccination program.

The Scheme does not prevent someone from taking action through the courts, however, the Scheme has been designed as a streamlined alternative to court proceedings.

The agency or an assessment panel may consider as a result of the information submitted by a claimant that there may have been harm caused by a registered health practitioner in the administration of the vaccine. They may recommend a referral to the Australian Health Practitioner Regulation Agency (Ahpra) for a review of the practitioner's conduct or performance by the relevant professional board.

Unsatisfactory conduct or performance is relatively rare. However, these steps are in keeping with the Australian Government's intention that health practitioners continue to practise with skill and diligence and to promote confidence in the population being vaccinated. These measures will support the integrity of the COVID-19 vaccination program and the Scheme itself.

4 Question: Will there be any publicly available information around payments made?

Answer: the agency will report the progress of the Scheme to its relevant Australian Government counterparts and in the necessary Government forums, where required.

The agency will not publish information about claimants, including any of their claim details.

Personal information will be used in accordance with the Privacy Act. It won't be used for any purpose other than why it was collected.

We may use your personal information if:

- · it's authorised or required by law
- · you've consented to the use
- the use meets one of the other exceptions in the Australian Privacy Principles.

When your personal information is collected, you will usually be advised of its intended use at the point of collection. Your information may also be used by our other services, as authorised or required by law.

Forms

3

MO062 - COVID-19 Vaccine Claims Scheme Application form

MO063 - COVID-19 Vaccine Claims Scheme medical report form

MO064 - Authorising a person or organisation to act on your behalf - COVID-19 Vaccine Claims Scheme form

MO065 - COVID-19 Vaccine Claims Scheme expenses form

Letters and electronic messages

Services Australia has endorsed the letter or electronic message for use. It is the latest version. Do not use locally produced letters or electronic message.

COVID-19 Vaccine Claims Scheme (CVCS) letters

On-Demand telephone interpreter services

See Contacting an on-demand telephone interpreter (Interpreter Connect)

AIR general enquiries line - IVR messaging, transfers and escalation

See AIR general enquiries line transfers

Services Australia website

COVID-19 vaccine claims scheme

Intranet

<u>Security Incident Reporting</u> - includes police contacts

External websites

Department of Health and Aged Care

COVID-19 vaccine claims scheme

COVID-19 Vaccine Claims Scheme - Policy

No Fault COVID-19 Indemnity Scheme - Ministers

Therapeutic Goods Administration (TGA)

COVID-19 vaccine: Information for consumers and health professionals