Australian Government

Comcare

LICENSEE KEY PERFORMANCE INDICATOR SPECIFICATIONS

The Safety, Rehabilitation and Compensation Commission (the Commission) *Licence Compliance and Performance Model*[1] outlines the performance standards and measures that will be utilised to measure the claims, rehabilitation and prevention performance of self-insured licensees in the Comcare scheme.

This document details the specifications of the reporting framework that provides the Commission with an overview of the performance of licensees.

This document replaces the previous specifications document titled *Licensee Key Performance Indicator Specifications July 2023*.

CONTENTS

1 *Licence Compliance and Performance Model,* available from www.srcc.gov.au

INTRODUCTION

Performance reporting

The performance of licensed self-insurers against the Licensee Key Performance Indicators (LKPIs) is an important component of the Licence Compliance and Performance Model.

The Commission has set performance indicators across several areas for licensees to meet, as outlined in Section 7 of the model.

Frequency and timing of reporting

The Commission considers quarterly performance reports, which amongst other things address licensee's outcomes against the LKPI's. These reports are compiled by Comcare from the claims based data submitted to the Commission Data Warehouse (CDW) and information collected directly from licensees (i.e. non-claims based data, e.g. full time equivalent data).

The requirements for data submissions to the CDW are set out in the latest version of the Commission Data Warehouse Specifications which is available on the Commission's website (www.srcc.gov.au).

Enquiries

Further information on LKPI reporting requirements may be obtained from the Self Insurance Team, via selfinsurance@comcare.gov.au.

LICENSEE KEY PERFORMANCE INDICATORS

LKPI 1 Number of notified fatalities

Description	Number of worker fatalities notified to a licensee's respective Work Health and Safety (WHS) regulator.
Purpose	Provides the Commission prevention notification of work-related fatalities, to ensure that prevention management systems are working effectively and the management of hazards or risks occurring in the workplace.
Reporting basis	WHS incident notifications for worker deaths made by a self-insured licensee in the reporting period to their respective WHS regulator, irrespective of the date of incident or date of death.
Reporting unit	Number.
Method for setting targets	Zero fatalities.
Data source	WHS Act incident notifications received by Comcare from licensed self-insurers.
Data elements	Number of worker deaths for which a WHS incident notification was received by the relevant WHS regulator in the reporting period.
Data exclusions	Third party fatalities.
Calculation	LKPI 1 = Number of notified fatalities.
Data update frequency	Monthly.

LKPI 2 Number of compensated fatalities

Description	Number of compensated worker fatalities with a date of first determination in the period.
Purpose	Provides the Commission prevention notification in relation to compensable fatalities.
Reporting basis	Claims for workers' compensation under the Safety, Rehabilitation and Compensation Act (SRC Act) for worker fatalities, with a date of first determination in the reporting period, irrespective of the date of death or date of receipt of the claim.
Reporting unit	Number.
Method for setting targets	Zero fatalities.
Data source	Monthly claims data from the Commission Data Warehouse.
Data elements	Number of claims with: > an initial determination date (CDW item C2) in the reporting period; and > a Death due to claim flag (CDW item B22) of Y (yes).
Data exclusions	> Commuting claims > Claims with a *current Determination status code* other than A (accepted).
Calculation	LKPI 2 = Number of compensated fatalities.
Data update frequency	Monthly.

LKPI 3 Incidence of accepted claims

Description	Number of claims initially determined in the period, with a current determination status of accepted, per 1000 Full Time Equivalent Employees.
Purpose	Provides the Commission oversight of accepted claim trends and prevention of hazards or risks occurring in the workplace.
Reporting basis	Claims in which the first liability determination was made in the reporting period, irrespective of the date of injury or the date of receipt of the claim.
Reporting unit	Incidence rate.
Data trend	Represented by a linear trend line which models the data into a straight line. It provides the line of best fit that can be used to represent the behavioural aspects of the data to determine if there is any particular pattern. The linear trend is the steady increase or decrease of the variables over the period of time. The model observes the previous data and predicts the future growth or pattern.
Data source	Monthly claims data from the Commission Data Warehouse.
Data elements	**Accepted claims:** number of claims with: > an initial determination date (CDW item C2) in the reporting period, and > a current determination status code (CDW Item C3) of A (Accepted) **FTE employees:** number of FTE employees for the relevant reporting period. Note: the incidence of accepted claims will be reported based on the most recent FTE employee data available, proportioned to the relevant reporting period.
Sample calculation	To calculate the incidence rate for a given reporting period, both the number of claims that occurred in that reporting period and the relevant FTE employee figure is required. The FTE employee figure for the reporting period is calculated by multiplying the daily FTE figure for the current financial year by the number of days in the reporting period. **Example** An organisation initially accepts 25 claims during the third quarter of the 2022–23 reporting period and has an FTE employee number of 2920 for the 2022–23 financial year. The daily FTE employee is obtained by dividing 2920 by the number of days in the 2022–23 reporting year (365). This equates to a daily FTE of eight (8). There are 90 days in the third quarter reporting period, so the FTE for the third quarter is 90 X 8 = 720 Using the calculation below, the incidence rate is the number of initially accepted claims divided by the FTE Employee figure, multiplied by 1000 to give an incidence per 1000 FTE employees. Incidence rate = (25/720) X 1000 = 34.7 claims per 1000 FTE
Data exclusions	Commuting claims.
Calculation	$\text{LKPI 3} = \frac{\textit{Accepted claims}}{\textit{FTE Employees}} \times 1000$
Data update frequency	Monthly.
Contextual data	**Quarterly comparison** The quarterly variance in incidence and accumulative claim numbers for the current and previous three quarters. **Claim type** The incidence rate of claim types (Injury/Disease/Psychological, CDW item B4 see Glossary) as a proportion of accepted claims represented in the financial year. **Top 3 Mechanisms of Injury** The top three mechanisms of injury (CDW item B6) percentage as a proportion of accepted claims represented in the financial year. The Top 3 Mechanism of Injury is based on the total count of accepted claims over the 5-year period, ranking this in order from 1-3.

LKPI 4 Incidence of claims reaching one week of incapacity

Description	Number of claims initially determined in the reporting period with one week or more lost time, per 1000 Full Time Equivalent Employees.
Purpose	Provides the Commission with oversight of accepted claims with one week or more lost time trends and prevention of hazards or risk occurring in the workplace.
Reporting basis	Claims with a cumulative one week of incapacity that were initially determined in the reporting period, with a current determination status of accepted.
Reporting unit	Incidence rate.
Data trend	Represented by a linear trend line which models the data into a straight line. It provides the line of best fit that can be used to represent the behavioural aspects of the data to determine if there is any particular pattern. The linear trend is the steady increase or decrease of the variables over the period of time. The model observes the previous data and predicts the future growth or pattern.
Data source	Monthly claims data from the Commission Data Warehouse.
Data elements	**Accepted claims:** number of claims with: > an initial determination date (CDW item C2) in the reporting period, and > a current determination status code (CDW Item C3) of A (Accepted) **One week of incapacity:** number of claims which have accumulated one week or more of incapacity (CDW item G7, Incapacity Weeks). **FTE employees:** number of FTE employees for the relevant reporting period. Note: the incidence of serious claims will be reported based on the most recent FTE employee data available, proportioned to the relevant reporting period.
Sample Calculation	To calculate the incidence rate for a given reporting period, both the number of claims that occurred in that reporting period and the relevant FTE employee figure is required. The FTE employee figure for the reporting period is calculated by multiplying the daily FTE figure for the current financial year by the number of days in the reporting period. **Example** An organisation records 12 accepted claims which have reaching one week of incapacity during the first quarter of the 2022-23 reporting period and has an FTE employee number of 1825 for the 2022-23 financial year. The daily FTE employee is obtained by dividing 1825 by the number of days in the 2022–23 reporting year (365). This equates to a daily FTE of five (5). There are 92 days in the first quarter reporting period, so the FTE for the first quarter is 92 X 5 = 460 Using the calculation below, the incidence rate is the number of claims divided by the FTE Employee figure, multiplied by 1000 to give an incidence per 1000 FTE employees. Incidence rate = (12/460) X 1000 = 26.1 claims per 1000 FTE (rounded to 1 decimal point).
Data exclusions	Commuting claims.
Calculation	$LKPI\ 4 = \frac{Claims\ reaching\ one\ week\ of\ incapacity}{FTE\ Employees} \times 1000$
Data update frequency	Monthly.

LKPI 4 Incidence of claims reaching one week of incapacity

Contextual data	**Quarterly comparison** The quarterly variance in incidence and accumulative claim numbers for the current and previous three quarters. **Claim type** The incidence rate of claim types (Injury/Disease/Psychological, CDW item B4 see Glossary) as a proportion of accepted claims with one week or more of lost time represented in the financial year. **Top 3 Mechanisms of Injury** The top three mechanisms of injury (CDW item B6) percentage as a proportion of accepted claims with one week or more of lost time represented in the financial year. The Top 3 Mechanism of Injury is based on the total count of accepted claims with one week or more of lost time over the 5-year period, ranking this in order from 1-3.

LKPI 5 Return to Work rate

Description	The percentage and volume of currently accepted claims that have experienced Return to Work (RTW) outcomes (inclusive of partial and full RTW).
Purpose	Provides the Commission oversight of return to work outcomes for injured employees returning to work or staying at work while they recover from a work related injury or illness.
Reporting basis	For inclusion claims must have a current determination status of accepted, have lost time, and have a date of initial determination within 24 months prior to the reporting period. For example, when reporting RTW rates for the reporting period ending 31 March 2023, this refers to claims with: > A determination status of accepted as at 31 March 2023; and > A date of initial determination between 31 March 2021 and 31 March 2023 (both end dates inclusive).
Reporting unit	Percentage.
Data trend	Represented by a linear trend line which models the data into a straight line. It provides the line of best fit that can be used to represent the behavioural aspects of the data to determine if there is any particular pattern. The linear trend is the steady increase or decrease of the variables over the period of time. The model observes the previous data and predicts the future growth or pattern.
Data source	Monthly claims data from the Commission Data Warehouse.

LKPI 5 Return to Work rate

Data elements

Accepted claims: number of claims with:

> an initial determination date (CDW item C2) in the reporting period, and

> a current determination status code (CDW Item C3) of A (Accepted) in the reporting period.

Incapacity: number of claims which have accumulated any incapacity (CDW item G7, Incapacity Weeks).

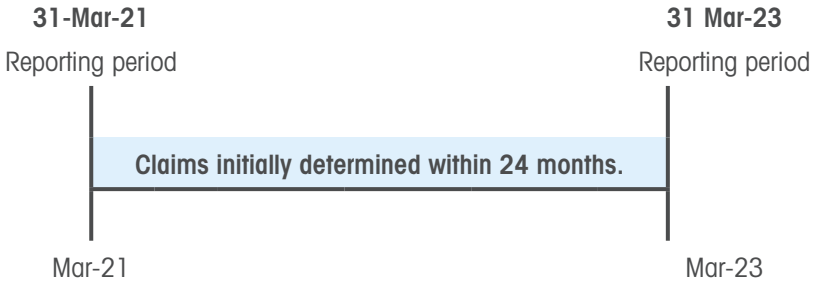
RTW Outcome (Full or Partial): number of claims which a RTW outcome (CDW item B15, RTW status code) of:

> Full – 00, 01, 21, 22, 23

> Partial – 02, 24, 25, 26, 27

No RTW Outcome: number of claims for which liability has been accepted, but there has been no RTW outcome (CDW item B15, RTW status code) of: 28,29

For example, when reporting the RTW rate for the reporting period ending 31 March 2023:



Data exclusions

RTW Status Code of 04, 05, 06, 30 and 31

Calculation

$$LKPI\ 5 = \frac{Accepted\ claims\ with\ Full\ or\ Partial\ RTW}{Accepted\ claims}$$

Data update frequency

Monthly.

Contextual data

Quarterly comparison

The quarterly variance in return to work rate and accumulative claim numbers for the current and previous three quarters.

Claim type

The return to work rate represented in the financial year for claim types (Injury/Disease/Psychological, CDW item B4 see Glossary).

Top 3 Mechanisms of Injury

The return to work rate for the top three mechanisms of injury (CDW item B6) represented in the financial year.

The Top 3 Mechanism of Injury is based on the total count of accepted claims with any incapacity over the 5-year period, ranking this in order from 1–3.

LKPI 6 Timeliness – determination of new claims

Description	The percentage of new claims that were initially determined within set timeframes from the date of receipt by the determining authority of a compliant claim: a) 20 calendar days for claims made in respect of an injury (other than a disease) or an aggravation of an injury (other than a disease) b) 60 calendar days for claims made in respect of a disease c) less 'stop-clock' days
Purpose	Provides the Commission oversight of claims management performance and timeliness of determinations of new claims.
Reporting basis	Claims with an *initial determination date* in the reporting period.
Reporting unit	Percentage.
Method for setting target	The following target applies to the determination of of new claims claims within timeframe of 100 per cent. This target is based on the prescribed timeframes for decision making under the SRC Act (*Safety, Rehabilitation and Compensation Amendment (Period for Decision-making) Regulations 2023*) in relation to initial claims for workers' compensation made under section 14 of the Act.
Data source	Monthly claims data from the Commission Data Warehouse.
Data elements	**Claims determined:** number of claims with an *initial determination date* ((CDW item C2)) in the reporting period **Within timeframe (Injury):** for all Injury claims (CDW item B4, see Glossary) with an *initial determination date* in the reporting period, the number of claims determined within: > 20 calendar days of the compliance date (i.e. *initial determination date* minus compliance date ≤ 20 days minus 'stop-clock' days) > The compliance date is day one of the calendar day count **Within timeframe (Disease):** for all Disease claims (CDW item B4, see Glossary) with an *initial determination date* in the reporting period, the number of claims determined within: > 60 calendar days of the compliance date (i.e. *initial determination date* minus compliance date ≤ 60 days minus 'stop-clock' days) > The compliance date is day one of the calendar day count
Data exclusions	> Claims with a Takeover claim flag (CDW item B33) of Y (yes); and > Claims with a current Determination status code (CDW item C3) of D (deleted) or W (withdrawn). > Calendar days that are not counted toward the timeframe for determining liability for initial claims. See CDW Specifications Appendix A.11. > Weekends or public holidays in the place that the decision is being made. For example, if by operation of the timeframes regulations the decision-maker has until Saturday 31 March to make the decision, the decision may be made on Monday 2 April.
Calculation	$LKPI\ 6 = \frac{Within\ timeframe\ (injury) + Within\ timeframe(disease)}{Claims\ determined} \times 100$
Data update frequency	Monthly.
Contextual data	**Average days to determination** The average days to determine a new injury and disease claim within the reporting period.

LKPI 7 Timeliness – decisions on requests for reconsideration

Description	The percentage of reconsideration requests decided, in the reporting period, within 30 calendar days from the date of receipt of the reconsideration request by the determining authority.
Purpose	Provides the Commission oversight of claims management performance and timeliness of reconsideration requests decided.
Reporting basis	Reconsiderations with a reconsideration decision (i.e. reviewable decision) date in the reporting period.
Reporting unit	Percentage.
Method for setting targets	The following target applies to the determination of reconsideration requests within timeframe of 100 per cent. This target is based on the prescribed timeframes for decision making under the SRC Act (*Safety, Rehabilitation and Compensation Amendment (Period for Decision-making) Regulations 2023*) in relation to reconsiderations of determinations following a request made by a claimant.
Data source	Monthly claims data from the Commission Data Warehouse.
Data elements	**Reconsiderations decided:** number of reconsideration requests with a *Reconsideration decision date* (CDW item H6) in the reporting period Within timeframe for all reconsideration requests with a Reconsideration decision date in the reporting period, the number of reconsideration requests decided within: > 30 calendar days of the compliance date (i.e. *reconsideration decision date* (CDW item H6) minus Reconsideration received date (CDW item H3) ≤ 30 days) > The compliance date is day one of the calendar day count.
Data exclusions	> Reconsiderations with a Reconsideration initiator code (CDW item H4) of S [self (determining authority)]; and > Reconsiderations with a Reconsideration decision code (CDW item H7) of W (withdrawn) or X (Unknown/Not Applicable). > Weekends or public holidays in the place that the decision is being made. For example, if by operation of the timeframes regulations the decision-maker has until Saturday 31 March to make the decision, the decision may be made on Monday 2 April.
Calculation	$LKPI\ 7 = \frac{Within\ timeframe}{Reconsiderations\ decided} \times 100$
Data update frequency	Monthly.
Contextual data	**Average days to decisions on requests for reconsideration** The average days for the determination of reconsiderations within the reporting period.

IDENTIFICATION OF DATES AND DETERMINATION STATUS CODES

The following table illustrates how the compliance date, initial determination date, initial determination status and current determination status are identified from monthly CDW data.

When a compliant claim is received in the first instance by a licensee, the first *Determination status code* recorded in relation to the claim would be 'U' (undetermined) and the corresponding *Date/time of determination status change* would indicate the compliance date (see Claim A below).

When a non-compliant claim received, the first *Determination status code* recorded in relation to the claim would be 'N' (non-compliant) (note that a licensee may elect not to report a non-compliant claim to the CDW). If the non-compliance is addressed and a compliant claim subsequently received, a new *Determination status code* of 'U' (undetermined) would be recorded and the corresponding *Date/time of determination status change* would indicate the compliance date (Claim B).

When an initial decision to accept or deny liability has been made in relation to a claim, a new *Determination status code* of either 'A' (Accepted) or 'R' (Rejected) would be recorded, indicating the initial determination status. The corresponding *Date/time of determination status change* would indicate the initial determination date (Claims A and B).

In all cases, even where a decision to accept or deny liability has not yet been made, the current determination status is identified by the latest recorded *Determination status code* in relation to a claim. For example, for a claim that was withdrawn prior to determination, and upon which no further action has occurred, the current determination status would be 'W' (withdrawn) (Claim C).

Claim identifier[1]	Date/time of determination status change[2]	Determination status code[3]
A	1 Feb 2010 (Compliance date)	'U'
A	4 Feb 2010 (Initial determination date)	'A' (Initial and current determination status)
B	2 Mar 2011	'N'
B	10 Mar 2011 (Compliance date)	'U'
B	28 Mar 2011 (Initial determination date)	'R' (Initial determination status)
B	2 May 2011	'A' (Current determination status)
C	14 Mar 2011	'U'
C	5 Apr 2011	'W' (Current determination status)

1 Refer item C1 in CDW Specifications

2 Refer item C2 in CDW Specifications (date component only)

3 Refer item C3 in CDW Specifications

CALCULATION OF INCIDENCE RATES

In order to calculate LKPI's 3 (accepted claims) and 4 (claims reaching one week of incapacity), a Full Time Equivalent Employee (FTE) number is required for each licensee for the corresponding reporting period to calculate the incidence rate per 1000 FTE.

For example, to calculate LKPI 3 – Incidence rate of accepted claims, the following calculation is used:

$$\frac{\text{Number of claims}}{\text{Employer FTE}} \quad \text{X 1000} \quad = \quad \text{Incidence per 1000 FTE}$$

When calculating incidence rates, the FTE figure is proportioned for the relevant reporting period – this is in order to provide a comparable incidence rate for the relevant period.

For example, when compiling reports for the first quarter of a reporting year (July through September), the equivalent of the first three months' worth of the FTE is used to calculate the incidence rate. The FTE for the quarter is calculated based on the number of calendar days in the period, rather than simply dividing the annual FTE figure by four.

When reporting on the financial year to date as at the end of a reporting quarter, the FTE for the relevant period is utilised to calculate incidence rates – for example, when reporting on the financial year to December, the combined daily FTE for the period 1 July through 31 December is used as the base FTE figure.

Sample FTE calculation

An organisation has an estimated FTE for the full 2022-23 financial year of 1460, and wants to calculate the FTE for the first quarter of 2022-23 (July through September).

The first step is to calculate the estimated daily FTE for 2022-23. This is done by dividing the total FTE by the number of days in the full year:

$$\frac{\text{2022–23 full year FTE}}{\text{Number of days in 2022–23}} \quad = \quad \text{Estimated daily FTE for 2022–23}$$

$$\frac{1460}{365} \quad = \quad \text{4 (Estimated daily FTE for 2022–23)}$$

This is then multiplied by the number of days in the relevant reporting period to provide the FTE used in calculating incidence rates for that period. In this case, there are 92 calendar days in the first quarter of 2022-23.

Estimated daily FTE X Days in reporting period = Estimated FTE for the reporting period

In this example:

4 X 92 = 368 (Estimated FTE for the first quarter of 2022–23)

EXAMPLE OF HOW THE 'STOP-CLOCK' WILL IMPACT DECISION TIMEFRAMES

4 April 2024 – A claim was received without a certificate from a legally qualified medical practitioner (LQMP). The claim has a determination status of 'N' (non-compliant) in the claims management system (CMS). As there is no previous determination status against the claim, there is no first compliance date set, so the 'N' status is ignored, and no day count is activated. *Note: No stop-clock mechanism is available at this stage because it can only be started on or after a compliant claim is received (determination status 'U') and ended on or before a first determination date is recorded (determination status of 'A', 'R' or 'W').*

11 April 2024 – The certificate from the LQMP is received and a claim determination status of 'U' (Undetermined) is registered in the CMS. The claim determination timeliness clock starts counting days from 11 April 2024 as this is the date the determining authority received the compliant claim meeting the requirements of section 54 of the SRC Act.

17 April 2024 – The determining authority requests a report from the claimant's treating doctor necessary to add evidence for the claim determination. A stop-clock situation is started on the 17 April 2024 (referred to as E1 in Figure 1) while waiting for receipt of the requested report. The determination timeliness clock stops counting days from and including 17 April 2024.

29 April 2024 – While waiting for the report from the LQMP, the claimant advises the determining authority that they aware of further information which may assist in the assessment of the injury, and they will source and provide the information. A stop-clock situation is started on the 29 April 2024 (referred to as E2 in Figure 1). This overlaps with the first stop-clock situation.

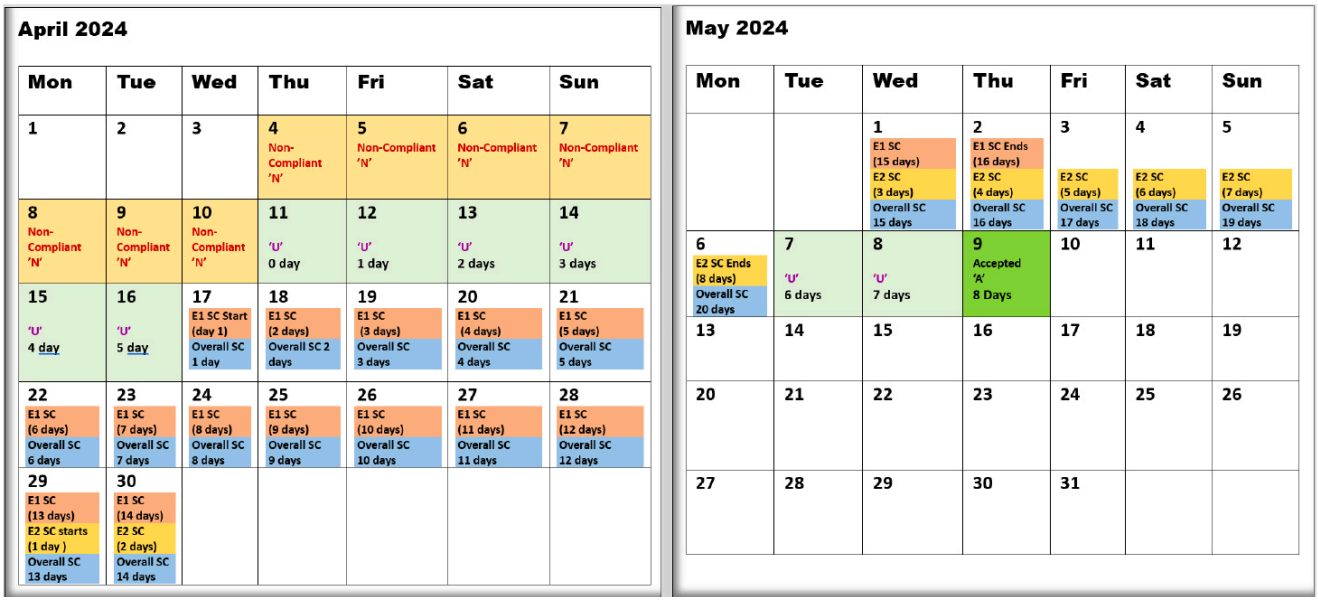
2 May 2024 – The report is received from the LQMP. This date is updated on the stop-clock record as the situation end date. The clock remains stopped because the documentation that the claimant is providing has not yet been received. A total of 16 days have been recorded as stop-clock days and will not be included in the determination timeliness count.

6 May 2024 – The determining authority receives the information from the claimant and the stop-clock record is updated with the situation end date for this record. The determination timeliness clock recommences from 7 May 2024. A total of 20 days has been recorded as stop-clock days (16 days plus an additional 4 days) and will not be included in the determination timeliness count.

9 May 2024 – The determining authority accepts liability for the claim. The claim determination timeliness clock stops at 8 days (excluding 20 days of stop-clock periods).

The calendar in Figure 1 shows how multiple stop-clock situations can be applied to a claim. Each situation has their own stop-clock day count, however when more than 1 situation falls concurrently across one or more day/s, each of those days will be counted as 1 day towards the total stop-clock days on the claim.

Figure 1: Calendar displaying the example of how the 'stop-clock' will impact decision timeframes



April 2024

Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	2	3	4 Non-Compliant 'N'	5 Non-Compliant 'N'	6 Non-Compliant 'N'	7 Non-Compliant 'N'
8 Non-Compliant 'N'	9 Non-Compliant 'N'	10 Non-Compliant 'N'	11 'U' 0 day	12 'U' 1 day	13 'U' 2 days	14 'U' 3 days
15 'U' 4 day	16 'U' 5 day	17 E1 SC Start (day 1) Overall SC 1 day	18 E1 SC (2 days) Overall SC 2 days	19 E1 SC (3 days) Overall SC 3 days	20 E1 SC (4 days) Overall SC 4 days	21 E1 SC (5 days) Overall SC 5 days
22 E1 SC (6 days) Overall SC 6 days	23 E1 SC (7 days) Overall SC 7 days	24 E1 SC (8 days) Overall SC 8 days	25 E1 SC (9 days) Overall SC 9 days	26 E1 SC (10 days) Overall SC 10 days	27 E1 SC (11 days) Overall SC 11 days	28 E1 SC (12 days) Overall SC 12 days
29 E1 SC (13 days) E2 SC starts (1 day) Overall SC 13 days	30 E1 SC (14 days) E2 SC (2 days) Overall SC 14 days					

May 2024

Mon	Tue	Wed	Thu	Fri	Sat	Sun
		1 E1 SC (15 days) E2 SC (3 days) Overall SC 15 days	2 E1 SC Ends (16 days) E2 SC (4 days) Overall SC 16 days	3 E2 SC (5 days) Overall SC 17 days	4 E2 SC (6 days) Overall SC 18 days	5 E2 SC (7 days) Overall SC 19 days
6 E2 SC Ends (8 days) Overall SC 20 days	7 'U' 6 days	8 'U' 7 days	9 Accepted 'A' 8 Days	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

'N' non-compliant days	Not counted as calendar days when used prior to an 'U' undetermined status
'U' undetermined days	1st compliance date – counted as calendar days for determination
'Stop-clock' days	Total calendar days during a 'stop-clock' period are excluded from the determination days count
'A' Accepted	1st decision date – sets the end date for the determination days count

GLOSSARY

Term	Definition
Accepted claim	A claim for compensation where liability has been accepted under the SRC Act.
AAT	The Administrative Appeals Tribunal (AAT) conducts independent merits review of administrative decisions made under Commonwealth laws.
CDW	The Commission Data Warehouse (CDW) is a data repository for unit claims data provided by determining authorities (i.e. Comcare and licensed self-insurers). The Commission Data Warehouse Specifications describe the requirements for determining authorities under the SRC Act to submit data to the CDW.
Claim	Any compliant claim for compensation, for example, the initial liability claim, claim for payment of medical expenses, claim for impairment payments, claim for cost of services rendered or claim for incapacity benefits.
Claim type	Higher level categorisation of claims for reporting purposes under the headings: > Injury claim > Disease claim > Psychological claim
Commuting	Travel to or from work as defined in section 6 of the SRC Act. This does not include travel associated with employment. That is where travel is part of an employee's duties or where the cost of travel is met by the employer.
Commuting claim	A claim for an injury sustained when travelling to or from work, as defined in section 6 of the SRC Act (see commuting). Commuting claims are identified by a Duty status code of '04' (Travelling to or from work) (refer Item B10 in the CDW Specifications).
Compliance date	In relation to a new claim, the date on which the claim, being compliant with legislative requirements, was received by the determining authority. This is identified by the earliest *Date/time of determination status change* in relation to a claim where the corresponding *Determination status code* is 'U' (Undetermined), 'A' (Accepted) or 'R' (Rejected) (refer Items C2 and C3 in the CDW Specifications). Also see note on page 15.
Current determination status	The current decision regarding liability for compensation in relation to a claim. This is identified by the Determination status code that corresponds to the latest Date/time of determination status change in relation to a claim (refer Items C2 and C3 in the CDW Specifications). Also see note on page 7.
Date of injury	For an injury, the date on which the injury as defined by s. 6 of the SRC Act occurred; or for a disease, the date when medical treatment was first sought, or first resulted in incapacity or impairment (disease) as defined by s. 7(4) of the SRC Act.
Death due to claim flag	A flag that identifies whether the worker died as a result of the claimed injury/disease (refer Item B22, CDW Specifications).
Determination	A decision regarding liability for compensation or rehabilitation under the SRC Act. For a new claim, determination means the initial decision regarding liability.
Determination status code	A code that identifies the determination status of a claim (refer item C3 in the CDW Specifications).
Disease	From 13 April 2007, any ailment suffered by an employee, or the aggravation of such an ailment, that is contributed to, to a significant degree, by the employee's employment.

Term	Definition
Disease claim	As specified by the *Nature of injury/disease code* (e.g. for claims coded in accordance with TOOCS3.1 DISEASES AND CONDITIONS and OTHER DISEASES, claims with a *Nature of injury/disease code* between 401 and 949 inclusive) (refer Item B4 in the CDW Specifications). For the purpose of reporting on 'Claim type', this excludes the subset mapping specified under 'Psychological claim' (TOOCS 3.1 MENTAL DISEASES).
FTE Employee	Full Time Equivalent Employee The total number of FTE employees who worked in the reporting period is defined as the total hours worked by all employees in the reporting period divided by the average/ standard hours worked in full-time jobs.
Incapacity	A diminished ability to earn. The amount of lost time in relation to a claim is identified by the total Incapacity weeks (refer Item G7 in the CDW specifications). A period over which an employee works his or her normal pre-injury weekly hours, but is in receipt of incapacity payments due to "make-up pay", is not considered as lost time. Accordingly, determining authorities should ensure that, where an incapacity determination is reported to the CDW in relation to an employee who is working his or her normal weekly hours, while all data fields are still required, the Incapacity weeks should be reported as zero.
Incapacity benefit	A payment made by a determining authority, directly or indirectly, by way of income maintenance.
Incident notification	A written or verbal report made to Comcare of an injury, illness or disease that meets the notification criteria provided by the WHS Act and WHS Regulations. Further information regarding incident notification under the WHS Act can be obtained from Comcare's website www.comcare.gov.au
Initial determination date	In relation to a new claim, the date upon which the first decision was taken to accept or deny liability for compensation. Also referred to as an 'original determination'. This is identified by the earliest Date/time of determination status change in relation to a claim where the corresponding Determination status code is 'A' (Accepted) or 'R' (Rejected) (refer Items C2 and C3 in the CDW Specifications).
Injury	Refers to either an injury or disease (unless otherwise specified). An injury can be a physical or mental injury and includes aggravation of a pre-existing ailment.
Injury claim	As specified by the Nature of injury/disease code (e.g. for claims coded in accordance with TOOCS3.1 INJURIES and OTHER CLAIMS, claims with a Nature of injury/disease code between 101 and 399 or 951 and 999 inclusive) (refer Item B4 in the CDW Specifications).
New claim	A claim that complies with the requirements of section 54 of the SRC Act.
Original determination	Any decision made by a delegate in respect of compensation or rehabilitation that is capable of being the subject of a reconsideration. An initial determination is also an original determination.
Psychological claim	As specified by the Nature of injury/disease code (e.g. for claims coded in accordance with TOOCS3.1 MENTAL DISEASES (subset within DISEASES AND CONDITIONS), claims with a Nature of injury/disease code between 702 and 707 inclusive, or 718 and 719) (refer Item B4 in the CDW Specifications).
Reaching one week of incapacity	A claim which has reached one or more weeks of lost time (a week being equal to the normal weekly hours for the worker).

Term	Definition
Reconsideration	An employee or employer, who is dissatisfied with a decision made by a determining authority, may ask for that decision to be reviewed by an officer not involved in the making of the decision in question. The result of such a review is called a reviewable decision.
Reconsideration decision code	A code that identifies the outcome of a reconsideration (refer Item H7 in the CDW Specifications).
Reconsideration decision date	The date a decision in writing (i.e. reviewable decision) was made in relation to a reconsideration. This is identified by the Reconsideration decision date (refer Item H6 in the CDW Specifications).
Reconsideration initiator	A code that identifies the party that initiated a reconsideration (refer Item H4 in the CDW Specifications).
Reconsideration received date	The date a request for reconsideration is received by the determining authority. This is identified by the Reconsideration request received date (refer Item H3 in the CDW Specifications). Where the claimant or employer requests a reconsideration, and seeks an extension of time to supply additional information, or indicates that further information will be forthcoming, the date of receipt may be taken to be the date when all additional information is received from the claimant or employer. In these cases, the Reconsideration request received date should reflect the date the additional information was received. There is no scope to adjust the date of receipt if information is sought by the determining authority from either the employer or the employee.
Reviewable decision	A decision reconsidered by a determining authority under s. 38 or s. 62 of the SRC Act. Only when there is a reviewable decision can there be an application to the Administrative Appeals Tribunal (see reconsideration and AAT).
SRC Act	*Safety, Rehabilitation and Compensation Act 1988*
Stop-clock day/s	Periods of calendar day/s (inclusive of start date and end date) not counted in the initial claim determination timeliness as legislated in the Safety, Rehabilitation and Compensation Amendment (Period for Decision-making) Regulations 2023. See Commission Data Warehouse (CDW) specifications Appendix A.11.
Takeover claim flag	A flag that identifies claims for which the determining authority has taken over liability from another body (refer Item B33 in the CDW Specifications).
TOOCS	The Type of Occurrence Classification System (TOOCS) provides a system for coding the circumstances surrounding an injury/disease occurrence. The current classification system in use is the 3rd edition, revision 1 (TOOCS3.1).
WHS Act	*Work Health and Safety Act (Cwth) 2011*

VERSION CONTROL

Version Number	Date	Description
2.2	28 October 2024	Word version to match web version.