

These tables have been prepared to support the State Insurance Regulatory Authority (SIRA) workers compensation monthly report.

## SIRA STATS:

Workers Compensation System

Open Data Glossary

2020



| Term  | Definition  |
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| Active claim  | An active claim is a claim that has had any payment activity in the three months as at the end of the same reporting month.   |
| Affordability   | <p>A reflection of the cost of premiums for workers compensation as a percentage of the reported NSW wages bill.</p> <p>The premium value used for the Nominal Insurer is calculated as total premium payable net of GST and levies, such as the dust disease levy and mine safety levy. The premium for self-insurers is deemed premium, calculated as wages covered multiplied by the premium rate applicable for the appropriate industry class.</p> <p>The premium for Government self-insurers (TMF) is the value of the deposit contributions made by each member agency. The premium for specialised insurers is the gross written premium, net of GST and levies, such as the dust disease levy and mine safety levy.</p> <p>Premium information is updated annually.</p>   |
| Age   | The claimant's age when the injury occurred or when the occupational disease was first reported to the employer.  |
| Allied Health Services                                | Payments for treatment by physiotherapists, chiropractors, osteopaths, psychologists, counsellors, exercise physiologists, other allied health practitioners.   |
| Average duration                                      | <p>Average duration of weekly payments paid in the first six months. This measure shows the average number of days of weekly benefits paid to workers in the first 6 months of their injury. The measure uses work hours lost to calculate average days</p> <p>The measure compares the quarters benchmarked across the previous quarters. The chart shows the average number of days of weekly benefits paid to workers in the first 6 months of their claims. This measure uses work hours lost and injury quarter to calculate the average days</p> <p>Note: the data for these measures requires six months to development.</p>   |
| Benefits paid directly to workers                     | Includes weekly payments, common law, s66, death benefits, commutations and miscellaneous payments.   |
| Bodily location of injury / disease                   | The bodily location of injury/disease classification is intended to identify the part of the body affected by the most serious injury or disease. Only 1-digit bodily location of injury is used.   |
| Case Management Practice: Insurer conduct / behaviour | Where there is a general enquiry or complaint about insurer behaviour or conduct e.g. poor communication, or the way the claim is managed by the insurer.   |
| Claim   | <p>A claim for workers compensation or work injury damages that a person has made or is entitled to make under the Workplace Injury Management and Workers Compensation Act 1998.</p> <p>The injury or illness may be physical or psychological, but employment must be a substantial contributing factor to injury for compensation to be payable.</p> <p>Note that police officers, paramedics, fire fighters, volunteer bush fire fighters and emergency and rescue services volunteers may be able to claim for injury suffered during journeys to and from work or place of volunteering without the need to show a real and substantial connection with employment.</p> <p>This report includes claims from workers whose employer is uninsured. Where a split by insurer segment is shown, claims of uninsured employers are included with the Nominal Insurer segment. This report excludes claims for:</p> <ul style="list-style-type: none"> <li>• dust diseases. These are administered by the Dust Diseases Authority.</li> </ul> |

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|   | <ul style="list-style-type: none"> <li>workers who are self-employed.</li> <li>employees of the Australian Government.</li> <li>a member of the NSW Police Force who is a contributor to the Police Superannuation Fund under the Police Regulation (Superannuation) Act 1906</li> </ul>  |
| Claim types                                       | Claims reported in the reporting month, classified as either 'psychological injuries' for mental disorder claims or 'all non-psychological injuries' for all other claims.  |
| Common law (WID)                                  | Payments for work injury damages (WID) and common law legal expenses incurred by the worker or insurer (Part 5 Common Law remedies of the Workers Compensation Act 1987 and Section 318H of the Workplace Injury Management and Workers Compensation Act 1998 No. 86). Work injury damages is limited to compensation for past economic loss due to loss of earnings, and future economic loss due to the deprivation or impairment of earning capacity.  |
| Common law payments                               | Payments for work injury damages (WID) and common law legal expenses incurred by the worker or insurer (Part 5 Common Law remedies of the Workers Compensation Act 1987 and Section 318H of the Workplace Injury Management and Workers Compensation Act 1998 No. 86). Work injury damages is limited to compensation for past economic loss due to loss of earnings, and future economic loss due to the deprivation or impairment of earning capacity.  |
| Commutations                                      | The actual gross amount of commutation awarded or agreed upon for the claim. This is an up-front lump sum payment made to an injured worker in place of continuing weekly compensation and future medical and hospital expenses (Part 3, Division 9 Commutation of compensation of the Workers Compensation Act 1987).  |
| Complaint data                                    | Is derived verbatim from reports from customers. Whilst some data cleansing processes are undertaken by SIRA the reporting is verbatim from customers and may from time to time reference an incorrect insurer and/or insurer type. The number of complaints received in the reporting period.  |
| Complaint types reported to SIRA                  | Complaints received in the reporting period, split by complaint type.   |
| Compliance promotion and assurance                | The count of individual cases within the reporting period that SIRA has undertaken a compliance assurance activity. These include proactive compliance assurance activities and assessments of referred cases of alleged non-compliance.  |
| Contributions                                     | The premium value used for Government self insurers (TMF) in this report is the total of the deposit contributions made by each member agency.  |
| Cost to the system for weekly payments each month | This graph shows the costs each month for weekly payments. The financial and cost information in this report is presented in original dollar values with no indexation applied. Costs in the Workers Compensation system are subject to a variety of potential inflationary factors including wage and salary rates, medical fee schedules, statutory benefits indexation and general price inflation. As there is no single index which adjusts for all potential factors, costs have been shown in the original dollar values for simplicity. |
| Customer Service: Behaviour                       | Where the customer is dissatisfied with the behaviour of any stakeholder involved in management of the claim, e.g. insurer or provider.   |
| Data disclaimer                                   | <p>The NSW State Insurance Regulation Authority (SIRA) is committed to producing data that is accurate, complete and useful. Notwithstanding its commitment to data quality, SIRA gives no warranty as to the fitness of this data for a particular purpose. While every effort is made to ensure data quality, the data is provided "as is". The burden for fitness of the data rests completely with the user.</p> <p>SIRA shall not be held liable for improper or incorrect use of the data.</p>  |

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|                                      | <p>Please note, this data was correct at the time in which it was extracted, however may change due to the progression of data and the application of regular data quality reviews. There are several areas where SIRA is actively working on the methodologies and data sets with the view to improving the measures and the capability to monitor the system.</p>   |
| Data lag                             | SIRA works closely with insurers to ensure the quality of data reported. Workers compensation insurers in NSW are required to provide a monthly set of all workers compensation claims data that had activity in the previous month. The majority of insurers provide their data within the required time frames, with only a small number of insurers requiring follow up for outstanding data.  |
| Death payments                       | A lump sum death benefit apportioned among dependents or the estate of the deceased worker, weekly compensation for dependent children, funeral expenses and expense of transporting the body (Part 3, Division1 Compensation payable on death of the Workers Compensation Act 1987 and Workers Compensation (Dust Diseases) Act 1942).   |
| Deemed premium                       | The premium value used for self insurers in this report, calculated as wages covered multiplied by the premium rate applicable for the appropriate industry class.  |
| Dental related services              | Payments for dental services (Sections 59, 60, 60A and 61 of the Workers Compensation Act 1987).  |
| Dispute rate                         | The number of disputes lodged (internal review, merit review, procedural review and workers compensation commission disputes) in the reporting month divided by the number of active claims as at the end of the same reporting month.  |
| Disputes lodged/finalised            | Disputes lodged/finalised in the reporting period.  |
| Distributive justice                 | Customers' perception of how equitably, fairly and justly they were treated is an important measure of the performance of the system.   |
| Duty status                          | Indicates the work duty status of the worker when the injury occurred   |
| Enquiry                              | An enquiry is defined as a customer call regarding information or advice that is general in nature. The number of enquiries received in the reporting period.   |
| Escalated enforcement and fraud      | The count of individual cases within the reporting period that SIRA has undertaken an assessment or investigation of alleged fraud or escalated matters consideration for an enforcement response.  |
| External Decision: WCC Determination | Enquiry or complaint about a determination not being applied or complied with, e.g. consent orders not being paid.  |
| Fatality                             | Fatalities are employment injuries and diseases resulting in the death of the injured worker. This category includes workers who died at work or when a worker subsequently dies of injuries received at work. Fatalities include notifications of work related injuries and liability accepted claims. Fatalities exclude liability denied claims, claims with no action after notification and claims with liability status of reasonable excuse. |
| Government self-insurers (TMF)       | Employers covered by the Government's managed fund scheme the Treasury Managed Fund (TMF). The TMF is administered by the NSW Self Insurance Corporation (under icare NSW).   |
| Home Care, Home Services and Aids    | Payments for provision of nursing care at home, domestic assistance services, personal care, home and motor vehicle purchases and modification, mobility aids and hearing aids.   |
| Hospital, excl ambulance             | Payments for treatment at public and private hospitals (Sections 59, 60, 62 and 64 of the Workers Compensation Act 1987).   |

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| Independent Medical Examination: Guidelines | Where there is an enquiry or complaint regarding Independent Medical Examination (IME) guidelines, that is, where a worker believes the insurer is not adhering to the guidelines e.g. not being given 10 days' notice to attend an appointment.   |
| Insurer expenses                            | Includes administration and operating expenses, regulatory costs, investigations, insurer's legal fees etc.  |
| Insurer Investigation Expenses              | Payments for medical investigation services initiated by the insurer, assessments of an injured worker's work capacity and ability to earn, psychological assessments, and other non-medical investigation services incurred by the insurer, including factual and surveillance reports, evidence gathering undertaken by the insurer, legal opinions on liability and recovery potential.   |
| Insurer type                                | Insurer type refers to the general grouping of insurers into segments and includes claims and policy System agents and insurers-Government self insurers (non-: Nominal insurer, self-(Government self insurers TMF), specialised insurers and insurer).   |
| Internal review                             | An internal review is a review of the work capacity decision by someone within the insurer other than the person who made the decision. The source of information for the number of internal reviews is the insurers' submission data to SIRA.   |
| Interpreter services                        | Amounts paid to any approved interpreter service for English language assistance to the claimant (Section 64A of the Workers Compensation Act 1987).   |
| Investigation payments                      | Payments for insurer and worker investigation expenses (Sections 9A, 11A and 44A of the Workers Compensation Act 1987 and Sections 45A, 330, 331, 339 and 376 of the Workplace Injury Management and Workers Compensation Act 1998).   |
| Justice                                     | <p>Customers' perception of how equitably, fairly and justly they were treated is an important measure of the performance of the system.</p> <p>The SWA 2018 RTW survey included asking workers about their perceptions of equity. Workers rated their experience across these four broad dimensions of equity and perceived justice:</p> <ul style="list-style-type: none"> <li>• distributive justice, about the fairness of their compensation</li> <li>• informational justice, in receiving accurate and timely information about the rationale for decisions</li> <li>• interpersonal justice, on whether they were treated with respect and sensitivity</li> <li>• procedural justice, about the fairness of the procedures used to determine the outcomes.</li> </ul> <p>Survey respondents rated their agreement with a range of specific attributes on a five-point scale. For the SWA 2018 RTW survey, a range of specific attributes were measured within each of these four dimensions, comprising some 15 attributes. A higher mean score denotes a higher level of agreement (or a higher perceived sense of justice/fairness).</p> |
| Legal payments                              | Payments for legal services provided for the insurer and on behalf of the injured worker (Sections 25, 29, 32, 87 of the Workers Compensation Act 1987 and Sections 337, 338 and 339 of the Workplace Injury Management and Workers Compensation Act 1998 No. 86). This does not include ILARS legal costs.  |
| Level 1 complaints                          | A level 1 complaint is defined as a complaint received by frontline staff where an insurer is notified (via email) by the Customer Advisory Service on behalf of the complainant.  |
| Level 2 complaints                          | A level 2 complaint is an escalation of an unresolved level 1 complaint.   |
| Licensed Insurers: Claims Lodgement         | Any enquiry about how to lodge a claim.  |

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| Lost Time                                | Monthly average, over the last 12 months, of workers who had lost time.  |
| Lump sum benefits                        | Lump sum payments to compensate an injured worker for the permanent impairment that results from their injury and, for claims before 19 June 2012, the pain and suffering related to the permanent impairment (Sections 66 and 67 of the Workers Compensation Act 1987).   |
| Major claim                              | <p>Major injuries/claims are defined as those that satisfy the following conditions:</p> <p>The claim entered the insurer's/scheme agent's computer system within the analysis period (for example, on or after 1 July 2018 and on or before 30 June 2019 for financial year 2018/19)</p> <p>The injury resulted in death, permanent disability, or temporary disability with at least one week of weekly benefit entitlement paid.</p>  |
| Market share                             | The proportion of total wages reported as insured by the insurer segment.  |
| Mechanism of incident                    | Mechanism of incident applies to claims entered into the insurer's system on or after 1 July 2011 and uses the Type of Occurrence Classification System, 3rd Edition (Revision 1) Australian Safety and Compensation Council, Canberra 2008.   |
| Medical and Investigation Services       | Payments for medical consultations, medical treatment services and diagnostic investigations   |
| Medical: Liability                       | Process /communication to determine liability including any reference to reasonably necessary treatment and s59A entitlement periods e.g. medical entitlements have not been approved and the worker believes they have not received the relevant communication.   |
| Medical: Payments                        | Payments for treatment and services by: medical practitioners (incl. general practitioners, physicians, specialists and surgeons); allied health practitioners (incl. physiotherapists, chiropractors, osteopaths, psychologists, counsellors, accredited exercise physiologists, dentists, occupational therapists and nurses); other health service providers (incl. hearing service and domestic assistance); hospital treatment and services; ambulance services; medical and artificial aids; medication supplies; modifications to a worker's home or vehicle (Part 3, Division 3 Compensation for medical, hospital and rehabilitation expenses etc of the Workers Compensation Act 1987).  |
| Merit review                             | A merit review is undertaken by an independent decision maker at SIRA who conducts a merit review of the insurer's work capacity decision and outlines findings and recommendations. These reviews are binding on the insurers.  |
| Methodology, data notes and data sources | <p>The data presented in this report are derived from monthly claims submission data, annual declarations provided to SIRA from NSW workers compensation insurers, the Workers Compensation Commission and the Workers Compensation Independent Review Office.</p> <p>The financial and cost information in this report is presented in original dollar values with no indexation applied. Costs in the workers compensation scheme are subject to a variety of potential inflationary factors including wage and salary rates, medical fee schedules, statutory benefit indexation and general price inflation. As there is no single index which adjusts for all potential factors, costs have been shown in their original dollar values for simplicity.</p> <p>The premium value used for the Nominal Insurer in this report is calculated as total premium payable net of GST and levies, such as the dust disease levy and mine safety levy. Premium for self-insurers is deemed premium, calculated as wages covered multiplied by the premium rate applicable for the appropriate industry class. Premium for Government self-insurers (TMF) is the value of the deposit contributions made by each member agency. Premium for specialised insurers is the gross written premium, net of GST and levies, such as the dust disease levy and mine safety levy.</p> <p>Insurers regularly update claims data based on the progression of a claim. This may result in changing claim details month on month.</p> |

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| MPPGs   | Market Practice and Premiums Guidelines   |
| Nature of injury/disease                              | The nature of injury/disease classification is intended to identify the type of hurt or harm that occurred to the worker. The hurt or harm could be physical or psychological.  |
| Net premium   | The premium value used for the Nominal insurer in this report, calculated as total premium payable net of GST and levies, such as the dust disease levy and mine safety levy.   |
| Nominal insurer                                       | Nominal insurer (NI): a statutory insurer responsible for the Workers Compensation Insurance Fund (managed by icare NSW) established by Division 1A of Part 7 of the 1987 Act.  |
| NP  | NP = Not provided due to cohort size or timing of data not reaching a qualifying period to be able to report  |
| NSW system  | The NSW workers compensation system includes all insurer types: Nominal insurer, Government self insurers (TMF), self insurers and specialised insurers. Uninsured liability claims covered by the NSW workers compensation system have been included with the Nominal Insurer in this report.  |
| Number of employees                                   | Number of employees covered by workers compensation insurance in a specified WIC class and policy renewal year. It includes full-time, part-time or casual employees and does not relate to the number of hours worked. For example, an employee who works one hour per week and an employee who works 38 hours per week are both counted as one employee. Note: the number of employees variable is not correctly reported for some policies.  |
| Number of workers receiving weekly benefits per month | Number of injured workers receiving weekly benefit payments excluding Section 39 claimants that exited the system until June 2018.  |
| Other payments  | Payments for repair to or replacement of artificial limbs and clothing as a result of the workplace injury, amounts paid to any approved interpreter service for English language assistance to the claimant, transport and maintenance expenses related to travel costs incurred by the worker and shared claim payments (Sections 59, 60, 63, 64 and 64A and Part 3, Division 5 Compensation for property damage of the Workers Compensation Act 1987)                                |
| Payments  | Payments made are based on the transaction date. Payments with payment date within the reporting period.  |
| Payments Data   | Payments data is broken up into two payment classification groups which are as follows:<br><u>Payment Classification level 1</u> provides a high-level breakdown of workers compensation payments.<br><u>Payment Classification level 2</u> provides a further breakdown of the categories in payment level 1, where applicable. For example, Investigation in payment level 1 is broken down into Insurer Investigation Expenses and Worker Investigation Expenses in payment level 2. |
| Payments for workers                                  | The sum of payments for medical treatment, ambulance services, hospital treatment, chiropractor services, physiotherapy services and rehabilitation services.   |
| Payments in the event of death                        | A lump sum death benefit apportioned among dependents or the estate of the deceased worker, weekly compensation for dependent children, funeral expenses and expense of transporting the body (Part 3, Division 1 Compensation payable on death of the Workers Compensation Act 1987 and Workers Compensation (Dust Diseases) Act 1942).  |
| Penalties and prosecutions                            | SIRA enforcement actions undertaken with the reporting period, including the issuing of infringement notices, recoveries of avoided premiums and prosecutions.  |

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| Perceived justice of the compensation process definition | <p>The Perceived Justice of the Compensation Process series of measures is a scale that has been used widely in research related to workers compensation and return to work outcomes. It measures injured or ill workers' perceptions of fairness of their workers' compensation experience across four broad dimensions – the details of their compensation arrangement, the claim process, information provision and interpersonal communications</p> <p><u><a href="#">Definitions of dimensions used to measure customer perception of equity and perceived justice.</a></u></p> <p>Procedural justice, about the fairness of the procedures used to determine the outcomes<br/> Informational justice, is about receiving accurate and timely information about the rationale for decisions<br/> Interpersonal justice, relates to whether workers are treated with respect and sensitivity</p> <p>For more information refer to the published Abridged Return to Work Outcomes Survey: NSW Workers Compensation System October 2019.</p> <p><a href="https://www.sira.nsw.gov.au/_data/assets/pdf_file/0009/584919/Abridged-RTW-Outcomes-Survey-NSW-Workers-Compensation-System-Oct-2010.pdf">https://www.sira.nsw.gov.au/_data/assets/pdf_file/0009/584919/Abridged-RTW-Outcomes-Survey-NSW-Workers-Compensation-System-Oct-2010.pdf</a></p> |
| Permanent impairment (Section 66)                        | Payments for Section 66 Section 66 payments are lump sum payments for the permanent loss or impairment of a specified bodily function or limb, or severe facial or bodily disfigurement, including interest, pursuant to Section 66, Workers Compensation Act 1987 No. 70 and as provided by the Table of Disabilities or whole person impairment (WPI) and Ready-reckoner of Benefits Payable.   |
| Pharmaceutical Services                                  | Payments for prescription and over the counter  |
| Pre 2011 Code (TOOCS)                                    | <p>If any claims payments under Bodily location, Nature or Mechanism of injury have been mapped to the cohort called (Pre 2011 Code), this generally means some of the payments made for claims that began commenced prior to July 2011 either haven't or cannot be coded to the latest Type of occurrence classification system (TOOCS) 3rd Edition.</p> <p>Type of occurrence classification system (TOOCS) 3rd Edition May 2008 is designed primarily for use in the coding of workers' compensation claims, but it can also be used by employers in the workplace.</p> <p>The Type of Occurrence Classifications System, Version 3.0 (TOOCS3.0) was developed to improve the quality of the NDS data by enabling jurisdictions to code more consistently and reduce the use of dump codes. This improvement in data quality will enhance the efficacy of all reports that rely on this data. This revision of TOOCS3 (TOOCS3.1) contains some significant improvements, most notably a clarification of the hierarchy contained in the Agency chapter. Please refer to <a href="https://www.safeworkaustralia.gov.au/doc/type-occurrence-classification-system-tooocs-3rd-edition-may-2008">https://www.safeworkaustralia.gov.au/doc/type-occurrence-classification-system-tooocs-3rd-edition-may-2008</a> for further information.</p>         |
| Premium  | The premium value used for the Nominal insurer in this report is calculated as total premium payable net of GST and levies, such as the dust disease levy and mine safety levy. Premium for self-insurers is deemed premium, calculated as wages covered multiplied by the premium rate applicable for the appropriate industry class.  |
| Premium for Government self insurers                     | Premium for Government self insurers (TMF) is the value of the deposit contributions made by each member agency. Premium for specialised insurers is the gross written premium, net of GST and levies, such as the dust disease levy and mine safety levy.  |
| Procedural review  | A review by the Workers Compensation Independent Review Office (WIRO) can follow a merit review by SIRA and is a procedural review of the insurer's work capacity decision.   |
| Property damage  | Payments for the repair to or replacement of property as a result of the workplace injury, including damage to artificial limbs and clothing (Part 3, Division 5 Compensation for property damage of the Workers Compensation Act 1987).  |



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| Psychological Injury (ies)        | The range of psychological conditions for which workers compensation may be paid, including post-traumatic stress disorder, anxiety/stress disorder, clinical depression and short-term shock from exposure to disturbing circumstances.   |
| Records submitted                 | All records received from insurers across NSW. This data excludes administration errors.   |
| Recoveries                        | Recoveries of workers compensation payments. These include recoveries received from the employer for the amount of their prescribed excess, recoveries in relation to common law settlements, recoveries relating to claims involving more than one insurer, recoveries received when an injury was caused under circumstances creating liability for some person other than the workers' employer to pay damages and recoveries of over-payments made to a person<br><br>(Sections 151A, 151Z, 160 and 235 of the Workers Compensation Act 1987, Section 74 of the Insurance Contracts Act 1984, Sections 235D and 272 of the Workplace Injury Management and Workers Compensation Act 1998).   |
| Recoveries & refunds              | Recoveries of workers compensation payments. These include recoveries received from the employer for the amount of their prescribed excess, recoveries in relation to common law settlements, recoveries relating to claims involving more than one insurer, recoveries received when an injury was caused under circumstances creating liability for some person other than the workers' employer to pay damages and recoveries of over-payments made to a person<br><br>(Sections 151A, 151Z, 160 and 235 of the Workers Compensation Act 1987, Section 74 of the Insurance Contracts Act 1984, Sections 235D and 272 of the Workplace Injury Management and Workers Compensation Act 1998).   |
| Refund payments (MEDICAL)         | Refunds of medical payments to Medicare or health fund.  |
| Refund payments (WEEKLY PAYMENTS) | Refunds of weekly payments to Centrelink.  |
| Rehab Services                    | Payments for services provided by approved workplace rehabilitation providers, including support for worker to recover at or return to work; vocational, functional and workplace assessments; job analysis and modification; identification of suitable work and worker retraining and placement in employment (Sections 59, 60 and 63A of the Workers Compensation Act 1987).  |
| Rehabilitation Treatment          | Payments for services provided by approved workplace rehabilitation providers, including support for worker to recover at or return to work; vocational, functional and workplace assessments; job analysis and modification; identification of suitable work and worker retraining and placement in employment (Sections 59, 60 and 63A of the Workers Compensation Act 1987).  |
| Reportable Claims                 | A reportable claim for workers compensation or work injury damages is a claim that a person has made or is entitled to make under the Workplace Injury Management and Workers Compensation Act 1998. Claims become reportable once they meet certain liability conditions and/or have received payments. For example, the injury or illness may be physical or psychological and employment must be a substantial contributing factor to injury, except for those claims made by police officers, paramedics, fire fighters, volunteer bush fire fighters and emergency and rescue services volunteers for injuries suffered during journeys to and from work or place of volunteering.<br><br>Reportable claims include claims from workers whose employer is uninsured. Where a split by insurer segment is shown, claims of uninsured employers are included with the Nominal Insurer segment.<br><br>Reportable claims exclude administration error claims, claims closed with zero gross incurred cost, claims shared between two or more workers compensation agents/insurers and the agent/insurer is not responsible for the |

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|                               | <p>management of the claims, and claims with payments only for recoveries, vocational programs or invalid payment classification numbers.</p> <p>Reportable claims also exclude claims for:</p> <ul style="list-style-type: none"> <li>• dust diseases (administered by the Dust Diseases Authority)</li> <li>• workers who are self-employed</li> <li>• employees of the Australian Government</li> <li>• a member of the NSW Police Force who is a contributor to the Police Superannuation Fund under the Police Regulation (Superannuation) Act 1906.</li> </ul>   |
| Reportable claims development | <p>This chart shows claim payments by accident year. That is, comparing payments of accidents occurring in the 2019/20 financial year with the prior accident period at the same stage of development. This chart allows for like for like comparisons across financial years and is presented in original dollar values with no indexation applied.</p> <p>The financial and cost information in this report is presented in original dollar values with no indexation applied. Costs in the workers compensation scheme are subject to a variety of potential inflationary factors including wage and salary rates, medical fee schedules, statutory benefit indexation and general price inflation. As there is no single index which adjusts for all potential factors, costs have been shown in their original dollar values for simplicity.</p> <p>Note the customer impacted by Section 39 of the act that exited the system up to June 2018 are excluded</p>   |
| Restricted                    | <p>Data may be restricted to comply with the (Privacy&lt;/strong&gt; and Personal Information&lt;/strong&gt; Protection Act 1998) or some data has not yet been properly coded to indicate a valid value.</p>  |
| Return to work rate           | <p>The Return to work (RTW) rate is the percentage of workers who have been off work as a result of their employment-related injury/disease and have returned to work at different points in time from the date the claim was reported (i.e. 4, 13, 26, 52 and 104 weeks for the SIRA Stats report).</p> <p>RTW rates are calculated monthly for the last 13 months up to the date of data. The cohort for each RTW measure is based on claims reported in a 12-month period, with a lag to allow for claim development (i.e., the lag for the 4-week measure is 28 days; the lag for the 13-week measure is 91 days; and the lag for the 26-week measure is 182 days).</p> <p>Calculation method for 4-week measure for November 2018 is given below as an example:</p> <ol style="list-style-type: none"> <li>1.Total number of time lost claimants = Claims reported from November 2017 to October 2018</li> <li>2.Total number of claimants back at work in 28 days (based on work status codes 1, 2, 3 &amp; 4) with any capacity</li> </ol> <p>RTW Rate=b/a multiplied by 100</p> <p>The deterioration in RTW across the system is largely driven by the performance of the NI and has been the subject of a compliance and performance review. See findings <a href="#">here</a>.</p> <p>The self insurers RTW performance is deteriorating to a lesser degree and SIRA is currently analysing this. Whilst at a very preliminary stage, initial exploration reveals the RTW performance is impacted by several variables including data quality and completeness from insurers. Once SIRA has completed the analysis we will report more fully on this aspect of the system performance.</p> |
| RTW assistance                | <p>Payments to eligible workers to assist them return to work. These payments do not apply to exempt categories of workers (police officers, paramedics or fire fighters), coal miners or volunteers prescribed by the Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987.</p>   |
| RTW rate: work status measure | <p>The work status measure RTW rate is calculated as the proportion of those claimants that have ceased work and had at least one day off work who are working at the measurement point in time, where the claim was reported in the reference financial year.</p>   |



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| SafeWork NSW   | The New South Wales workplace health and safety regulator.  |
| Schedule 6 legal services  | Legal services for matters other than a claim for work injury damages, e.g. disputes about compensation payable (Schedule 6 Maximum costs-compensation matters of the Workers Compensation Regulation 2016). This does not include ILARS legal costs.   |
| Schedule 7 legal services  | Legal services relating to a claim for work injury damages (Schedule 7 Maximum costs for legal services - work injury damages matters of the Workers Compensation Regulation 2016). This does not include ILARS legal costs.  |
| Section 36 - Weekly payments, first 13 weeks - RTW Assist Micro Employer | Weekly payments during the first 13 weeks to injured workers taking part in the Return to Work Assist Program for Micro Employers (Section 36 of the Workers Compensation Act 1987).  |
| Section 64B  | Payments for new employer assistance for eligible workers who are unable to return to work with their pre-injury employer and need assistance in starting with a new employer, including transport (e.g. public transport or motor vehicle registration); childcare; clothing; education or training (e.g. industry licences or certificates); equipment (e.g. tools of trade) and any similar service or assistance (Section 64B of the Workers Compensation Act 1987).<br><br>These payments do not apply to exempt categories of workers (police officers, paramedics or fire fighters), coal miners or volunteers prescribed by the Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987. |
| Section 64C  | Education or training assistance for eligible workers who require education or training to assist them to return to work (Section 64C of the Workers Compensation Act 1987).<br><br>These payments do not apply to exempt categories of workers (police officers, paramedics or fire fighters), coal miners or volunteers prescribed by the Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987.   |
| Sections 66 & 67   | Lump sum payments to compensate an injured worker for the permanent impairment that results from their injury and, for claims before 19 June 2012, the pain and suffering related to the permanent impairment (Sections 66 and 67 of the Workers Compensation Act 1987).  |
| Self insurer   | Specialised insurer means an insurer who holds a licence as a specialised insurer under Division 3 of Part 7 of the 1987 Act. There are currently 59 large employers licensed to self-insure.   |
| Shared claim and other insurer-to-insurer payments                       | Payments for the agreed portion of liability of shared claims, paid by the insurer not responsible for administering the claim.   |
| SIRA funded programs   | Payments for vocational rehabilitation programs for workers, funded by SIRA under Section 53 of the Workplace Injury Management and Workers Compensation Act 1988. The cost of these programs does not contribute towards claims cost of employers.   |
| Specialised insurers   | there are currently six insurers licensed to operate within particular industries.  |
| Surgery  | Payments for surgical procedures.   |
| SWA  | Safe Work Australia   |
| System Effectiveness   | System effectiveness in protecting workers and getting workers back to work and wellbeing.  |



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| System Efficiency                                     | Efficient system delivery in terms of cost, time and process.  |
| System Equity   | System equity and fairness (Customer perception of system equity).   |
| System Viability                                      | System sustainability and viability for generations to come  |
| Total wages   | The total amount of all wages and remuneration paid by an employer to employee(s).   |
| Transport (MEDICAL)                                   | Payments for ambulance services (Sections 59, 60 and 63 of the Workers Compensation Act 1987). Ambulance services include emergency, non-emergency and inter hospital transfers provided by the Ambulance Service of NSW and other providers as specified in the Workers Compensation (Ambulance Service Fees) Order.  |
| Transport (OTHER PAYMENTS)                            | Payments for the injured worker's travel to attend medical, hospital and rehabilitation appointments (Sections 59, 60 and 64 of the Workers Compensation Act 1987). Ambulance services include emergency, non-emergency and inter hospital transfers provided by the Ambulance Service of NSW and other providers as specified in the Workers Compensation (Ambulance Service Fees) Order. |
| Treasury Managed Fund                                 | Treasury Managed Fund (TMF). The TMF is administered by the NSW Self Insurance Corporation (under icare NSW), was also known as NSW Self Insurance Corporation (SICorp). TMF provides workers compensation to most NSW public sector employers except those who are self-insurers.   |
| Vocational programs                                   | Payments for vocational rehabilitation programs for workers, funded by SIRA under Section 53 of the Workplace Injury Management and Workers Compensation Act 1988. The cost of these programs does not contribute towards claims cost of employers.  |
| WCC   | The WCC is an independent statutory tribunal that has jurisdiction to deal with a broad range of disputes. Most of the compensation dispute applications are Applications to Resolve a Dispute (Form 2), and may involve claims for more than one type of compensation benefit, including weekly payments, medical and related treatment, and permanent impairment.                        |
| Weekly benefits paid per month                        | Weekly benefit payments paid to injured workers for incapacity excluding Section 39 claimants that exited the system until June 2018.  |
| Weekly payments                                       | Weekly payments paid to an injured worker as income support for incapacity, including refund payments related to weekly payments (Part 3, Division 2 Weekly compensation by way of income support of the Workers Compensation Act 1987).   |
| Weekly payments - partial incapacity                  | Weekly payments paid as income support to injured workers during partial incapacity (Sections 36, 37, 38 and 40 of the Workers Compensation Act 1987).   |
| Weekly payments - total incapacity                    | Weekly payments paid as income support to injured workers during total incapacity, where the claim was made prior to 2012 (Sections 36 and 37 of the Workers Compensation Act 1987).   |
| Weekly payments - total incapacity (claims post 2012) | Weekly payments paid as income support to injured workers with no current work capacity for claims made post 2012 (Sections 36 and 37 of the Workers Compensation Act 1987).   |
| Weekly payments: Calculations                         | Enquiry or complaint about the calculation of pre-injury average weekly earnings e.g. the worker not receiving correspondence detailing the calculation. Enquiry or complaint from exempt workers about their current weekly wage rate or average weekly earnings.   |

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| Weekly payments: Liability timeframes | Enquiry or complaint about the relevant timeframes to determine liability, e.g. when a worker has lodged a claim form, but a decision has not been made within 21 days.   |
| Weeks lost                            | The number of weeks injured workers are off work due to a work related injury or disease. The number of weeks lost is calculated as time lost divided by hours worked per week. Time lost is the hours lost, if reported, otherwise it is calculated as the sum of period paid for incapacity. The methodology assumes a 40-hour working week if hours worked per week are not reported. Note that time lost in this derivation only includes actual time lost and does not include estimates. Time lost in the Statistical Bulletin is a different measure, using only claims reported in the financial year and includes estimated time lost. |
| Worker                                | A worker who has sustained a work related injury or illness as defined by section 4 and deemed by Schedule 1 of 1988 Act.   |
| Worker Investigation Expenses         | Payments for medical investigation services initiated by the injured worker and payments for technical assessments, site investigations and gathering of facts relating to an incident.   |
| Workers compensation commission       | The WCC is an independent statutory tribunal that has jurisdiction to deal with a broad range of disputes. Most of the compensation dispute applications are Applications to Resolve a Dispute (Form 2), and may involve claims for more than one type of compensation benefit, including weekly payments, medical and related treatment, and permanent impairment.   |
| Working rate measure                  | <p>The working rate measure is a combination of two measures: the <u>RTW rate</u>, <u>work status measure</u> and the <u>Stayed at work rate</u>. This measure includes workers who have had at least one day off work as well as workers who have not ceased work.</p> <p>This measure also allows an insurer type comparison of workers who are at work at 4,13,26,52 and 104 week intervals from the date the claim is entered into the insurer's system.</p>  |

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