

Australian Capital Territory

Workers Compensation Insurers Download Specification 2002 (No 1)

Notifiable instrument NI2002—208

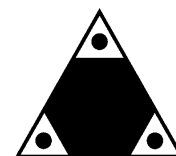
made under the

Workers Compensation Regulations 2002, s 98 (approved protocols about certain documents)

This protocol details the data fields required that must be used by insurers for downloading data collected under the *Workers Compensation Act 1951*.

Simon Corbell
Minister for Industrial Relations
1 July 2002

May 2002



ACT WorkCover

Australian Capital Territory (ACT) Workers' Compensation Database

“Accident Information Management System (AIMS)”

Insurer's Download Specification

Version 2.3.1

for the Australian Capital Territory

Downloads starting monthly from 1 July 1999

Incorporating revised coding standards as per the following:

- National Data Set for Compensation-based Statistics 2nd Edition (NDS2)
- Type of Occurrence Classification 2nd Edition (TOOCS2)
- Australian Standard Classification of Occupations 2nd Edition (ASCO2)
- Australian Standard Classification of Languages 1997 (ASCL)
- Australian Standard Geographical Classification 1996 (ASGC)
- Standard Australian Classification of Countries 1998 (SACC)
- Australian and New Zealand Standard Industrial Classification (ANZSIC)

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This document supersedes all prior editions (May 1994, March 1999, May 2000, June 2000, September 2000)

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1 OVERVIEW OF DATA DOWNLOAD FROM INSURERS

The ACT Workers' Compensation Database requires input of information from all ACT insurers. Three separate categories of data transfer are needed:

1. Policy data: Monthly details of workers compensation policies (3 files).
2. Claims data: Monthly details of claims, including payment details and time lost from work (2 files).
3. Annual insurer returns (1 file, not applicable for self-insurers).

Monthly policy and claims data must be extracted from insurers' databases on the last working day in any month. The data extract must be submitted to ACT WorkCover no later than close of business ten (10) working days after the extraction.

Annual Insurer Return is required by the 1st October of the current year.

Information provided by insurers must be accurate and able to be uploaded into the database by the due date. A failure to provide information by the due date will be considered as a breach of the Workers' Compensation Act 1951 for which the stated penalties will apply. If data is found to be invalid or not accurate it will be returned to the insurer at the insurers cost to be corrected.

WorkCover strives to produce timely, complete and accurate reports from the database for all stakeholders, including insurers.

WorkCover can assist in identifying invalid data prior to the due date. However, there is nothing in this arrangement that relieves insurers of their responsibility to supply correct data by the due date. A hard copy or electronic report can be provided to insurers detailing errors which are encountered. The electronic report will be in XML format and will best be viewed in an XML viewer or Microsoft Internet Explorer version 5 or higher.

Delays in processing data by WorkCover do not constitute sufficient reason for not supplying data by the due date. It is not the Government's intention that there be an ongoing system of data correction. The expectation of Government is that approved insurers will voluntarily comply with the terms of their approval.

WorkCover welcomes any feedback regarding the technical procedure or method for collecting workers' compensation data. Please contact WorkCover if you need any further clarification or assistance in meeting the requirements of this download specification.

Due to the dynamic behaviour of policies and claims, it is a complex task to ensure that the data received by WorkCover is complete and accurate. WorkCover endeavours to make these instructions clearer, relying on constructive feedback from insurers.

1.1 Death, Injury, Illness and Disease

ACT WorkCover exists to influence the broad system of workplace and community safety in the ACT that, in an unaltered state, will continue to deliver an unacceptable level of workplace related death, injury, illness and disease to employees and other parties in the ACT. The mission of WorkCover is to work towards the elimination of workplace death, injury, illness and disease.

In order to optimally deliver WorkCover's key strategies, WorkCover must first ensure that it is in full command of the information that will allow for detailed planning and for accurate measurement of outcomes. Much of this information is also required to meet the needs of different stakeholder and client groups, including insurers.

1.2 Data Transfer Options

Data transfer may be made in one of two ways, other methods will be considered on request.

To protect the privacy of insurers, employers and individuals, **ALL FILES MUST BE ENCRYPTED and DIGITALLY SIGNED using PGP.** For e-mail and CD-ROM, it is recommended that all 5 files be zipped into a single archive before being encrypted, as PGP can currently only encrypt individual files. Please contact WorkCover to arrange an exchange of public keys before commencing to use PGP. When generating a new key, a **Diffie-Hellman/DSS** key pair size of **4096** bits or greater is recommended.

1. Microsoft DOS formatted disk - either 3½" floppy or CD-ROM, after the file is encrypted with PGP.

Where diskettes are used, they must be clearly labelled as follows:

ACT Workers Compensation data
Policy/Claims/Annual Return (indicate files included) Part *n* of *<total number of parts to this file>*;
Disk *m* of **<total number of disks supplied>**;
Download effective end date;
Insurers name; and
Contact person name and phone number.

Where the file length exceeds the capacity of a single disk the file must be split into a separate file for every disk with a separate header (and end of file footer) on each.

Please send the floppy disks or CD-ROM containing the encrypted data files to:

ACT WorkCover
AIMS Data Administrator
4th Floor
197 London Circuit
Canberra ACT 2601

2. E-mail to kathy.curtis@act.gov.au (cc: to doug.davidson@act.gov.au) at ACT WorkCover, after the file is encrypted with PGP.

1.3 File Format

Download is to be an ASCII file with a header followed by fixed field length data. The PGP encryption will compress the file to a smaller size.

Where the file length exceeds the capacity of a single disk the file must be split into a separate file for every disk with a separate header (and end of file footer) on each. File extension names are important, however, no particular order needs to be kept between disks as all files will be transferred to a single location by WorkCover.

Where there is no POLICY, INDUSTRY, LOCATION, CLAIM or PAYMENT return recorded for the applicable period, a file MUST still be submitted with a header record containing no other records, to confirm that no files are missing. An ANNUAL return is not required for self-insurers.

It is preferable that all records within files are sorted by policy or claim number, then by the date created in the system, however, this is not mandatory for records that have no relationship to other records within a file. Sorting by policy or claim number should assist insurers in locating and correcting any errors.

Following the last record (and its end of line marker), an end of file marker is required:

Data item	M	Size	Type	Notes
<end of file>	Y	1	cha	ASCII <26>

1.4 General Format of Fields

Generally, all fields are provided in the download as follows:

- **Character** fields to be left justified padded with spaces.
- **Numeric** fields to be right justified and left padded with spaces, except for file header records. For non-mandatory fields, unknown values must be space filled, not zero. Use zero when zero is definite.
- **Negative numerics** fields to be right justified and left padded with spaces with the minus sign immediately to the left of the first non-padding digit .
- **Logical** fields are to be capital Y or capital N only.
- **Date** fields must be in the format YYYYMMDD eg. 1 July 2000 will be 20000701. Empty date fields must be zero filled (00000000), NOT space filled.
- **Dollar** fields must be rounded to the nearest dollar (ie 49 cents and below are to be rounded down, 50 cents and above to be rounded up), with the exception that amounts of \$0.01 to \$0.49 should be made up to \$1). Empty or unknown values must be space filled, not zero.

1.5 Mandatory/non mandatory data items

The download specification indicates items that are:

Y	mandatory
C	conditional – mandatory in specific circumstances
N	not mandatory (mostly fax numbers and extra details)

These requirements are in the column headed "M".

1.6 Validation Rules

Details of each data item, including the rules that must be applied to each data item, have been provided in the [Data Dictionary](#) (May 2002) accompanying this document.

The [National Data Validation System](#), 2nd Edition (September 2000), has also been provided as a guide to further rules which apply to the data. These rules will be tested by all jurisdictions in Australia at some time.

It is strongly recommended that these rules be implemented in your Workers' Compensation information system. Validation at the source of data entry will minimise the effort and time in tracing and correcting the data after it has been validated by the WorkCover system. Operators entering the data are likely to best know what the meaning of the error is at the time of entry. This will reduce the costs associated with providing invalid data to WorkCover.

1.7 Address Structure

All addresses used in the database have the following format:

Address Line 1	40	cha	Mandatory
Address Line 2	40	cha	Not mandatory
Address Line 3	36	cha	Not mandatory
City or Suburb	30	cha	Mandatory
State (code)	3	cha	Mandatory
Postcode	4	num	Mandatory
Statistical Local Area (ABS code)	4	num	Not mandatory

Addresses that are intended to refer to physical locations are not permitted to be post office boxes or locked bags.

BROKERS OR AGENTS ADDRESSES ARE NOT PERMITTED.

The address lines must be populated in order, beginning at **Address Line 1**. Therefore, when providing an address, **Address Line 1** must never be blank.

When the address is an overseas address, please provide “OS” in the **State** and “9999” in the **Postcode**.

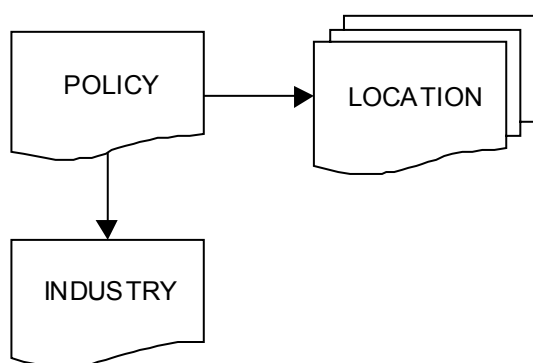
2 DOWNLOAD 1: POLICY DATA

Details are required about all workers compensation insurance policies held by employers on or after 1 July 1999. Policies that were not renewed on or after 1 July 1999 are treated as “historical” policies and also need to be provided when claims or payments made on or after 1 July 1999 relate to such policies. Information is required about employer details, the industry of the employer and the location of all workplaces of the employer. The nature of policy information is such that:

- An employer with a policy has one main industry.
- An employer with a policy has one or more workplaces.

To minimise the risks associated with supplying redundant data, the policy data is required to be divided into three separate files:

1. POLICY - Policy details.
2. INDUSTRY - Industry information related to policies – one record per policy
3. LOCATION - Work sites (eg offices and depots) where workers are covered by each policy - one or more records per policy.



The INDUSTRY record details are in fact part of the POLICY details (a one-to-one relationship), however this file has been kept separate to accommodate future changes that may allow a policy to cover many industries without alteration to the specification.

A LOCATION record need only be submitted when a new policy has been created or a new work site has been added or details have been changed OR if a historic policy has been provided for the first time (which could only be a result of claim action). Once already provided for a policy, it is optional to always provide the LOCATION record whenever a POLICY record is provided. For some insurers, it may avoid complexity to always provide the location records.

2.1 File naming convention

The files relating to policy data must follow the naming convention shown below:

1. Policy details: POLICY.001, POLICY.002 etc
2. Industry specific premium data INDUSTRY.001, INDUSTRY.002 etc
3. Work sites (ie workplace locations) LOCATION.001, LOCATION.002 etc

2.2 When to submit policy records

This download is required every month, as details will be held by the ACT Workers' Compensation Database of changes made to policy details. The download is to be made for all records in the month, created or modified up to midnight at the end of the month to maximise the value of history records.

To enable timely reports to be produced from the WorkCover database, VALID data files must be submitted to WorkCover within ten (10) working days after the end of the month.

When submitting alterations to records, all fields must be submitted with current details for a given file (ie. even those that remain the same).

It is not, however, necessary to provide the “child” records in the INDUSTRY and LOCATION files related to the POLICY record unless they have also changed. For some insurers, it may be simpler to do so rather than to detect that there is no change. This can be handled by the WorkCover system.

For example, if a change is made to a work site address, then all fields for the work site record should be downloaded. It is not necessary, however, to send other work site records for the employer which have not changed.

With the exception of policies that have been on risk for less than one full day (WorkCover expects that this is a policy cancelled after being accidentally created), the following events in the lifecycle of a policy must trigger a POLICY record (and INDUSTRY record in some cases) to be downloaded:

1. **New policy** – a new policy is created for an employer
2. **Renewed policy** – a policy is renewed
3. **Expired policy** – a policy has lapsed, expired, or is cancelled
4. **Other policy details change**
5. **CLAIM record submitted** - For each claim provided, please provide the most recent policy as at the end of the month of the download, for the claim. Note that if the policy was not renewed on or after 1 July 1999 (ie. was lapsed or expired on 1 July 1999), then this must be a “**historic**” policy, signified by Expiry Reason = 14 (see Section 2.6). An INDUSTRY record must be provided with the historic policy.
6. **PAYMENT record submitted** - For each payment provided, please provide the most recent details of the claim as at the end of the month of the download, that the payment relates to. Please note that a special case exists if the claim was LAST CLOSED prior to 30 June 1999 and is now being reopened (see Section 3).

2.3 New Policies

From the perspective of WorkCover, a new policy is signified by **the acceptance of a premium payment** for the policy.

Until the payment is registered on your system, a new policy MUST NOT be reported to WorkCover. New business does not necessarily need to be reported in the month that the policy is written.

For new policies, both an INDUSTRY record and LOCATION record must be submitted.

For new policies, please note that the following data items are mandatory (amongst others):

Expiry Reason must be 00
Initial Gross Premium Current Policy >= 0
Anticipated Wages Current Policy >= 0
Anticipated Number of Employees Current Policy >= 0

The following data items must be empty ie. space filled:

Premium Adjustment Reason = blank
Actual Gross Premium Previous Policy = blank
Actual Wages Previous Policy = blank
Actual Number of Employees Previous Policy = blank

2.4 Renewed Policies

From the perspective of WorkCover, a *renewal* is the continuation of coverage beyond the original policy terms signified by **the acceptance of a premium payment for a new term**.

Some insurers' information systems perform an automatic “renewal” near to or on the expiry date of the policy to conveniently handle the lag in processing renewal paperwork. Legally, the renewal cannot be confirmed until payment of premium has been received and a new contract is signed. **Until this**

event occurs and is registered on your system, a renewal MUST NOT be reported to WorkCover. Renewals do not necessarily need to be provided in the month that the policy expires.

Any renewals that were provided in error can only be corrected manually by WorkCover. Such cases must be reported to WorkCover in writing (by e-mail if desired) together with an explanation. This may happen if a policy was automatically renewed, cancelled after deciding the client was not renewing and then renewed after payment was received. Some insurers may incorrectly report the automatic renewal, cancellation of the new policy and then attempt to re-instate the cancelled policy (currently, reinstatements cannot be automatically handled by the WorkCover system). The correct procedure in this case is to:

- (a) not report the automatic renewal,
- (b) report the lapse of the first policy (not a cancellation of the second/new policy), and
- (c) report a renewal when the payment of premium was received (renewals of lapsed policies are permitted).

To submit a renewal, two POLICY records must be written to the POLICY file, one to close (“replace”) the original and one to notify the new policy details, that is:

1. A record with the original policy details, except that the **Expiry Reason** code is set to indicate that this policy has been “replaced” (code 12). **Premium Adjustment Reason** must be empty (space), as this relates to the new policy information.
2. A second record, similar to a record for a new policy, which holds the new policy details. This record must include the original policy number in the field **Previous Policy Number** (even if it has not changed). A policy renewal is the only event where a policy number is expected to change.

Please note that the Actual Gross Premium, Wages and Number of Employees for the expiring policy, if known, must be provided with the new policy (the second policy record), because **Actual Gross Premium Previous Policy**, **Actual Wages Previous Policy** and **Actual Number of Employees Previous Policy** are always for the PREVIOUS POLICY.

There are two significant scenarios to handle – one where the Wages Declaration has been received and the other, where the Wages Declaration has not been received yet. The two circumstances should be handled as follows:

2.4.1 Wages Declaration is available

When a policy is renewed and the Declaration of Wages has been received and entered into the system, the following fields MUST NOT be empty in the new policy information:

In the POLICY record 2:

Premium Adjustment Reason >= 0

Expiry Reason = 00

In the INDUSTRY record:

Initial Gross Premium Current Policy >= 0

Anticipated Wages Current Policy >= 0

Anticipated Number of Employees Current Policy >= 0

Actual Gross Premium Previous Policy >= 0

Actual Wages Previous Policy >= 0

Actual Number of Employees Previous Policy >= 0

2.4.2 Wages Declaration is not available yet

When a policy is renewed, but the “Actual Wages” for the previous policy have not been recorded in the system yet, the new policy details (record 2) must initially be written to the POLICY and INDUSTRY

file with most fields in the INDUSTRY record empty. **Please wait until BOTH the “Actuals” and “Anticipateds” are available before providing non-blank values.** The following fields MUST be empty (space filled), EVEN IF the **Initial Gross Premium** and **Anticipated Wages** are known:

In the POLICY record 2:

Premium Adjustment Reason = blank

In the INDUSTRY record:

Anticipated Number of Employees Current Policy = blank

Anticipated Wages Current Policy = blank

Initial Gross Premium Current Policy = blank

Actual Number of Employees Previous Policy = blank

Actual Wages Previous Policy = blank

Actual Gross Premium Previous Policy = blank

When ALL of the following items become available later, the second policy record above must be resubmitted to WorkCover to fill the following fields with new values:

In the POLICY record 2:

Premium Adjustment Reason >= 0

Expiry Reason = 00

In the INDUSTRY record:

Initial Gross Premium Current Policy >= 0

Anticipated Wages Current Policy >= 0

Anticipated Number of Employees Current Policy >= 0

Actual Gross Premium Previous Policy >= 0

Actual Wages Previous Policy >= 0

Actual Number of Employees Previous Policy >= 0

An exception report will be generated if this information is not collected and submitted within approximately 2 months. WorkCover will be auditing such cases.

2.5 Lapsed, Cancelled or Expired Policies

It is expected that by the time a policy expires, the **Initial Gross Premium** and **Anticipated Wages** must have been determined. Therefore, **Initial Gross Premium** and **Anticipated Wages** must be provided before a policy can be expired.

Generally, when a policy lapses, expires or is cancelled, two records are provided where the second record provides the “Actuals” if or when they become known. The second record can be provided in a later month’s download. To elaborate further:

1. When a policy lapses, expires or is cancelled, please provide the actual last day the policy was on risk in the **Date Policy Expires** and the reason the policy expired in the **Expiry Reason**. The **Premium Adjustment Reason** must be blank.

In the POLICY record:

Date Policy Expires = the actual last day the policy was on risk

Expiry Reason = one of 01 to 11 or 13

Premium Adjustment Reason = blank

In the INDUSTRY record:

Not to be provided.

2. If or when the **Actual Wages**, **Actual Number of Employees** and **Actual Premium** is known, please provide these in an additional “dummy” policy record.

The dummy policy mechanism was developed because the “actuals” must always be provided with the subsequent policy (Note that **Actual Gross Premium Previous Policy**, **Actual Wages Previous Policy** and **Actual Number of Employees Previous Policy** are always for the PREVIOUS POLICY). As the policy has now expired, there is no longer a genuine new policy to provide the “actuals” with.

The **Premium Adjustment Reason** must be set (not blank).

The **ONLY** purpose of a dummy record is to provide “Actuals” for an EXPIRED policy and hence a **Premium Adjustment Reason** is also required. A dummy record is signified by setting the **Date Policy Expires** to be equal to the **Date Policy Commences/Renewed**. The **Date Policy Commences/Renewed** of the dummy policy must be the same as the **Date Policy Commences/Renewed** of the expired policy (since [**Policy Number**, **Date Policy Commences/Renewed**] is the primary key or unique identifier). WorkCover expects that this will be the only reason why these dates will be equal. Policies that are on risk for less than one day are not expected to exist.

In the POLICY record:

Date Policy Expires = Date Policy Commences/Renewed
Expiry Reason = same as **Expiry Reason** of the expired policy notified previously
Premium Adjustment Reason = one of 0 to 9
All other details must be the same as the expired policy notified previously.

In the INDUSTRY record:

Anticipated Gross Premium Current Policy = blank (this is just a dummy policy)
Anticipated Wages Current Policy = blank (this is just a dummy policy)
Initial Gross Premium Current Policy = blank (this is just a dummy policy)

Actual Gross Premium Previous Policy >= 0
Actual Wages Previous Policy >= 0
Actual Number of Employees Previous Policy >= 0

A note for Systems Analysts: WorkCover plans to remove the legacy of having the “actuals” refer to “previous” policies in future specifications, so that any changes to a policy will simply be submitted with the policy that is affected.

If an expired policy has already been notified and corrections to the “actuals” of previous terms of the policy are required, please notify WorkCover in writing (by e-mail if desired) together with an explanation. These values need to be corrected manually by WorkCover.

An exception report will be generated if this information is not collected and submitted within approximately 2 months. WorkCover will be auditing such cases.

2.6 Historic Policies

If a POLICY was not renewed on or after 1 July 1999, then the POLICY must have an **Expiry Reason** signifying a “historic” policy (code 14). An INDUSTRY record and LOCATION record(s) must initially be provided. Once provided, for any subsequent notifications of the policy, it is optional to provide the INDUSTRY record and LOCATION record(s).

In the POLICY record:

Premium Adjustment Reason = blank

In the INDUSTRY record:

Actual Gross Premium Previous Policy = blank
Actual Wages Previous Policy = blank
Actual Number of Employees Previous Policy = blank

Anticipateds may be provided if available.

The LOCATION record(s):

Must be provided.

2.7 Other changes to policy details

When there is a change to the details of a policy other than the

Policy Number

Date Policy Commences/Renewed

please submit the most recent details of the policy in the month of the changes. The ***Policy Number*** and ***Date Policy Commences/Renewed*** are together used to uniquely identify a policy record/contract.

WorkCover expects that in normal business practice the ***Policy Number*** will only change when a policy is renewed.

2.8 Changes to Discriminator Fields

Some fields in the policy data are used to infer or signify an event in the lifecycle of a policy. These fields are referred to as “discriminator” fields. To reduce the risk of data being missing from the database or incorrect, checks have been implemented to ensure that transitions in the lifecycle of a policy are correct. For example, *Expired* policies cannot become *New* policies. Changes in the values of discriminator fields can have undesired effects. **CAUTION** should be taken when correcting errors in the values of these fields.

Other unusual scenarios are detailed in the *AIMS Dynamic Behaviour Model*, which accompanies this document. The document is highly technical and describes in detail how download files are processed.

The discriminator fields in a policy record are:

2.8.1 *Policy Number* - whether already present in the WorkCover system could determine an event

Previous Policy Number - this field determines if this record is the new policy to replace an expiring one in a “renewal” pair of records.

Date Policy Commences/Renewed – this together with the *Policy Number* is used to identify a unique policy (a primary key).

If *Date Policy Commences/Renewed* = *Date Policy Expires*, this signifies a Dummy Policy.

Expiry Reason – there are more details about this below in section 2.8.1.

If *Expiry Reason* = 14, this signifies a Historic Policy, but the *Date Policy Expires*

MUST be < 1/7/1999.

Premium Adjustment Reason - the presence or absence of a value in this field could signify an event in the lifecycle of the policy.

Expiry Reason

There are currently four categories of expiry reason:

- New - code 00
- Replaced - code 12
- Expired - codes 01 to 11 and code 13
- Historic – code 14

Any change in the category is used to infer a policy lifecycle event and can ONLY be interpreted to be a policy lifecycle event.

However, within the *Expired* category, a change in value does not represent a lifecycle event. Once a policy has expired, subsequent (expired) policy records for that policy may freely change the value as long as the category remains as *Expired*.

Therefore, corrections to errors in *Expiry Reason* which change the category are likely to be rejected or interpreted as a normal transition in category. **Please notify WorkCover in writing together with an explanation, if a correction to an error in the *Expiry Reason* will change the category of expiry.**

2.8.2 Corrections to *Date Policy Commences/Renewed*

WorkCover does not expect that insurers will be making corrections or adjustments to the *Date Policy Commences/Renewed*. If such an event occurs, please notify WorkCover in writing together with an explanation.

2.8.3 Removing Anticipateds, Actuals or Premium Adjustment Reason

If any of the “Anticipateds”, “Actuals” or the *Premium Adjustment Reason* have been provided in prior downloads and now need to be removed, please provide a request to WorkCover in writing (by e-mail if desired) together with an explanation. These values need to be corrected manually by WorkCover.

2.9 Self Insurers

The monthly download should be in the same format as specified in the Download Specification with the exception of the data items below. Self insurers must submit one policy which commences on 1 July and expires on 30 June of the following year. Self insurers must follow the policy renewal procedure, as specified in Section 2.4.

File 1 - Policy Details

Record Details

2. Policy Number	Use Insurer Reference code
4. Date Policy Commences/Renewed	Use financial year boundaries eg. 1 July 2000
5. Date Policy Expires	Use financial year boundaries eg. 30 June 2001
14. Premium Adjustment Reason	Blank in the first financial year of operation (as for a new policy). When renewing at the end of subsequent financial years, provide blank for the first record (with Expiry Reason = 12) and zero in the second record (with Expiry Reason = 00).

File 2 - Industry Details

Record Details

2. Policy Number	Use Insurer Reference code
5. Anticipated Wages Previous Policy	See Data Dictionary and assume the previous policy is one that was detailed for the previous financial year.
6. Actual Wages Previous Policy	The actual wages for the financial year previous to the financial year of the Date To field.
8. Initial Gross Premium Previous Policy	Zero
9. Actual Gross Premium Previous Policy	Zero
10. Initial Gross Premium Current Policy	Zero
11. Anticipated Number of Employees Previous Policy	The anticipated number of workers employed in the ACT at the beginning of the financial year previous to the financial year of Date To field.
12. Actual Number of Employees Previous Policy	The actual number of workers employed in the ACT for the financial year previous to the financial year of the Date To field.
13. Anticipated Number of Employees Current Policy	The anticipated number of workers employed in the ACT at the beginning of the financial year of the Date To field.

File 3 – Work Location Details

Record Details

2. Policy Number	Use Insurer Reference code
-------------------------	----------------------------

2.10 Policy Download: File 1 - Policy details

File naming convention is POLICY.001, POLICY.002 etc. **You MUST refer to the Data Dictionary** accompanying this document for further details on each data item.

File header

	Data item	M	Size	Type	Notes	(M=mandatory field - Y/N)
1.	Insurer Reference Code	Y	3	cha	Code	Provided by WorkCover.
2.	Insurer Name	Y	40	cha		Provided by WorkCover.
3.	Data Type	Y	8	cha	POLICY	
4.	Number of files	Y	2	num		Total number of POLICY files in this batch
5.	Date To	Y	8	cha	YYYYMMDD	Download effective end date (end of month)
6.	Number of Records	Y	6	num		In this file
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>	

Record Details

	Data item	M	Size	Type	Notes	
1.	Insurer Reference Code	Y	3	cha	Code	Same as header - for data security
2.	<u>Policy Number</u>	Y	20	cha		
3.	Previous Policy Number	C	20	cha		Blank unless policy no or dates are changed in this month
4.	<u>Date Policy Commences/Renewed</u>	Y	8	date	YYYYMMDD	Policy commencement date (for current policy period)
5.	Date Policy Expires	Y	8	date	YYYYMMDD	Policy expiry date (for current policy period)
6.	Employer ACN	C	11	cha	XXX XXX XXX	Australian Company Number (if the firm has one)
7.	Employer Name	Y	50	cha		
8.	Employer Main Trading Name	C	50	cha		
9.	Surnames of Company Principals	N	50	cha		

10.	Employer Postal Address	Y	157	cha		(see Section 1.7, 7 sub fields exist: 40,40,36,30,3,4,4)
11.	Employer Phone Number	Y	12	num		
12.	Employer Fax Number	N	12	num		
13.	Employer Primary Location	C	157	cha		(see Section 1.7, 7 sub fields exist: 40,40,36,30,3,4,4)
14.	Premium Adjustment Reason	C	1	num	Code	
15.	Expiry Reason	Y	2	num	Code	Reason for lapsing policy.
16.	Employer ABN	C	14	cha	XX XXX XXX XXX	Australian Business Number issued by the Australian Tax Office
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>	

2.11 Policy Download: File 2 - Industry details

File naming convention is INDUSTRY.001, INDUSTRY.002 etc. **You MUST refer to the Data Dictionary** accompanying this document for further details on each data item.

File header

	Data item	M	Size	Type	Notes
1.	Insurer Reference Code	Y	3	cha	Code Provided by WorkCover.
2.	Insurer Name	Y	40	cha	Provided by WorkCover.
3.	Data Type	Y	8	cha	INDUSTRY
4.	Number of Files	Y	2	num	Total number of INDUSTRY files in this batch
5.	Date To	Y	8	cha	YYYYMMDD Download effective end date (end of month)
6.	Number of Records	Y	6	num	In this file
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>

Record Details

	Data item	M	Size	Type	Notes
1.	Insurer Reference Code	Y	3	cha	Code table
2.	<u>Policy Number</u>	Y	20	cha	
3.	<u>Date Policy Commences/Renewed</u>	Y	8	date	YYYYMMDD Commencement date for current policy period
4.	Policy "Industry Category"	Y	4	num	ABS ANZSIC code
5.	Anticipated Wages Previous Policy	N	9	num	Whole dollars This item is planned to be deleted.
6.	Actual Wages Previous Policy	C	9	num	Whole dollars For Domestic Policies without wages, use \$1.
7.	Anticipated Wages Current Policy	C	9	num	Whole dollars For Domestic Policies without wages, use \$1.
8.	Initial Gross Premium Prev Policy	N	9	num	Whole dollars This item is planned to be deleted.
9.	Actual Gross Premium Prev Policy	C	9	num	Whole dollars For Domestic Policies, use initial premium.

10.	Initial Gross Premium Current Policy	C	9	num	Whole dollars	
11.	Anticipated Number of Employees Previous Policy	N	6	num	Number of employees	This item is planned to be deleted.
12.	Actual Number of Employees Previous Policy	C	6	num	Number of employees	For Domestic Policies, use 1 if not known.
13.	Anticipated Number of Employees Current Policy	C	6	num	Number of employees	For Domestic Policies, use 1 if not known.
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>	

2.12 Policy Download: File 3 - Work Location details

File naming convention is LOCATION.001, LOCATION.002 etc. **You MUST refer to the Data Dictionary** accompanying this document for further details on each data item.

File header

	Data item	M	Size	Type	Notes
1.	Insurer Reference Code	Y	3	cha	Code Provided by WorkCover
2.	Insurer Name	Y	40	cha	Provided by WorkCover.
3.	Data Type	Y	8	cha	LOCATION
4.	Number of Files	Y	2	num	Total number of LOCATION files in this batch
5.	Date To	Y	8	cha	YYYYMMDD Download effective end date (end of month)
6.	Number of Records	Y	6	num	In this file
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>

Record Details

	Data item	M	Size	Type	Notes
1.	Insurer Reference Code	Y	3	cha	Code table
2.	<u>Policy Number</u>	Y	20	cha	
3.	Worksite Name	Y	50	cha	
4.	Worksite Address	C	157	cha	(see Section 1.7, 7 sub fields exist: 40,40,36,30,3,4,4)
5.	Worksite Industry Category	N	4	num	ABS ANZSIC code. DO NOT COPY POLICY INDUSTRY.
6.	Worksite Number of Employees	N	6	num	Average number of employees at this site during working hours.
7.	Worksite Type	N	1	cha	Code table Permanent, Temporary or Mobile?
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>

3 DOWNLOAD 2: CLAIMS, PAYMENTS AND ESTIMATES DATA

Details are required about:

1. All workers' compensation **claims** made on or after **1 July 1999**.
2. All **payments** made and time lost on or after **1 July 1999** for any workers' compensation claims.

For each payment provided, please provide the most recent details of the claim as at the end of the month of the download, that the payment relates to.

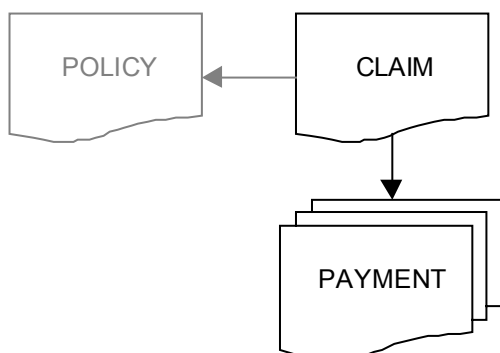
As the WorkCover database only holds data from 1 July 1999 onwards, a **special case** exists if the **claim** was LAST CLOSED prior to 30 June 1999 and is now being reopened. In this case, please provide this claim as a NEW claim by setting the details of the claims as follows:

- a) **Claim Details – Finalised** = N
- b) **Date Claim Finalised** = 00000000
- c) **Claim Details – Reopened** = N
- d) **Reason Reopened** = 0

For each claim provided, please provide the most recent policy as at the end of the month of the download, for the claim. Note that if the policy was not renewed on or after 1 July 1999 (ie. was lapsed or expired on 1 July 1999), then this must be a historic policy, signified by **Expiry Reason** = 14, as stated in section 2 for historic policies.

To minimise the risks associated with supplying redundant data and to accommodate future changes to the types of payment without altering the specification, claims data is required to be in two separate files:

1. CLAIM – Claim, injury, worker and summary payment details
2. PAYMENT – Payments, recoveries and reports of **time lost**



To minimise the amount of data collected, the system requires details be given for the total to date for payments (rather than require details of every transaction or payment made).

This download is required every month, as details will be held by the ACT Workers' Compensation Database of changes made to claim details. The download is to be made for all records in the month, created or modified up to midnight at the end of the month to maximise the value of history records.

To enable timely reports to be produced from the WorkCover database, VALID data files must be submitted to WorkCover within ten (10) working days after the end of the month.

The monthly download should contain full record details of every claim that has altered during the month.

Where a claim number is changed, for the month in which the change is made only, the ***Previous Claim Number*** (item 7) should contain the old claim number. This field should otherwise be left blank.

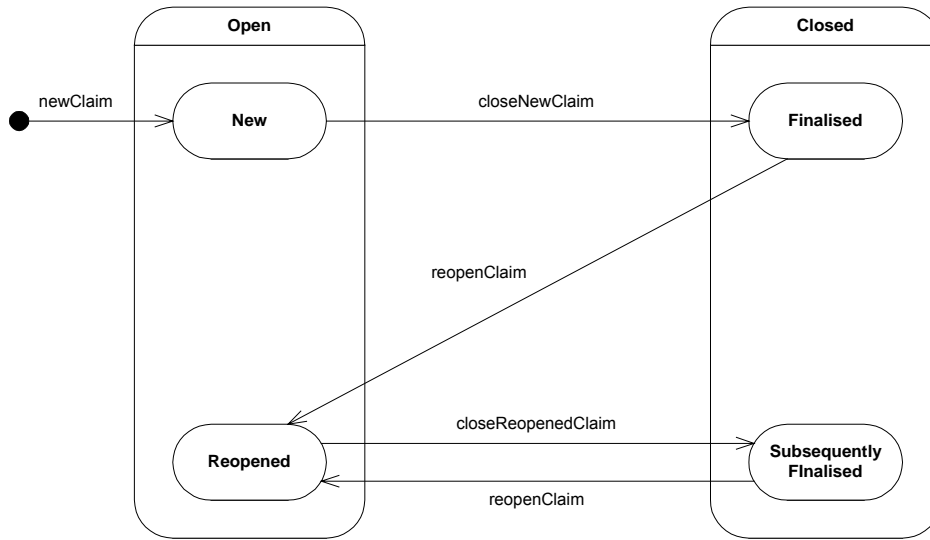
3.1 File Naming Convention

The files relating to claims data must follow the naming convention:

- CLAIM.001, CLAIM.002 etc.
- PAYMENT.001, PAYMENT.002 etc.

3.2 The Lifecycle of Claims

The diagram below shows a state machine that models the behaviour of a Claim in AIMS.



Receiving claims with various patterns of field values generates the events in the above state-machine. The following table shows the field values that determine which event is being notified.

	Claim Details Finalised	Claim Details Reopened
NewClaim	N	N
CloseNewClaim	Y	N
ReopenClaim	N	Y
CloseReopenedClaim	Y	Y

Two other fields have validation rules applied to them depending on the state of the claim: **Date Claim Finalised** and **Reason Reopened**. The following table details the requirements on the values of these fields.

	Date Claim Finalised	Reason Reopened
New	Must be 00000000	Code must be 0
Finalised	Must be a valid date	Code must be 0
Reopened	Must be a valid date equal to the Date Claim Finalised of the Finalised state	Code cannot be 0
SubsequentlyFinalised	Must be a valid date on or after the Date Claim Finalised of the Reopened state	Code cannot be 0

3.2.1 To cancel a claim

To cancel a claim that was created in error, please notify the cancellation in writing together with an explanation to WorkCover. Cancelled claims need to be manually removed from the WorkCover database.

3.3 Self Insurers

The data field ***Policy Number*** also occurs in the Claim download file. For self-insurers please use the same value as the ***Insurer Reference Code***.

3.4 Claims Download: File 1 - Claim Details

File naming convention is CLAIM.001, CLAIM.002 etc. **You MUST refer to the Data Dictionary** accompanying this document for further details on each data item.

File header

	Data item	M	Size	Type	Notes
1.	Insurer Reference Code	Y	3	cha	Code Provided by WorkCover.
2.	Insurer Name	Y	40	cha	Provided by WorkCover.
3.	Data Type	Y	8	cha	CLAIM
4.	Number of Files	Y	2	num	Total number of CLAIM files in this batch
5.	Date To	Y	8	cha	YYYYMMDD Download effective end date (end of month)
6.	Number of Records	Y	6	num	In this file
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>

Record Details

	Data item	M	Size	Type	Notes
1.	Insurer Reference Code	Y	3	cha	
2.	<u>Policy Number</u>	Y	20	cha	Policy number at the download effective end date (<i>Date To</i>)
3.	Employer ACN	C	11	cha	Australian Company Number if firm has one
4.	Industry at Location of Accident	C	4	num	Code ABS ANZSIC code
5.	Employer Location	C	157	cha	(see Section 1.7, 7 sub fields exist: 40,40,36,30,3,4,4)
6.	<u>Claim Reference Number</u>	Y	20	cha	Insurers code
7.	Previous Claim Number	C	20	cha	Provided only once when a claim number changes.
8.	Date of Lodgement of Claim	Y	8	date	YYYYMMDD

9.	Worker's Surname	Y	30	cha	
10.	Worker's First name(s)	Y	30	cha	
11.	Worker's Address	Y	157	cha	(see Section 1.7, 7 sub fields exist: 40,40,36,30,3,4,4)
12.	Worker's Date of Birth	Y	8	date	YYYYMMDD
13.	Worker's Gender	Y	1	cha	M or F Male, Female
14.	Worker's Country of Birth	Y	4	num	Code ABS SACC 1998 code
15.	Worker's Language at Home	Y	4	num	Code ABS ASCL 1997 code
16.	Worker's Marital Status	Y	1	cha	M or N or U Married/Defacto, Not married, Unknown
17.	Worker's Dependents	Y	2	num	Total dependents including spouse, dependent children, others
18.	Worker's Occupation	Y	6	num	Code ABS ASCO 2 nd Edition code - currently 4 digit level
19.	Worker's Duty Status	Y	1	num	Code 6 categories (previously 5)
20.	Worker's Training Status	Y	1	num	Code
21.	Worker's Type of Employment	Y	1	num	
22.	Worker's Hours Worked	Y	4	num	Usual number of hrs worked per week (including overtime).
23.	Worker's Pre-Injury Salary	C	9	num	Whole dollars Includes overtime.
24.	Date of Occurrence/Report	Y	8	date	YYYYMMDD
25.	Time of Occurrence	Y	4	time	HHMM Use 24 hr time. Code 9999 for Occupational illnesses/diseases.
26.	Occurrence Narrative	Y	150	cha	Description of the event including what led up to it
27.	Injury Address	C	157	cha	(see Section 1.7, 7 sub fields exist: 40,40,36,30,3,4,4)
28.	Nature of Injury/Disease	Y	3	num	Code NOHSC NDS 2 nd Edition code (TOOCS 2 nd Edition)
29.	Bodily Location of Injury/Disease	Y	3	num	Code NOHSC NDS 2 nd Edition code (TOOCS 2 nd Edition)
30.	Mechanism of Injury/Disease	Y	2	num	Code NOHSC NDS 2 nd Edition code (TOOCS 2 nd Edition)
31.	Breakdown Agency (formerly "Agency")	Y	3	num	Code NOHSC NDS 2 nd Edition code (TOOCS 2 nd Edition)
32.	Severity Indicator	Y	1	num	Code
33.	Date Ceased Work	C	8	date	YYYYMMDD

34.	Count Date of Occurrence	Y	1	bool	Y or N	[Count Date of Occurrence in Duration of Absence]
35.	Date Resumed Work	C	8	date	YYYYMMDD	
36.	Current Liability Status	Y	1	num	Code	
37.	Date of Current Liability Decision	Y	8	date	YYYYMMDD	
38.	<u>Claim Details - Finalised</u>	Y	1	bool	Y or N	Yes or No
39.	Date Claim Finalised	C	8	date	YYYYMMDD	
40.	<u>Claim Details - Reopened</u>	Y	1	bool	Y or N	Yes or No
41.	Reason Reopened	Y	1	num	Code	
42.	Shared Claim Code	Y	1	num	Code	
43.	Payments - Total to Date	Y	9	num	Whole dollars	Used to check the balance against payments records
44.	Estimated Payments - Outstanding	C	9	num	Whole dollars	Estimate of future remaining cost of claim including Item 46 below.
45.	Estimated Date Resume Work	C	8	date	YYYYMMDD	
46.	Estimate of Recoveries	C	9	num	Whole dollars	"Third party recoveries" (estimated remaining)
47.	Agency of Injury or Disease	Y	3	num	Code	NOHSC NDS 2 nd Edition code (TOOCS 2 nd Edition)
48.	Employer ABN	C	14	cha	XX XXX XXX XXX	Australian Business Number issued by the Australian Tax Office
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>	

3.5 Claims Download: File 2 - Payments on Claims

File naming convention is PAYMENT.001, PAYMENT.002 etc. **You MUST refer to the Data Dictionary** accompanying this document for further details on each data item.

File header

	Data item	M	Size	Type	Notes
1.	Insurer Reference Code	Y	3	cha	Code Provided by WorkCover.
2.	Insurer Name	Y	40	cha	Provided by WorkCover.
3.	Data Type	Y	8	cha	PAYMENT
4.	Number of Files	Y	2	num	Total number of PAYMENT files in this batch
5.	Date To	Y	8	cha	YYYYMMDD Download effective end date (end of month)
6.	Number of Records	Y	6	num	In this file
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>

Record Details

	Data item	M	Size	Type	Notes
1.	Insurer Reference Code	Y	3	cha	
2.	<u>Claim Reference Number</u>	Y	20	cha	Insurers code
3.	<u>Payment Type</u>	Y	2	num	Code Also used for time lost from work.
4.	Payments - Month for Type	Y	9	num	Whole numbers Movement for the month (positive or negative)
5.	Payments - Total for Type	Y	9	num	Whole numbers [total to date]
6.	<u>Month End Date</u>	Y	8	date	YYYYMMDD Identifies which month the transaction total relates to
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>

4 ANNUAL DOWNLOAD: FILE 1 - ANNUAL INSURER RETURN

Annual Return - general insurer details. This information is not required to be submitted by self insurers. This information can be provided on a paper form or as a short ASCII file. File naming convention is ANNUAL.001. **You MUST refer to the Data Dictionary** accompanying this document for further details on each data item.

File header

	Data item	M	Size	Type	Notes
1.	Insurer Reference Code	Y	3	cha	Code Provided by WorkCover.
2.	Insurer Name	Y	40	cha	
3.	Data Type	Y	8	cha	ANNUAL
4.	Number of Files	Y	2	num	(default to 01 as only one file is anticipated)
5.	Date To	Y	8	date	YYYYMMDD Download effective end date (end of month)
6.	Number of Records	Y	6	num	Note - only one record is anticipated
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>

Record Details

Note only one record is anticipated.

	Data item	M	Size	Type	Notes
1.	Insurer Reference Code	Y	3	cha	
2.	<u>Financial Year</u>	Y	4	num	Year return made eg 2000 for period 1 July 1999 to 30 June 2000.
3.	Insurer Legal Name	Y	50	cha	
4.	Insurer Trading Name	Y	50	cha	
5.	Insurer Postal Address	Y	157	cha	(see Section 1.7, 7 sub fields exist: 40,40,36,30,3,4,4)
6.	General Contact - Surname	Y	30	cha	
7.	General Contact First Name(s)	Y	30	cha	

8.	General Contact Phone Number	Y	12	num	
9.	General Contact Fax Number	N	12	num	
10.	Technical Contact - Surname	Y	30	cha	
11.	Technical Contact First Name(s)	Y	30	cha	
12.	Technical Contact Phone Number	Y	12	num	
13.	Technical Contact Fax Number	N	12	num	
14.	IBNR - Total Provision.	Y	9	num	999999999 Whole dollars
15.	IBNR Current Year	Y	9	num	999999999 Year of Incident = Current Year (IBNR in whole dollars)
16.	IBNR Year - 1	Y	9	num	999999999 Year of Incident = Current Year - 1 (IBNR in whole dollars)
17.	IBNR Year - 2	Y	9	num	999999999 Year of Incident = Current Year - 2 (IBNR in whole dollars)
18.	IBNR Year - 3	Y	9	num	999999999 Year of Incident = Current Year - 3 (IBNR in whole dollars)
19.	IBNR Year - 4	Y	9	num	999999999 Year of Incident = Current Year - 4 (IBNR in whole dollars)
20.	IBNR Year - 5	Y	9	num	999999999 Year of Incident = Current Year - 5 (IBNR in whole dollars)
21.	IBNR Year - 6	Y	9	num	999999999 Year of Incident = Current Year - 6 (IBNR in whole dollars)
22.	IBNR Year - 7	Y	9	num	999999999 Year of Incident = Current Year - 7 (IBNR in whole dollars)
23.	IBNR Year - 8	Y	9	num	999999999 Year of Incident = Current Year - 8 (IBNR in whole dollars)
24.	IBNR Year - 9	Y	9	num	999999999 Year of Incident = Current Year - 9 (IBNR in whole dollars)
25.	IBNR Year - 10 +	Y	9	num	999999999 Year of Incident = Current Year - 10+ (IBNR in whole dollars)
	<end of line marker>	Y	2	cha	ASCII <13> ASCII <10>

5 INITIAL DATA DOWNLOAD

When the system processes the first year of download data, from 1 July 1999 to 30 June 2000, there is a potential problem with processing expired/cancelled and renewed policies. This problem occurs because to process a policy expiry, cancellation or renewal, there must be a corresponding policy in the WorkCover database to start with.

Similarly, there is a potential problem with processing claims lodged prior to 1 July 1999. This problem occurs because to process the closing of a claim, there must be a corresponding claim and policy in the WorkCover database to start with.

Rather than relax the validation rules for this first year's data, a more robust solution is to pre-populate the WorkCover database with all policies and claims that are active as at 30 June 1999.

Insurers responsible for policies underwritten prior to 1 July 1999 are therefore required to provide to WorkCover a download for the month June 1999 which contains Policy and Claim records for every policy and claim which is still active as of 30 June 1999. The format of this download is the same as every other monthly download. Every active policy on risk as at 30 June 1999 must be included in the download as a **New** Policy (with associated Industry and Location records). Note that for New Policies, "actuals for the previous policy" must be blank (for this "Initial Data Upload," if Policy inception date \leq 30 June 1999 and expiration date \geq 30 June 1999, then write to file as **New** policy with no premium adjustment reason and no actuals for previous policy). Every active claim must be included in the download as a **New** Claim. Any active policies NOT ON RISK as at 30 June 1999 and only included because they are associated with an active claim, must be included in the download as a **Historic** Policy.

Payments for the month June 1999 should not be provided, however, a PAYMENT file must be submitted (consisting of a header record only, indicating that no records have been provided).