

Insurer data reconciliation validates the quality of the data received from insurers and stored in the Q-COMP Scheme Analysis (QSA) database by identifying any discrepancies in a select number of critical reporting fields.

The reconciliation provides evidence that:

- Q-COMP receives and commits the data that an insurer sends in their monthly submission.
- Our Q-COMP load program is robust and therefore gives insurers some level of confidence in Q-COMP's state-wide reporting database (QSA).
- Insurers receive an indication that the data extract from their workers' compensation system is producing the results they expected.
- Q-COMP does not change or alter the data received from insurers.

The reconciliation does not:

- validate the quality of the content of the data
- uncover situations where insurers are not following a procedure correctly or calculating fields in a consistent manner.

## **Guidelines for completing the reconciliation**

Insurers must supply the required items using the spreadsheet available from Q-COMP's website. All items must be completed in the summary page and lists of statutory, damages and fatal claim numbers supplied.

The completed reconciliation must be returned by the 15<sup>th</sup> day of the month, two months after the end date of the specified period. If this day is a weekend or public holiday, it must be supplied on the business day prior, i.e. data to 30 June is to be returned by 15 August.

Q-COMP will review the data and respond appropriately to the insurer by the end of the month:

- Q-COMP will investigate with the Insurer any discrepancies which fall outside of a 5% tolerance level.
- A financial year means 1 July to the following 30 June.
- Do not include cents. Round the total to the nearest dollar.

## **More information**

Telephone the Data Management Team on (07) 3020 6366 or email [statistics@qcomp.com.au](mailto:statistics@qcomp.com.au).

## **Summary of required items**

Item 1 – count and list of all statutory claims intimated.

Item 2 – count and list of all damages claims lodged.

Item 3 – fatal claims by intimation year. Include list of claim numbers.

Item 4 – total amount paid.

## Specification

### Item 1 – Statutory claim intimations

A total count of all statutory claims intimated between the specified periods.

**Description:** The total number of statutory claims registered between the specified periods. Statutory claim registration is based on date the workers' application was first recorded onto the insurer's system with an Intimated status as per 2.1 Terminology of the *Workers' compensation insurer interface data specifications*.

**Criteria:** As per the *Workers' compensation insurer interface data specifications* section 4.5.8, the insurer will reconcile all claim status records where there is a first intimation date between the specified periods.

- find first claim status record (4.5) where claim status (4.5.7) = 'INT' **and**
- Where claim status date (4.5.8) is between the specified periods.

### Item 2 – Damages claim intimations

A total count of all damages claims intimated between the specified periods.

**Description:** The number of damages claims registered between the specified periods. Damages registration is based on the date the damages claim was entered onto the insurer's system as per 4.9.8 Intimation Date of the *Workers' compensation insurer interface data specifications*.

**Criteria:** As per the *Workers' compensation insurer interface data specifications* section 4.9.8, the insurer will select all damages claims where there is an intimation date between the specified periods:

- find damages claim record where intimation date (4.9.8) is between the specified periods **and**
- exclude deleted damages claims.

### Item 3 – Fatalities

A total count of all fatal applications by intimation year.

**Description:** The total number fatal claims registered between the specified periods.

**Criteria:** As per the *Workers' compensation insurer interface data specifications* section 4.5.8, the Insurer will select all fatal claims where the first intimation date of the claim status record is between the specified periods:

- find first claim status record (4.5) where claim status (4.5.7) = 'INT' **and**
- Where claim status date (4.5.8) is between the specified periods
- claim type = 'FTL'\*

\* Q-COMP uses a derived field called claim type to define fatal claims.

As per the claim type derivation document, a fatal claim is defined as follows:

1. If the claim has been accepted at some point and has an accepted fatal application; the claim type will be derived as FTL.
2. If the claim has been accepted at some point and has fatal payments made; the claim type will be derived as FTL.

### Item 4 – Total Amount Paid

**Description:** Total amount paid between the specified periods.

**Criteria:** As per the Insurer's Interface Data Specification section 4.12.5, the Insurer will total all payments where the Payment Month is between the specified periods. Claims payments must be exclusive of any GST or Input Tax Credit. They must include statutory and damages payments and also must include all payment categories and types, excluding Payment category 08 – Recoveries:

- find all payments where the payment month (4.12.5) is between the specified periods **and**
- Payment category 08 - Recoveries (4.12.6) is excluded.

\* Total Amount paid is the NET amount.