

Data management bulletin

Claim type derivation



Claim type is a derived Q-COMP field based on the data received from insurers, including WorkCover Queensland. The claim type is used in the *Monthly self-insurer* report as well as in the annual Q-COMP *Statistics report*.

This information sheet will explain how Q-COMP derives the field claim type by:

- explaining the data files and fields supplied by insurers that are used to determine claim type
- detailing the rules that derive claim type
- looking at an example of its use.

Why use claim type derivation

Deriving a claim type enables Q-COMP to categorise particular types of claim based on the history of payments, claim status, damages and fatal applications. It enables comparable reporting between insurers and across the scheme

There are seven claim type derivations used by Q-COMP.

Claim type	Description
FTL Fatal	
TLC	Time Lost Claim
MEO	Medical Expense Only
LSO Lump	Sum Only
CLO	Common Law Only
REP Report	Only
REJ Rejected	
CAN Cancelled	
UND Undetermined	

In reference to the *Insurer data specifications* for the monthly insurer interface, the following data files are used by Q-COMP to derive claim type:

- payments (data specification section 4.12)
- claim status (section 4.5)
- fatal application (section 4.7)
- damages claim (section 4.9 and 4.10).

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How the claim type is derived

The rules to derive claim type have been provided in plain English as well as in a data flow diagram. A claim type is set when the first rule is matched. The first ten rules refer to the claim history rather than limiting the criteria to the current claim status.

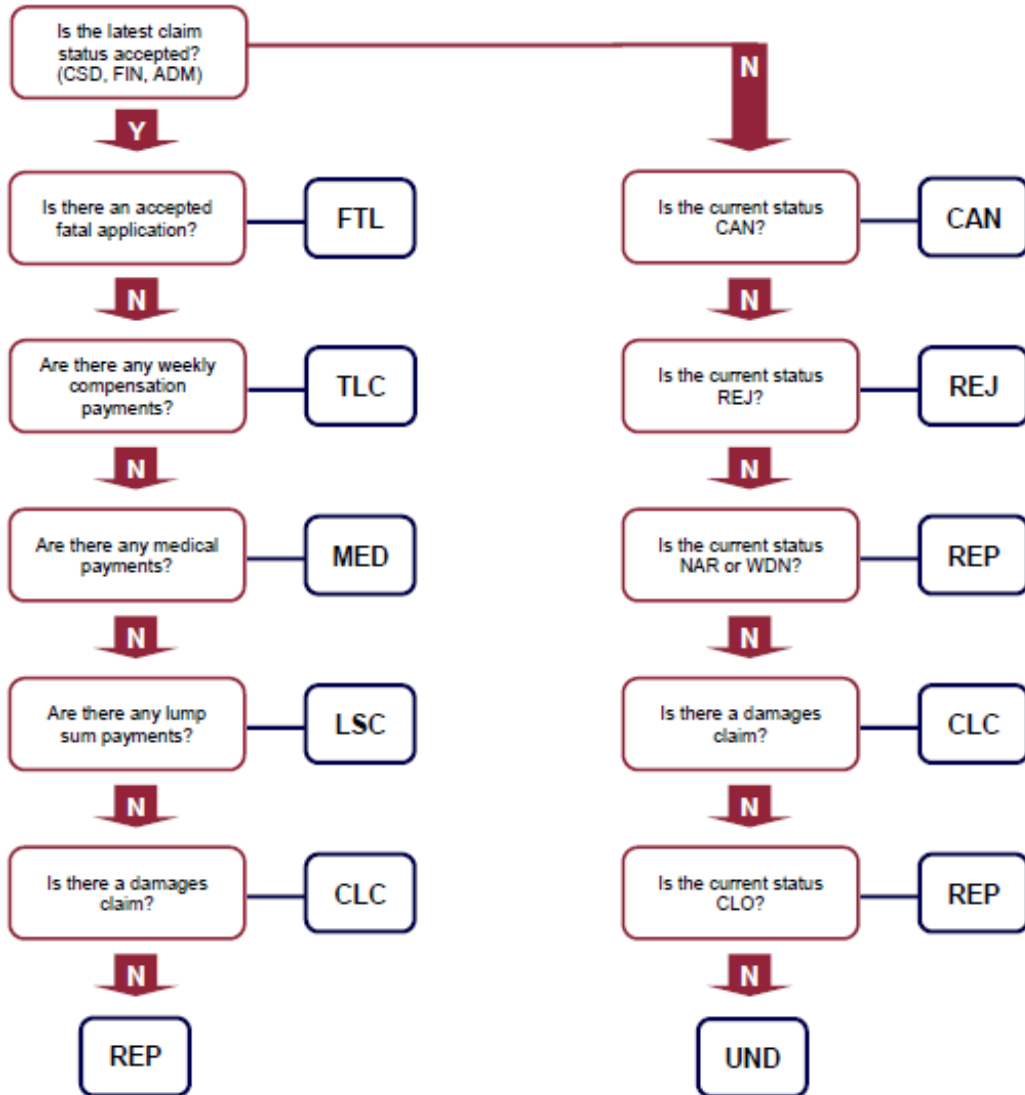
Please refer to the legend after the derivation process map for an explanation of terminology used in the rules.

Derivation step	Criteria
1	If the claim is accepted and has an accepted fatal application, the claim type will be derived as FTL.
2	If the claim is accepted and has weekly compensation payments made, the claim type will be derived as TLC.
3	If the claim is accepted and has treatment and rehabilitation payments made, the claim type will be derived as MED.
4	If the claim is accepted and has lump sum payments made, the claim type will be derived as LSC.
5	If the claim is accepted and has an associated common law claim, the claim type will be derived as CLC.
6	If the claim is accepted, the claim type will be derived as REP.
7	If the current claim status is CAN, the claim type will be derived as CAN.
8	If the current claim status is REJ, the claim type will be derived as REJ.
9	If the current claim status is NAR, the claim type will be derived as REP.
10	If the current claim status is WDN, the claim type will be derived as REP.
11	If the claim has an associated common law claim, the claim type will be derived as CLC.
12	If the current claim status is CLC, the claim type will be derived as REP.
13	The claim type will be derived as UND if none of the above are matched.

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Claim Type Derivation Process Map



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Claim type derivation

Legend of payment categories

Category	Description
01	Medical reports (any reports or diagnostic tests)
02	Legal and investigation payments (not damages)
03	Weekly compensation payments
04	Fatal payment
05	Lump sum
06	Treatment and rehabilitation
07	Damages
08	Recovery amount
09	Miscellaneous payment
17	Pre-damages legal payments

(For more details refer to the *Insurer's interface data specification v 6*, section 4.12.6)

Legend of claim types

Claim type	Description
FTL	Fatal
TLC	Time Lost Claim
MEC	Medical Expense Claim
LSC	Lump Sum Claim
CLC	Common Law Claim
REP	Report Only
REJ	Rejected
CAN	Cancelled
UND	Undetermined

Legend of claim status

Claim Status	Description
ADM	Admitted
CAN	Cancelled
CSD	Ceased
FIN	Finalised
INT	Intimated
REJ	Rejected
SPD	Suspended
NAR	No action required
WDN *	Withdrawn
CLO	Common law only

(*WorkCover only)

Note – the term 'accepted' used in the rules means that the claim has been admitted, ceased or finalised at some point during the claims lifetime.

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Example – using claim type in reporting

Below is an example of the *Monthly self-insurer report – Cost of finalised or ceased claims by claim type* table.

Within this table there are three claim types that are reported:

- Medical expense (MED)
- Time lost claim (TLC)
- Lump sum claim (LSC).

COST OF FINALISED OR CEASED CLAIMS BY CLAIM TYPE

For Claim Status: 'Finalised or Ceased' for claim types MEO, TLC and LSO - 1 June 2008 to 31 May 2009

CLAIM TYPE	Number of Claims		Proportion of Claims		Average Cost per Claim		Total Statutory Costs		% Total Statutory Costs	
	Insurer X	All Insurers	Insurer X	All Insurers	Insurer X	All Insurers	Insurer X	All Insurers	Insurer X	All Insurers
Medical Expense Only	5	50	22.7%	23.8%	\$900	\$1,270	\$4,500	\$63,500	3.5%	3.1%
Time Lost Claim	15	150	68.2%	71.4%	\$5,466	\$9,667	\$82,000	\$1,450,000	63.8%	71.7%
Lump Sum Only	2	10	9.1%	4.8%	\$21,000	\$51,000	\$42,000	\$510,000	32.7%	25.2%
TOTAL	22	210	100.00%	100.00%	\$5,840	\$9,635	\$128,500	\$2,023,500	100.00%	100.00%

More information

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