

Workers' compensation insurer data reconciliation

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

The reconciliation provides evidence that:

- the Office of Industrial Relations (OIR) receives and commits the data that an insurer sends in their monthly submission
- OIR's load program is robust and therefore gives insurers some level of confidence in OIR's state-wide reporting database, QSA
- insurers receive an indication that the data extract from their workers' compensation system is producing the results they expect.

Guidelines for completing the reconciliation

Insurers must supply the required items using the spreadsheet supplied by OIR. All items must be completed on the summary page and listed in the relevant statutory, selected latent onset, psychiatric or psychological, fatality, damages claim numbers and total paid sheets.

The completed reconciliation must be returned by <date>.

OIR will review the data and respond appropriately to each insurer:

- OIR will investigate with an insurer if any issues or discrepancies are identified.
- Do not include cents. The total is rounded to the nearest dollar.

More information

Call us on (07) 3842 2841 or email datasubmission@oir.qld.gov.au for more information.

Summary of required items

Item 1 – Statutory claim intimations.

Item 2 – Latent onset claim intimations.

Item 3 – Psychiatric and psychological claim intimations.

Item 4 – Fatality intimations.

Item 5 – Damages claim intimations.

Item 6 – Total amount paid.

Item 7 – Permanent Impairment assessments.



Specification

Item 1 – Statutory claim intimations

The total number of statutory claims registered between the specified periods. Statutory claim registration is based on the date the worker's 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*.

Reconciliation period

- Statutory intimations from <date> to <date>.

Main criteria:

- 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 – Latent onset intimations

The total number of statutory claims registered between the specified periods where the injury nature is for selected latent onset injuries of solar, industrial deafness, respiratory, mesothelioma or asbestosis.

Solar (skin cancer) – injury nature of 820, 830, 850, 862, 863, 865.

Industrial deafness – injury nature of 250, 771.

Respiratory – injury nature of 781, 782, 784, 785, 786, 787, 788, 798, 799.

Mesothelioma – injury nature of 810, 861.

Asbestosis – injury nature of 630, 783.

Statutory claim registration is based on date the worker's 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*.

Reconciliation period

- Statutory intimations from <date> to <date>.

Main criteria:

- 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 **and**
- injury nature is one of 820, 830, 850, 862, 863, 865, 250, 771, 781, 782, 784, 785, 786, 787, 788, 798, 799, 810, 861, 630, 783

Item 3 – Psychiatric and psychological intimations

The total number of statutory claims registered between the specified periods where the injury nature is for psychiatric or psychological injuries.

Statutory claim registration is based on date the worker's 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*.

Reconciliation period

- Statutory intimations from <date> to <date>.

Main criteria:

- 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 **and**
- injury nature is one of 702, 703, 704, 705, 706, 707, 718, 719 or 910
- separately identify whether the injury is primary or secondary.

Item 4 – Fatality limitations

The total number fatal claims registered between the specified periods.

Reconciliation period

- Fatalities by intimation date from <date> to <date>.

Main criteria:

- 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 **and**
- fatality flag (4.2.31) is Y – yes.

Item 5 – Damages claim intimations

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*.

Reconciliation period

- Damages intimations from <date> to <date>.

Main criteria:

- damages claim record where the damages intimation date (4.9.8) is between the specified periods.

Item 6 – Total amount paid

Total amount paid between the specified periods. The Insurer will total all payments where the payment month is between the specified periods. Claim payments must be net of any GST or input tax credit.

Reconciliation period

- Total amount paid from <date> to <date>.

Main criteria:

- include all payments where the payment month (4.12.5) is between the specified periods **and**
- separately identify statutory and damages payments **and**
- exclude payment category 08 – Recoveries (4.12.6).¹

Item 7 – Permanent Impairment

The total number of permanent impairment assessments between the specified periods.

Reconciliation period

- Permanent Impairment assessments by date of assessment from <date> to <date>.

Main criteria:

- Date permanent impairment assessed (4.14.11) is between the specified periods.



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¹ Total amount paid is NET of GST