



# MEDEX

The Total Solution to Rising Workers' Compensation Costs



## MEDEX IMPACT ANALYSIS

### *Data Requirements*



HCO



MPN



HCO + MPN



UR



MBR



NCM



MSA



LEGAL SUPPORT



ADR

## LOSS RUN FIELDS FOR IMPACT ANALYSIS

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The following fields are requested to perform an impact analysis of your MEDEX HCO/MPN Program. In order to provide you a comprehensive report of the program it is important to provide us with as many of these fields as possible. If you have additional data fields that are not listed, please provide that to us as well.

### DATA TIME FRAME REQUIREMENTS

- Up to 2 years of data
- 1099 Report

### IMPORTANT NOTE

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If you have a different column header name than the name we list below, please **KEEP YOUR DATA COLUMN HEADER NAME.**

## Data Elements

	Column Headings	Description
1	Valued as of Date	
2	Program	
3	Program Year	
4	Broker	
5	Policy Inception Date	WC policy
6	Policy Expiration Date	WC policy
7	Policy Year	WC policy
8	Account Number	WC policy #
9	Unit/Store Number/Location	Any location identifier
10	Claimant First Name	
11	Claimant Last Name	
12	Date of Loss	
13	File Number	
14	Claim Type	Incident, medical, or indemnity
15	Claim Substatus	Accepted, pending, denied
16	Claim Status	Open, Closed, Pending
17	Date Opened/Entry Date	
18	Date Claim Closed	
19	Date Claim Reopened	
20	Date Denied	
21	Cause Description (Interaction)	
22	Target/Part of Body Description	
23	Result/Nature Description	
24	Subtype	
25	Benefit Type	
26	Litigation Status (Yes/No)	
27	Application first notice	
28	Post termination filing	
29	Other Complaint	
30	Why did employee litigate?	
31	Lien Only?	
32	Subrogation Status (Yes/No)	
33	Where did injury occur?	
34	Claim Paid - Ind/Loss	
35	Claim Paid - Medical	
36	Claim Paid - Expense/Other	

## Data Elements – continued

37	Claim Total Paid	
38	Claim Future Reserve - Ind/Loss	
39	Claim Future Reserve - Medical	
40	Claim Future Reserve - Expense	
41	Claim Total Future Reserves	
42	Claim Incurred - Ind/Loss	
43	Claim Incurred - Medical	
44	Claim Incurred - Expense	
45	Claim Total Incurred	
46	State of Loss	
47	Policy Number	
48	Date Claim Reported to CMS	
49	Policy Carrier	
50	Class Code	
51	Date of Hire	
52	Occupation	
53	Claimant Date of Birth	
54	Claimant Address Line 1	
55	Claimant Address Line 2	
56	Claimant City	
57	Claimant State	
58	Claimant Zip code	
59	Date Claim Reported to Client	
60	Claim Recovery - Ind/Loss	
61	Claim Recovery - Medical	
62	Claim Recovery - Expense/Other	
63	Claim Total Recoveries	
64	Catastrophe Code	
65	Region	
66	Nurse Triage (YES/NO)	
67	Nurse Advice	
68	Examiner's Correspondence Name	
69	Examiner's Office	
70	Date Data Pulled from System	
71	RTW days	
72	Legal Expense	

## Data Elements – continued

73	Bill Review Expense	
74	UR Expense	
75	Case Management Expense	
76	TTD	
77	Other Expense	