PITP Business Requirements Specification

of

SUNCORP

INS 61 - ITF

Business Requirements Specification

Personal Injury Transformation Program - Discovery

Document Information

Version :	1.0.0
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Location :	

Document Change History

Version	Date	Author	Comments
0.1	26 Apr 2021	Anup Patel / Sai Kataram	Initial Draft
0.2	26 May 2021	Ed Mallett	Uplifted Business Requirements definition to include Work Packages 1 (Estimation Report updates) and 2 (3x Improvement Monitoring Dashboards)
1.0	11 June 2021	Ed Mallett	Requirements added and approved for MVP1 (Section 4.2)
2.0	09 Aug 2022	Ashima Tyagi	Requirements added for SA & ACT IMA dashboards

Reviewers / SME's

Name	Role	Worked on Project
Michael Cronin	Project Manager	Until 30th June 2022
Anupam Sarkar	Project Manager	Commenced 1st July 2022
Senthil Ramalingam	Solution Designer	Commenced July 2022

Tran Jones / RASHID, Mo	Domain Architect	
Ed Mallet	Business Analyst	
Ashima Tyagi	Business Analyst	Commenced April 2022
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Robert Chalmers	Delivery Manager - BPAR	
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Mara Maile	Product Owner - Reg Reporting (BPAR)	
Kelly Malmre	PI Transformation - Chief Product Owner	
Louise Stuart	Product Owner - Assessment People Stream	
Mark Priddle	Product Owner - Assessment Process & Systems	
Haily Mai	Product Owner - Payments Stream	
Soumya Simha	Product Owner - Lodgements Stream	
Samantha Acopian	Product Owner - Medical Stream	
Akshay Joshi	Lead Business Analyst / Architect	
Damian Coxon	Business Analyst	
John Forster	Delivery Product Owner - Automation, Digital	
Beth Thrupp	Delivery Product Owner - DET,BPAR, Data Science, Claims Tech	
	Business Analyst	
Andrea Holicky	Change Manager	
John Franklin	SME / Reviewer	
Sanjaya Pradhan (PICU Tribe)	Tech Lead	

Business Contacts:

https://suncorpgroup.sharepoint.com/teams/PICProgramofWork/SitePages/Resources.aspx

Claim Centre Contacts:

PITP - Personal Injury Transformation Program - Claims Technology Projects and Teams - Confluence (corp.sun)

Progressive Approvals

Approval Given	Date Provided	Approved By	Link to evidence
Scope and Requirements - MVP1 Section 4.2	11 June 2016	Beth Thrupp Louise Stuart Kerryn Christie Hazira Begum Ed Mallett	https://suncorpgroup.sharepoint.com/:u:/s/CDTOPMO/Ea-BpkBmRLNBqmDBsbdGhrABAzfrpfk5_t9Opm9RcQyfEA?e=hT4biy
Scope and Requirements - MVP2 (1 of 3) Segmentation EPIC	04 Aug 2021	Beth Thrupp	

Scope and Requirements - MVP2 (2 of 3) QLD Frontline KPI EPIC	09 Aug 2021	Beth Thrupp Tanya Baker	
Scope and Requirements - MVP2 (3 of 3) QLD Frontline KPI - IMA EPIC		GALLAGHER, Rebecca	
Scope and Requirements - MVP2 SA Frontline KPI - IMA EPIC		STALTARI, Alisia	Alisia Sign off.msg
Scope and Requirements - MVP2 ACT Frontline KPI - IMA EPIC		STALTARI, Alisia	Alisia Sign off.msg

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Glossary / Definitions

Acronym	Definition
DET	Data & Enterprise Technology
T&T	Technology & Transformation
SME	Subject Matter Expert
SIRA	State Insurance Regulatory Authority
UCD	Universal Claims Database
MAIA 2017	Motor Accident Injuries Act (NSW 2017)
BPAR	Business Performance Analytics and Reporting
PIC	Personal Injury Claims
BiCC	Best In Class Claims
PITP	Personal Injury Transformation Program
SCC	Statutory Class Claims

R3	Regulatory Reporting Repository
INS Reg	Insurance Regulatory

1. Introduction

As part of Best in Class Claims, we are embarking on a Personal Injury Transformation Program1 that is expected to deliver $30+M in PBT run rate savings in FY23 (~$58M in FY25) across all schemes

The program has initially focused on CTP NSW (given scheme size and value at stake), and will subsequently scale to other PI schemes, dividing the work into 4 workstreams aligned to the different stages of a claim's lifecycle:

- **Lodgement**: submission of a claim by a claimant following an accident (~$2.9M2 in benefits in FY23)
- **Assessment**: allocation of an advisor to a claim, and subsequent management for the entire life cycle (~$15M2 in benefits in FY23)
- **Medical**: interaction with health providers who deliver the treatment (~$4M2 in benefits in FY23)
- **Payments**: disbursement of salary to claimant and medical costs to providers (~$8M2 in benefits in FY23)

1.1 Document Purpose

The purpose of this document is to capture Business level requirements for verification and sign-off by stakeholders prior to entering delivery phase. If requirements change after initial sign-off, approvals need to be re-sought.

The intended audience for this document are the business stakeholders who are required to provide complete, accurate and unambiguous requirements for interpretation by Business Analysts, Solution Designers and technical project teams as inputs to DET solution design documentation.

This document (will have some links and documents referred) is to be considered the single source of truth for Business level requirements and is to be used for collaboration and review between the Business Stakeholders and the DET project teams.

1.2 Project Summary

The PITP Program has been established to efficiently deliver confirmed demands into the PII business with minimum disruption to BAU operations.

A proposed list of change/scope Including online claims lodgement, 3rd party digital invoicing and payments, Medical and supplier optimisation, and understand the full potential of opportunities throughout the end to end lifecycle of CTP and WI

The program is slated to run until FY23, however benefits realisation commences in FY22. The program is continuing to move through discovery and is working to deliver outcomes via Portfolio delviery model Iteratively over multiple program increments.

Lodgement:

Mission: Enhance, Digitise and Embed 'Customer First' as a DNA into lodgement cadence to achieve best in class claims process serviced by Suncorp.

Vision: Enabling best in class claims process by simplifying and digitising the lodgement process, any reducing touch points , enabling early treatment by collecting the right information and allocating the right claims advisor and empirically increase customer experience

Assessment - Process & Systems:

Mission: Optimise the processes and systems for PI assessment and claims handling to reduce costs and improve customer and employees experience

Vision: Orchestrate a market leading assessment and handling process that leverages automation and technology to facilitate early triage, allocation of claims to specialised advisers, and claims management that drives early resolution of claim

Assessment – People:

Mission: Implement an integrated people and behaviour change program to improve customer outcomes and employee experience to drive best in class claims performance.

Vision: Enable the best performing PI workforce in Australia.

Short-term: Build the Capability infrastructure to equip and enable our frontline workforce to deliver market leading outcomes.

Payments:

Mission: Establish a third party digital invoicing and payments solution and the automation of payment processes to enable operational effectiveness and introduces new payment customer experience that increases transparency

Vision: Creating a digital platform for our customers and leverage automation capabilities to deliver faster payment service.

Medical :

Mission: To deliver customer-centred outcomes and scheme leading innovation by cultivating healthcare arrangements that promote quality-care, collaborative interventions and provider-accountability.

Vision: Embedding the principals of value-based care in NSW CTP Claims Operations to revolutionise medical expenditure and patient outcomes by driving customer centricity and evidence-based medicine.

1.3 Objectives

The PITP Program has been established to:

- -Respond to Initiatives to deliver better Customer Outcomes, Commercial Outcomes and People Outcomes as they emerge overtime to increase efficiency and effectiveness
- Collaboration and harmonisation across personal injury claims to leverage best practice
- -Realise delivery efficiency through a program approach rather than standing up individual initiatives asseparate projects.
- Business initiative teams will create solutions and work with delivery arms to scale solutions into production

TEAM CHARTERS: mission and vision by workstream

Workstream	Mission	VIsion
LODGEMENT	**Mission:** Enhance the process of Lodgement to provide best customer service and optimise the pre-claim support to the claimants	**Vision:** Simplify and digitise the Lodgement process and automate any monotonous and manual administrative tasks
PEOPLE	**Mission**: Implement an integrated people and behaviour change program to improve customer outcomes and employee experience to drive best in class claims performance.	**Vision**: Enable the best performing PI workforce in Australia. Short Term: Build the Capability infrastructure to equip and enable our frontline workforce to deliver market leading outcomes.
PROCESS AND SYSTEMS	**Mission:** Optimise the processes and systems for PI assessment and claims handling to reduce costs and improve customer and employees experience	**Vision:** Orchestrate a market leading assessment and handling process that leverages automation and technology to facilitate early triage, allocation of claims to specialised advisers, and claims management that drives early resolution of claim
MEDICAL	**Mission:** To ensure that healthcare arrangements and monitoring of health outcomes within PII promote safety and quality and reflect the overarching principles of value-based care (VBC) and evidence-based medicine (EBM)	**Vision**: To revolutionize the way that CTP NSW controls cost and manages patient outcomes by embedding the principle of value-based care and healthcare customer-centricity in claims operations
PAYMENTS	**Mission:** Establish a third party digital invoicing and payments solution and the automation of payment processes to enable operational effectiveness and introduce new payment customer experience that increases transparency	**Vision**: Create a digital platform for our customers that leverages automation capabilities to deliver faster payment services

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TEAM CHARTERS: problems to solve an epics by workstream

Workstream	Problems to solve	Epics
LODGEMENT	Lodgement process is manual and not digitised – automated processes will improve customer experiences and reduce claims handling expenses Shortening delays between notification of claim and date of lodgement. Currently we are the worst relative to competitors on this metric	Receive incident notifications Register of claim Post-Registration of claim
PEOPLE	Suncorp Personal Injury is not performing at the level required to be industry leading. Leaders are challenged to develop their people and enable behavioural change due to competing priorities, time pressure and complex ways of working. Pockets of brilliance exist, however, PIC must transition to customer care mindset to excel at returning people to life or work after a significant injury or event. Change management approach is not structured or based on best practice principles and previous attempts at transformation have not been successful or sustainable as a result.	Capability PoW / Integration Change analysis and planning Team identity Environment / Artefacts / Rituals Training Frontline performance
PROCESS AND SYSTEMS	Claims are currently manually triaged by a single FTE, driving inefficiencies in the form of late identification of claim type and significant manual work Present segmentation model limits the ability for individual advisors to specialise, resulting in less-than-optimal RTH/RTW outcomes and claimant experience Current case management approach is the same across all claim types (e.g. same amount of touch points), driving unnecessary work and negatively impacting employee experiences and productivity	Segmentation and specialisation model Differentiate management of claims Automate triage engine Measure E2E performance CTP unmec/exaggerated claims (TBC)
MEDICAL	Using PROMs to improve clinical performance standards in VBC negotiations; Suncorp proactively monitor and measure a customer's episode of care to improve patient outcomes and experience Using the principles of VBC to drive providers away from longstanding volume-based towards a value-based and patient-centric model of care More effective use of data and evidence to correctly assess what interventions injured workers will obtain from the best outcomes and the ability to monitor and track medical payment spend.	Patient, Payer, Provider PROMs Program Evidence-based medicine tools VBC payment principles in payment sys VBC Payment Arrangements Early Intervention & preventative services
PAYMENTS	Overcomplicated processes including multiple hand-offs for approvals and insufficient estimates etc Payment leakage driven by paying for unapproved treatment and paying at an incorrect rate or non-compliant and duplicate invoices Customer calling to follow up their payment status or request for a remittance advice reprint High admin costs for medical payments and claims advisors taken away from core claims management work to perform wage payments Increasing search time for the payee in Claimcenter, selection of incorrect payee leading to breaches and inability to accurately report on provider/supplier performance	Automation of medical payments Automation of wage payments Automation of invoice approvals Automation of customer invoicing and receipting Introduce validation for gazette rates Consolidation of payee records

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1.4 Background

The PITP Program has been established to efficiently deliver confirmed demands into the PII business with minimum disruption to BAU operations.

2. Project Scope

2.1 In Scope

- Various Dashboard / Reporting requirements as per Lodgement , Payment , Medical , Assessment - People & Assessment - Process and Systems. (Refer to section 4.1)
- Data Science - Automation of the NSW CTP Claim Triage process using Data science model, rules.
- Acquisition of new fields/tables from Claim Centre into Data Lake (On-Prem & Cloud).
- Creation of new insights/update existing insights in PICA (WC DMR) Redshift Cluster for the PITP related changes. Includes extending PICA Data Model to hold Full History for few Claims Subject Areas.
- Report development in Cognos /Tableau/ThoughtSpot as per section 4. Business Requirement
    - MVP1 (3 Dashboards BSC, FKPI and E2E - NSW CTP) scheme will be build on Tableau Only.
- Update business definitions for any new fields and reports in Collibra during delivery by project team.
- **New Integration / Data Ingestion from sources like Employee NPS, Customer NPS, IIRIS, Varient and Complaints /disputes data into PICA WC DMR via DB2 Lake from Corporate , Data Science and Insurance Clusters.**
- **DET Scope will be added incrementally to be delivered over multiple program increments. (often referred as MVPs)**

2.2 Out of Scope

- Anything outside of the In-Scope section

2.3 Critical Success Factors

- Implement the required changes within our DET eco systems and business procedures

3. Business Process

3.1 AS-IS Business Process

https://suncorpgroup.sharepoint.com/:p:/t/PICProgramofWork/EYN14emAYe1ApNAiWyMz2GABvRqr8QBLGzfbPRJzk6reYw?e=Y9RWdT

3.2 TO-BE Business Process (Optional)

4. Business Requirements

4.1 Project Level

The project's business requirements have been categorised as:

- Project Level
  - A high level requirement to be achieved through delivery of Work Packages
- Work Package Level
  - Business Requirements mapped to Project Level requirements
  - Define requirements that will be delivered as a consolidated package of work

4.1.1 Functional Business Requirements - Project Level

S. No	Business Epic	Project Jira	Workstream	Approver - Business SME/PO	Schemes NSW MAIA, ACT MAIS , SA , QLD	PII Stream CTP / WI	Report /Dashboard /ScoreCard /ThoughtSpot - Name	Description	Metrics	Notes / Considerations	Busir
1	PICTP-701 - Getting issue details... STATUS		Assessment - Process & Systems	JOSHI, Akshay CHRISTIE, Kerryn	NSW MAIA	CTP	Balanced Score Card (Assessment - Process & Systems)	As a Business Owner / Team Leader / Claims Advisor I want a Balanced Score Card with Leading and Lagging measures across 4 categories • Financial • Business Process • Learning & Growth • & Customer	**Category :** Financial **Type:** Leading		

								So that we are able track the business process improvement outcome as part of BiCC program and track the team performance.	• Avg days of First Payment • Avg duration of Strategic milestones • % claims converting from minor to non-minor or leading indicator around risk factor **Type**: **Lagging** • Avg. Claim Duration (by claim type) • Avg. weekly duration (by claim type) • % claims with common law claim **Category: Business Process** • % of claims pathed to specialized advisers • Avg. Time to Triage & Allocate Claim (hours) • Portfolio size per CA (by claim type) **Category: Learning & Growth**	**1.** Potential Data Ingestion from 2 new sources NPS and Affinitas into PICA WC DMR / Insurance Cluster (Subject to DET/BPAR Sol Design). **2.** This Dashboard applies to NSW MAIA Scheme Only **3.** Any Security consuderation required for Sensitive Information for e.g. (Personal Idnetifiable Information or Employment Score /Outcomes or PCIDSS) **4.** In case of Hisotoric Snap shot required DET team needs to condut IA and feasibility assessment.	BSC As Sample 

									• Engagement score (Employee NPS) - From Loop **Category:** **Customer** Complaints and disputes - From **Affinitas** Customer NPS (e.g. sustained +15) - From **perceptive**		

2	**PICTP-23** - Getting issue details... STATUS		Assessment - Process & Systems	JOSHI, Akshay CHRISTIE, Kerryn	NSW MAIA	CTP	E2E Performance Dashboard(Assessment Process and Systems)	As a Business Owner / Team Leader / Claims Advisor I want a E2E Scheme Score Card across 4 suncorp group pillars • Financial • Customer experience • Risk & Compliance • People & Culture So that we are able to track realiably and repeatdly and with metrics establised to measure the process improvement outcome.	**Category : Financial** **Type: Overarching** • Relative claim cost vs rest of industry **Type: Supporting** • Avg duration from lodgement to end of stat benefits date. • % claims with common law claim ~~vs rest of industry.~~ • Unmeritorious Annual settlements / withdrawn / closed volume. **Category : Customer experience** • Customer NPS **Category : Risk & Compliance** • Internal risk maturity (RMM) score. • Number of breaches against SIRA motor accident guidelines (monthly). **Category : People & Culture** • Employee engagement score		E2E Me
3			Assessment - Process &		NSW MAIA	CTPima	Frontline Performance	As a Product Owner	**Category : Financial**		Prioritise

	PICTP-16 - Getting issue details... STATUS		Systems	JOSHI, Akshay STUART, Louise			Dashboard(Assessment Process and Systems)	I want to create a Dashboard that details the results of all KPI measures (required for MVP 1) at a Team and Claims Advisor level So that Claims staff are aware of how they are performing and where intervention may be required.	• RTH (duration) - Duration from lodgement to claimants RTH **Category : Customer Service** • Customer experience - NPS (team and individual outcomes) supported by Heart to Heart (e.g. call listening) outcomes. **Category : Risk** • Complaint resolution - >95% complaints closed within 5 BD • Quality assurance - Compliance, Technical, and data. • Compliance timeframes - Adherence to regulatory timeframes. • Internal risk reporting - Understanding and identifying key risks of internal risk reporting. **Category : People & Culture**	**The required metrics for MVP 1 are**: Financial - By Segment & Exposure 1. Treatment only claims – Segment (Damian to confirm), RTH metric (difference between claim create date and stat benefits closure date) /claim by exposure. 1. Weekly benefits claims – RTW metric - Claim Create date to date when return to work (same hours pre-injury) Customer Service: 1. NPS results - NPS data is available in Perceptive. Excluding the verbatim data. Get the information from Perceptive. Only NPS score for a CA. 2. Call Listening Scores - Data is available by NICE reporting. Damian to provide example extract. Risk: 1. Complaint resolution - >95% complaints closed within 5 BD. Number of complaints resolved within 5 business days by CAs (Adfinitas)

									• Training/development plans compliance - % of development plan/trainings complete. • Owning safety & wellbeing - Advisors regularly displaying & encouraging safety & wellbeing practices. • Displaying the right behaviours - Measures of being at Suncorp (linked to Capability Framework) (e.g. Team interactions, displaying right behaviours, driving culture).		

4	PICTP-732 - Getting issue details... STATUS						Enhance NSW Estimate Data - Cognos Report for Payments Team	**As a** Business Owner I Want to enahhnce exsisting Cognos "ACT Estimate Data Report" report **So that** we can track activity tracking for for payment compliance as part of the ACT MAIS scheme commitment			
5	PICTP-1228 - Getting issue details... STATUS						Enhance ACT Estimate Data - Cognos Report for Payments Team	**As a** Business Owner I Want to enahhnce exsisting Cognos "NSW Estimate Data Report" report **So that** we can track activity tracking for for payment compliance as part of the NSW MAIA scheme commitment			
6	PICTP-732 - Getting issue details... STATUS						Create NSW Activty Tracking - Thought Spot Worksheet scope.	As a Business Owner, I want following attirbuted (dimensions) be added XXXXXX (GI) worksheet : for Scheme NSW and ACT. Dimensions: 1. 2. 3. 4. 5. So that we can access of data elements for Pin Board creation and an ad-hoc analysis.			
	PICTP-1228 - Getting issue details... STATUS						Create ACT Activty Tracking - Thought Spot Worksheet scope.	As a Business Owner, I want following attirbuted (dimensions) be added XXXXXX (GI) worksheet : for Scheme NSW and ACT. Dimensions: 1. 2. 3. 4. 5. So that we can access of data elements for Pin Board creation and an ad-hoc analysis.			

4.1.11 Data Science Claim Segmentation High Level Requirements

Req ID	Description	Rules	Comments	Owner / Approver
BR001	The Business requires that once a claim has been entered into Claims Centre, the claim is segmented in line with the segmentation rules	Refer to DS Rules	Additional DS data requirements are captured in the following confluence page: Claim Centre Data Requirements	Approved by Beth T date : XXXX

BR002	The Business requires that once a claim has been segmented, notification is allocated to the Team Leader in line with the Segmentation - Team Leader Mapping	Refer to DS Rules	DS scope is limited to alocating claim to the right segment and pushing it into the automation orchestrator queue. The robot handles any over rides based on related exposures and forwards it to the appropirate team	
BR003	The Business requires that once a claim has been segmented, the required segmentation tasks are created within Claim Centre for that segment		This requirement is part of the E2E DS-Automation Solution, however this requirement will be delivered by Automation Robot (Cate)	
BR004	The Business requires that any claims that are unable to be segmented are allocated to [Unsegmented T/L queue] immediately			
BR005	The Business requires that an email notification is sent to [shared t/l email box] when a claim is unable to be segmented		The team have agreed on the following: 1. Claims that cannot be segmented due to insufficient information will be captured as part of Segment ID 30	
BR006	The Business requires that notifications are not segmented but allocated directly to the [Pilot Team]		The team have agreed on the following: 1. Notifications will be captured as part of Segment ID 29	
BR007	The business requires a feedback avenue for when the segmentation allocated does not meet the segmentation business rules		When the segmentation allocated does not meet the segmentation rules, the DS shall pick the claims details to check if there was a vcalid over-ride by the Automation Robot or if it was a miss from the segmentation engine. The feedback shall be used as part of the model monitoring piece of the segmentation engine with a view, in the future, towards automatic request for retuning of the models or revision of the rules/criteria	
BR008	The Business requires that a SME can maintain the rules and mapping used for segmentation		Both Occupation-Activity Level, CATE Segments would be made available in RDM and maintained by the Business. Business can update these but need to inform both DS and Automation as it might impact the allocation. The segments and rules mapping would be configurable to let the SMEs modify them in the future. A versioning of the rules would be needed to allow us to track the changes made and by whom.	
BR009	The Business requires that an allocated SME can maintain the rules and mapping used for allocation and creation		As mentioned above, the Business would provide the SME. Not in scope for DS - Automation maintains mapping of Segments to Teams	
BR010	The Business requires that the allocation of a new SIRA notification is made to the [Pilot Team] within 1 business day from receipt.		DS segmentation engine shall process SIRA notifications as part of the next scheduled run of the segmentation engine. Give the segmentation engine shall run multiple times a day (@ 0600, 0900, 1200, 1500 hrs) the next batch run shall process the SIRA Notifications. No other spl provisioning is provided from the segmentation engine on this requirement	
BR011	The Business requires that allocation of a new claim is made to a Team Leader within 1 hour from segmentation		Automation robot handles all allocations. Not in scope of DS functionality	
BR012	The final segmentation allocated by the model should be captured in ClaimsCentre		As per the discussion with larger team, the Segmentation ID be over ridden by the Automation robot if any of the new exposures have an existing exposure with a higher special segment (e.g. Common Law Claim). This over ride would not be addressed in the DS segmentation	

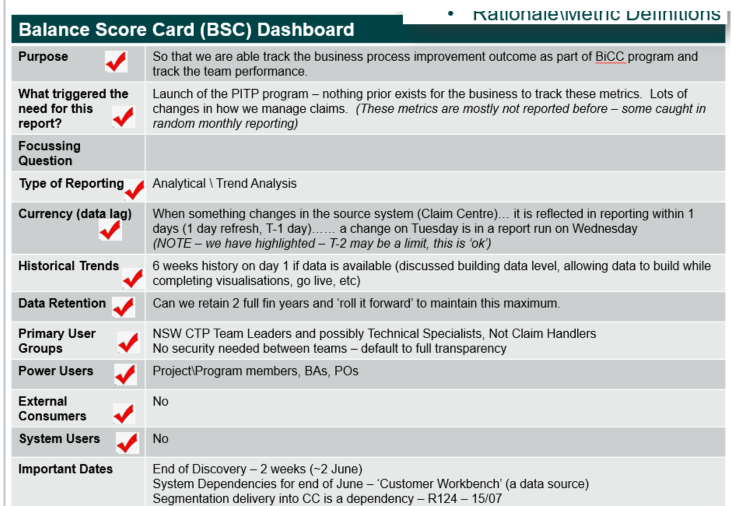
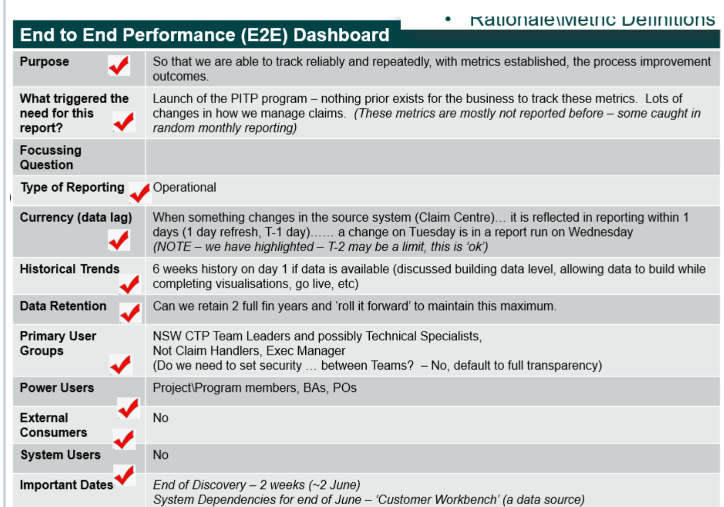
4.1.2 Non-Functional Business Requirements

REF# / JIRA#	Description
1	Performance : All DET delivered new and enhanced reports (dataset) will not result into overall performance of existing production reports.
2	SLA : New and enhanced report will adhere to existing the MAIA scheme reporting assets SLAs

4.2 - MVP1 - Improvement Monitoring Dashboards - Approved - 11 June 2021

MVP1 is the delivery of 3 Tableau dashboards based on data acquired from Claim Centre and 3 alternative data sources. The Business Requirements collection slidepack is stored here and is referred to by the following business requirements Requirements Gathering Notes and Screenshots.

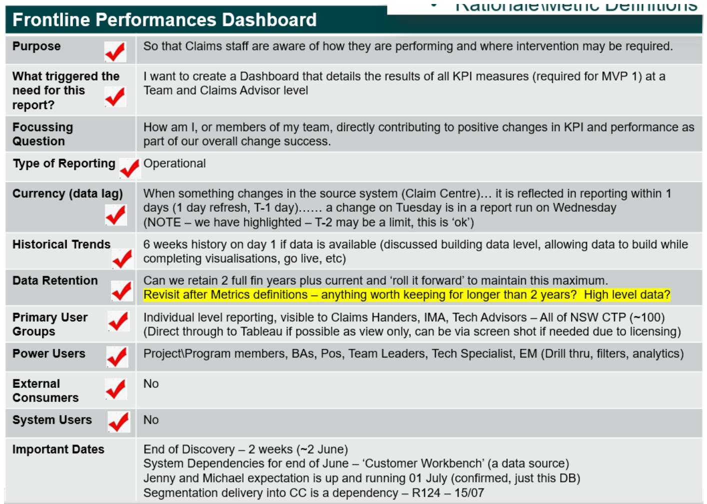
4.2.1 Functional Business Requirements - MVP 1

WP2. **Req No.**	**Project Level Business Requirement**	**Reporting Solution**	**Description**	**Additional Detail**
BR. MVP1.1	1 (JIRA 701) 2 (JIRA 23) 3 (JIRA 16)	Balance Score Card E2E Performance Frontline Performance	**As a** Business Owner **I Want** a comprehensive reporting solution **So that** all Personal Injury staff have access to accurate information in efforts to improve KPIs and to support measuring the rate and degree of improvements.	Slide 5, 6, 7 Includes 3 separate Dashboards for Balanced Scorecard, E2E Performance and Frontline Performance. Delivered via Tableau.
BR. MVP1.2	EPIC-EPIC-EPIC-EPIC- (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a Balanced Score Card (Assessment - Process & Systems) tableau dashboard **So that** we are able track the business process improvement outcome as part of BiCC program and track the team performance.	Slide 5 - Non-Functional Requirements included in the below are on the NFR table in 4.2.2.  • Rationale\Metric Definitions **Balance Score Card (BSC) Dashboard** **Purpose**: So that we are able track the business process improvement outcome as part of BiCC program and track the team performance. **What triggered the need for this report?**: Launch of the PITP program – nothing prior exists for the business to track these metrics. Lots of changes in how we manage claims. *(These metrics are mostly not reported before – some caught in random monthly reporting)* **Focussing Question**: **Type of Reporting**: Analytical \ Trend Analysis **Currency (data lag)**: When something changes in the source system (Claim Centre)… it is reflected in reporting within 1 days (1 day refresh, T-1 day)…… a change on Tuesday is in a report run on Wednesday *(NOTE – we have highlighted – T-2 may be a limit, this is 'ok')* **Historical Trends**: 6 weeks history on day 1 if data is available (discussed building data level, allowing data to build while completing visualisations, go live, etc) **Data Retention**: Can we retain 2 full fin years and 'roll it forward' to maintain this maximum. **Primary User Groups**: NSW CTP Team Leaders and possibly Technical Specialists, Not Claim Handlers No security needed between teams – default to full transparency **Power Users**: Project\Program members, BAs, POs **External Consumers**: No **System Users**: No **Important Dates**: End of Discovery – 2 weeks (~2 June) System Dependencies for end of June – 'Customer Workbench' (a data source) Segmentation delivery into CC is a dependency – R124 – 15/07
BR. MVP1.3	EPIC-EPIC-EPIC-EPIC- (JIRA 23)	E2E Performance	**As a** Business Owner **I Want** an E2E Performance Dashboard(Assessment Process and Systems) **So that** we are able to track reliably and repeatedly, with metrics established, the process improvement outcomes.	Slide 6 - Non-Functional Requirements included in the below are on the NFR table in 4.2.2.  • Rationale\Metric Definitions **End to End Performance (E2E) Dashboard** **Purpose**: So that we are able to track reliably and repeatedly, with metrics established, the process improvement outcomes. **What triggered the need for this report?**: Launch of the PITP program – nothing prior exists for the business to track these metrics. Lots of changes in how we manage claims. *(These metrics are mostly not reported before – some caught in random monthly reporting)* **Focussing Question**: **Type of Reporting**: Operational **Currency (data lag)**: When something changes in the source system (Claim Centre)… it is reflected in reporting within 1 days (1 day refresh, T-1 day)…… a change on Tuesday is in a report run on Wednesday *(NOTE – we have highlighted – T-2 may be a limit, this is 'ok')* **Historical Trends**: 6 weeks history on day 1 if data is available (discussed building data level, allowing data to build while completing visualisations, go live, etc) **Data Retention**: Can we retain 2 full fin years and 'roll it forward' to maintain this maximum. **Primary User Groups**: NSW CTP Team Leaders and possibly Technical Specialists, Not Claim Handlers, Exec Manager (Do we need to set security … between Teams? – No, default to full transparency) **Power Users**: Project\Program members, BAs, POs **External Consumers**: No **System Users**: No **Important Dates**: *End of Discovery – 2 weeks (~2 June) System Dependencies for end of June – 'Customer Workbench' (a data source)*

<table>
<tr>
<td>BR. MVP1.4</td>
<td>EPICEPICEPICEPIC (JIRA 16)</td>
<td>Frontline Performance</td>
<td>As a Business Owner

I Want a Frontline Performance Dashboard(Assessment Process and Systems)

So that Claims staff are aware of how they are performing and where intervention may be required.</td>
<td>Slide 7 - Non-Functional Requirements included in the below are on the NFR table in 4.2.2.


<table>
<tr><td colspan="2">Frontline Performances Dashboard</td></tr>
<tr><td>Purpose</td><td>So that Claims staff are aware of how they are performing and where intervention may be required.</td></tr>
<tr><td>What triggered the need for this report?</td><td>I want to create a Dashboard that details the results of all KPI measures (required for MVP 1) at a Team and Claims Advisor level</td></tr>
<tr><td>Focussing Question</td><td>How am I, or members of my team, directly contributing to positive changes in KPI and performance as part of our overall change success.</td></tr>
<tr><td>Type of Reporting</td><td>Operational</td></tr>
<tr><td>Currency (data lag)</td><td>When something changes in the source system (Claim Centre)… it is reflected in reporting within 1 days (1 day refresh, T-1 day)…… a change on Tuesday is in a report run on Wednesday
(NOTE – we have highlighted – T-2 may be a limit, this is 'ok')</td></tr>
<tr><td>Historical Trends</td><td>6 weeks history on day 1 if data is available (discussed building data level, allowing data to build while completing visualisations, go live, etc)</td></tr>
<tr><td>Data Retention</td><td>Can we retain 2 full fin years plus current and 'roll it forward' to maintain this maximum.
Revisit after Metrics definitions – anything worth keeping for longer than 2 years? High level data?</td></tr>
<tr><td>Primary User Groups</td><td>Individual level reporting, visible to Claims Handers, IMA, Tech Advisors – All of NSW CTP (~100)
(Direct through to Tableau if possible as view only, can be via screen shot if needed due to licensing)</td></tr>
<tr><td>Power Users</td><td>Project\Program members, BAs, Pos, Team Leaders, Tech Specialist, EM (Drill thru, filters, analytics)</td></tr>
<tr><td>External Consumers</td><td>No</td></tr>
<tr><td>System Users</td><td>No</td></tr>
<tr><td>Important Dates</td><td>End of Discovery – 2 weeks (~2 June)
System Dependencies for end of June – 'Customer Workbench' (a data source)
Jenny and Michael expectation is up and running 01 July (confirmed, just this DB)
Segmentation delivery into CC is a dependency – R124 – 15/07</td></tr>
</table>
</td>
</tr>
<tr>
<td>BR. MVP1.5</td>
<td>1 (JIRA 701)

2 (JIRA 23)

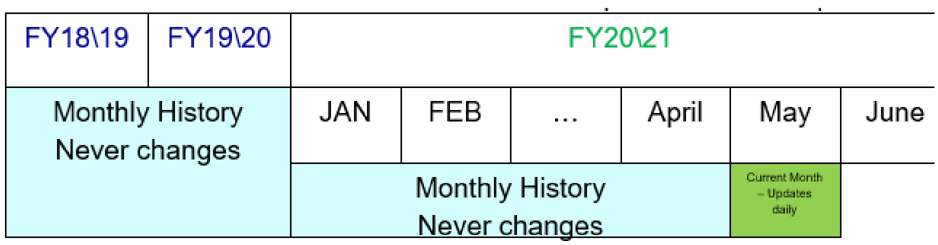
3 (JIRA 16)</td>
<td>Balance Score Card

E2E Performance

Frontline Performance</td>
<td>As a Business Owner

I Want metrics that show progressive updates during the current time period

So that when reviewing the current month:
Values are progressively updated throughout the month
Values are 'locked' on the last day of the month</td>
<td>Slide 10 - Non-Functional Requirements included in the below are on the NFR table in 4.2.2.



Retaining a monthly snapshot will ensure we keep the final monthly reporting values for all metrics and enable:
Month on Month trend analysis for current year
Trend analysis against monthly values for prior years (eventually 2 fin years plus current)
Requires storage of up to 36 snapshots (monthly for 2 prior and 1 current fin year)
Reported values for prior months are not eligible to change (matches specs)
The timeline dimension for this needs to include Month\Quarter\Annual (Fin Year) levels

The timeline dimension for this needs to include Month\Quarter\Annual (Fin Year) levels</td>
</tr>
<tr>
<td>BR. MVP1.6</td>
<td>1 (JIRA 701)

2 (JIRA 23)

3 (JIRA 16)</td>
<td>Balance Score Card

E2E Performance

Frontline Performance</td>
<td>As a Business Owner

I Want metrics that measure time in CALENDAR days not BUSINESS days unless specifically specified

So that timelines match compliance obligations and KPIs which are built considering CALENDAR days</td>
<td>Slide 9</td>
</tr>
<tr>
<td>BR. MVP1.7</td>
<td>1 (JIRA 701)

2 (JIRA 23)

3 (JIRA 16)</td>
<td>Balance Score Card

E2E Performance

Frontline Performance</td>
<td>As a Business Owner

I Want reports that FILTER on STANDARD claims

So that metrics match compliance obligations and KPIs which are built considering STANDARD claims only</td>
<td>Slide 9

Standard claims are Claim Type = 'Standard'</td>
</tr>
</table>

<table>
<tr><td>BR. MVP1.8</td><td>1 (JIRA 701)

2 (JIRA 23)

3 (JIRA 16)</td><td>Balance Score Card

E2E Performance

Frontline Performance</td><td>As a Business Owner

I Want reports to clearly advise when reporting options result in no data being retrieved

So that if a user selects options such as to see cost of weekly claims with a segmentation value of 'Treatment' they understand why no data is being displayed</td><td>When no data is returned for a field, display the set value '0' meaning $0 is the avg cost, or 0 days is the average days or 0 is the number of exposures,</td></tr>
<tr><td>BR. MVP1.9</td><td>1 (JIRA 701)

2 (JIRA 23)

3 (JIRA 16)</td><td>Balance Score Card

E2E Performance

Frontline Performance</td><td>As a Business Owner

I Want a uniform definition for Claim Lodgement Date versus Claim Notification Date

So that different metrics can record durations or data from the relevant start date.</td><td>The Claim Notification date is the date received for the SENF Form on a Claim or Exposure. Not all Claims or Exposures have an SENF date and for th Notification Date should equal the Date of Lodgement.

The Claim Lodgement date is the date received for the Stat Bens Form or Common Law Form on a Claim or Exposure. All Claims or Exposures have a Bens form.</td></tr>
<tr><td colspan="5">Hierarchies\Dimensions</td></tr>
<tr><td>BR. MVP1.10</td><td>1 (JIRA 701)

2 (JIRA 23)

3 (JIRA 16)</td><td>Balance Score Card

E2E Performance

Frontline Performance</td><td>As a Business Owner

I Want a Hierarchy\Dimension for claims segmentation field 1 Minor\Non Minor

So that metrics can be displayed as 'All Exposures' or filtered by a value in this segmentation field.</td><td>Slide 11 - Level 1 maps to the field for Segmentation field 1 being implemented for each claim\exposure

We do need a 'Unspecified' at level 1 for 'no value' exposures

<table><tr><th colspan="3">Segmentation field 1</th></tr><tr><td>Level 1</td><td>Level 2</td><td>Level 3</td></tr><tr><td>Minor</td><td rowspan="2">All Exposures</td><td rowspan="2">NA</td></tr><tr><td>Non-Minor</td></tr></table></td></tr>
<tr><td>BR. MVP1.11</td><td>1 (JIRA 701)

2 (JIRA 23)

3 (JIRA 16)</td><td>Balance Score Card

E2E Performance

Frontline Performance</td><td>As a Business Owner

I Want a Hierarchy\Dimension for claims segmentation field 2 'Treatment\Weeklies'

So that metrics can be displayed as 'All Exposures' or filtered by a value in this segmentation field.</td><td>Slide 11 - Level 1 maps to the field for Segmentation field 2 being implemented for each claim\exposure

We do need a 'Unspecified' at level 1 for 'no value' exposures

<table><tr><th colspan="3">Segmentation field 2</th></tr><tr><td>Level 1</td><td>Level 2</td><td>Level 3</td></tr><tr><td>Treatment</td><td rowspan="2">All Exposures</td><td rowspan="2">NA</td></tr><tr><td>Weeklies</td></tr></table></td></tr>
</table>

<table>
<tr>
<td>BR.
MVP1.12</td>
<td>1 (JIRA 701)

2 (JIRA 23)

3 (JIRA 16)</td>
<td>Balance Score Card

E2E Performance

Frontline Performance</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for claims segmentation field 3 Risk Levels

So that metrics can be displayed as 'All Exposures' or filtered by a value in this segmentation field.</td>
<td>Slide 11 - Level 1 maps to the field for Segmentation field 3 being implemented for each claim\exposure

We do need a 'Unspecified' at level 1 for 'no value' exposures

<table>
<tr><th colspan="3">Segmentation field 3</th></tr>
<tr><td>Level 1</td><td>Level 2</td><td>Level 3</td></tr>
<tr><td>Manage</td><td>All Exposures</td><td>NA</td></tr>
<tr><td>Monitor</td><td></td><td></td></tr>
<tr><td>Intervene</td><td></td><td></td></tr>
</table>

Segmentation model for this field is still being confirmed. Requirement is 'Could Have' until confirmation field will be deployed in CC.</td>
</tr>
<tr>
<td>BR.
MVP1.13</td>
<td>1 (JIRA 701)

2 (JIRA 23)

3 (JIRA 16)</td>
<td>Balance Score Card

E2E Performance

Frontline Performance</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for claims segmentation field 4 Specials

So that metrics can be displayed as 'All Exposures' or filtered by a value in this segmentation field.</td>
<td>Slide 11 - Level 1 maps to the field for Segmentation field 4 being implemented for each claim\exposure

We do need a 'Unspecified' at level 1 for 'no value' exposures

<table>
<tr><th colspan="3">Segmentation field 4</th></tr>
<tr><td>Level 1</td><td>Level 2</td><td>Level 3</td></tr>
<tr><td>Unmec</td><td>All Exposures</td><td>NA</td></tr>
<tr><td>NOMO</td><td></td><td></td></tr>
<tr><td>STA</td><td></td><td></td></tr>
<tr><td>+78 Weeks</td><td></td><td></td></tr>
<tr><td>Severe and Cat</td><td></td><td></td></tr>
<tr><td>Common Law</td><td></td><td></td></tr>
<tr><td>Funeral</td><td></td><td></td></tr>
</table></td>
</tr>
<tr>
<td>BR.
MVP1.15</td>
<td>1 (JIRA 701)

2 (JIRA 23)

3 (JIRA 16)</td>
<td>Balance Score Card

E2E Performance

Frontline Performance</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Claims Teams

So that metrics can be displayed as 'All Exposures', uniquely by Claims Advisor or groups by each Claims Team</td>
<td>Slide 11 - Level 1 is a list of all claims advisors in NSW CTP and links to the Claims Advisor responsible for the Claims or Exposure record. There is a Teams relationship in Claim Centre that can be used for implementing level 2 grouping.

<table>
<tr><th colspan="3">Teams</th></tr>
<tr><td>Level 1</td><td>Level 2</td><td>Level 3</td></tr>
<tr><td>Claims Advisors</td><td>Team Name</td><td>All</td></tr>
</table>

Team Hierarchy in Claim Centre</td>
</tr>
<tr>
<td>BR.
MVP1.16</td>
<td>1 (JIRA 701)

2 (JIRA 23)

3 (JIRA 16)</td>
<td>Balance Score Card

E2E Performance

Frontline Performance</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Exposure Age

So that metrics can be displayed as 'All Exposures' or groups by Financial Year (lvl 4), Quarter (lvl 3), Month (lvl 2) joined to the Exposure Creation Date (lvl 1)</td>
<td>Slide 11 - Level 1 is a date field that maps to the Claim or Exposure Creation date.

<table>
<tr><th colspan="4">Claim Age</th></tr>
<tr><td>Level 1</td><td>Level 2</td><td>Level 3</td><td>Level 4</td></tr>
<tr><td>Claim Creation Date</td><td>Monthly</td><td>Quarterly</td><td>Financial Year</td></tr>
</table></td>
</tr>
</table>

<table>
<tr>
<td>BR. MVP1.17</td>
<td>1 (JIRA 701)

3 (JIRA 16)</td>
<td>Balance Score Card

Frontline Performance</td>
<td>**As a** Business Owner

I Want a Hierarchy\Dimension for Customer NPS Responses

So that Claims Advisors and Team Leads can see NPS claims responses and group up to overall NPS score.</td>
<td>Slide 12 - Level 1 is a number matched to the insight. ~~Promotor = '+1', Detractor = '-1', Passive = '0'. When rolling up to the Overall NPS level....~~

<table>
<tr><th colspan="4">Customer NPS</th></tr>
<tr><th>Level 1</th><th>Level 2</th><th>Level 3</th><th>Level 4</th></tr>
<tr><td>Promoter</td><td rowspan="3">Overall NPS</td><td></td><td></td></tr>
<tr><td>Detractor</td><td></td><td></td></tr>
<tr><td>Passive</td><td></td><td></td></tr>
</table>

Business is escalating automation with Perceptive owners.~~6 Promotors, 4 Detractors and 2 PAssive = 6 x +1 + 4 x -1 + 2 x 0 = +2 for Overall NPS~~

Change - Employee NPS is calculated in ratios. Formula should be:

6 Promotors, 4 Detractors and 2 Passive (12 responses across rolling 3 month period)

• 6/12 = 50% Promotors
• 4/12 = 33% Detractors
• 2/12 = 17% Passive
• 50% - 33% = Rolled up NPS score = 17</td>
</tr>
<tr>
<td>BR. MVP1.18</td>
<td>1 (JIRA 701)

2 (JIRA 23)

3 (JIRA 16)</td>
<td>Balance Score Card

E2E Performance

Frontline Performance</td>
<td>**As a** Business Owner

I Want a Hierarchy\Dimension for Notification Only records versus a full Claim and between claim types

So that our analysis can differentiate between the two types of record.</td>
<td>Slide 12

A Notification Only exposure has an SENF form attached to the exposure record and no other form.

A full Stat Bens exposure has a Stat Bens form and may\may not have an SENF form.

A full Common Law exposure has a Comonon Law Form and may\may not have an SENF form

~~(Can we have rule for if both exist, such as if it has both we default to newest or a default to Common Law~~

Rule = If both exist, default to Common Law.)

There may be other claims that do not fit these categories and can be assigned to 'Other Claims'

<table>
<tr><th colspan="4">Notification vs Claim</th></tr>
<tr><th>Level 1</th><th>Level 2</th><th>Level 3</th><th>Level 4</th></tr>
<tr><td>Notification Only</td><td>Notification Only</td><td rowspan="4">All</td><td></td></tr>
<tr><td>Stat Bens</td><td rowspan="3">Full Claim</td><td></td></tr>
<tr><td>Common Law</td><td></td></tr>
<tr><td>Other Claims</td><td></td></tr>
</table></td>
</tr>
</table>

<table>
<tr>
<td>BR. MVP1.19</td>
<td>2 (JIRA 23)</td>
<td>E2E Performance</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Cost Categories based on the Head of Damages field used on payments

So that we can analyse the different cost categories in considering claim costs.</td>
<td>Slide 12

Head of Damages is a defined field with a number of values

<table>
<tr><th colspan="3">Head of Damages field 5</th></tr>
<tr><th>Level 1</th><th>Level 2</th><th>Level 3</th></tr>
<tr><td>Non-Economic Loss
Treatment
Rehabilitation
Loss of Income (Stat Bens)
Past Economic Loss (Common Law)
Future Economic Loss (Common Law)
Care
Care – CTP Care Float
Home/Vehicle Modifications
Funds Management
Legal
Our Legal
Insurer Medico Legal
Investigation</td>
<td>Common Law Costs
(Non-Economic Loss, Past Economic Loss (Common Law), Future Economic Loss (Common Law))

Statutory Benefit Costs
(Treatment, Rehabilitation, Loss of Income (Stat Bens), Care, Care – CTP Care Float, Home/Vehicle Modifications, Funds Management, Legal)

Total Indemnity Costs (Non-Economic Loss, Treatment, Rehabilitation, Loss of Income (Stat Bens), Past Economic Loss (Common Law), Future Economic Loss (Common Law), Care, Care – CTP Care Float, Home/Vehicle Modifications, Funds Management, Legal)

Total Management Costs
(Our Legal, Insurer Medico Legal, Investigation)</td>
<td>N/A</td></tr>
</table>
</td>
</tr>
<tr>
<td>BR. MVP1.20</td>
<td>1 (JIRA 701)

3 (JIRA 16)</td>
<td>Balance Score Card

Frontline Performance</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Strategic Milestones

So that Claims Advisors and Team Leads can see how long a claim has been in a Non working, partial working or pre-injury duties working state. This supports driving down the duration to support a claimant back into paid work.</td>
<td>
<table>
<tr><th colspan="4">Strategic Milestones</th></tr>
<tr><th>Level 1</th><th>Level 2</th><th>Level 3</th><th>Level 4</th></tr>
<tr><td>4 values – MED Status Options</td><td>Medical Status</td><td>Medical Milestones</td><td rowspan="4">ALL</td></tr>
<tr><td rowspan="3">13 values – RTW, RTPW, Non-Working</td><td>RTW – Pre-Injury Duties</td><td rowspan="2">Return to Work Milestones</td></tr>
<tr><td>RTW – Modified Duties</td></tr>
<tr><td>RTW – Not Working</td><td>Non Working</td></tr>
</table>

MED Field is called Post Accident Activity Capacity field in the rehab screen (Reduced Capacity, No Capacity, etc)</td>
</tr>
<tr>
<td>BR. MVP1.50</td>
<td>1 (JIRA 701)</td>
<td>Balance Score Card</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Weekly or Treatment based payments.

So that Claims Advisors and Team Leads can review payment related metrics defined below according to Weekly or Treatment payment types.</td>
<td>BR.MVP1.11 defines a hierarchy for Weekly segmentation vs treatment segmentation for Claims and Exposures.

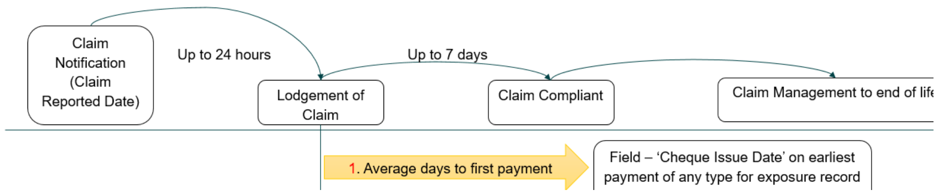
A very similar dimension is required to differentiate between Weekly payments and Treatment payments. This is in support of metrics defined below re duration of payment arrangements (1st to last treatment payment or start to end of weekly payment arrangements. Also others.

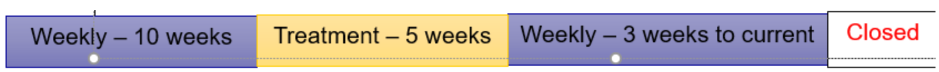
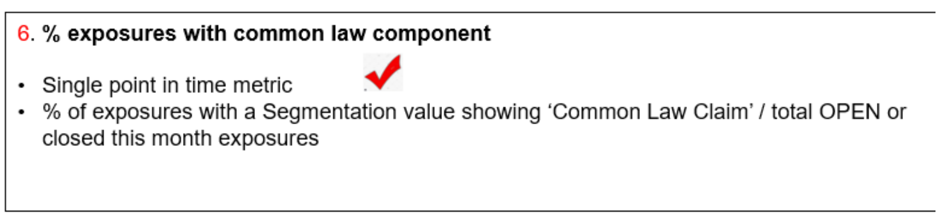
Name should reflect Payment Type

<table>
<tr><th colspan="3">Benefit Payment Type (based on head of damages)</th></tr>
<tr><th>Level 1</th><th>Level 2</th><th>Level 3</th></tr>
<tr><td>Treatment</td><td rowspan="2">NA</td><td rowspan="2">NA</td></tr>
<tr><td>Weeklies</td></tr>
</table>

Weeklies = Head of Damages value of 'loss of income' and
Treatment = Head of Damages values of Treatment, Rehabilitation, Care, Care – CTP Care Float, Home/Vehicle Modifications, Funds Management, Le

Other - other values for Head of Damages</td>
</tr>
<tr>
<td colspan="5">Metrics</td>
</tr>
</table>

BR. MVP1.21	1 (JIRA 701) 2 (JIRA 23) 3 (JIRA 16)	Balance Score Card E2E Performance Frontline Performance	**As a** Business Owner **I Want** the primary object being reported on to be an 'Exposure'. Clai ms are composed of 1 to M exposures. **So that** all reporting reflects PI business processes which manage claims by managing exposures independently.	Slide 9 1 Claim IS TO M Exposures M Exposure IS TO 1 Claim Most fields required for reporting have a unique value per exposure Where required, values can be inherited from the parent
BR. MVP1.22	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a metric called **'Average Days to First Payment'** **So that** I can measure the average number of days between the 'Exposure Lodgement date' and the 'Cheque Issue Date' on the earliest payment of any type associated with the exposure record.	Slide 15 **Process Excerpt – Claim lifecycle**  This can return a duration for individual exposures of a negative value if a payment is made pre-lodgement (after notification) - this is good! Users can use the dimension defined here - BR.MVP1.50 - to differentiate between the 2 types of payment being considered. If the dimension is set to 'Weekly' then the metric is defined as the average number of days from Claim Lodgement to cheque issue date of first paymer weekly. If the dimension is set to Treatment then the metric is defined as the average number of days from claim lodgement to service date on first payment of t Treatment. If an exposure has had no payment of the relevant type - they are not included in the averaging.
BR. MVP1.23	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a metric called **'Average Duration of Strategic Milestones'** **So that** I can measure the average number of days spent in each RTW Status or Medical status across the life of open or closed this month exposures.	Slide 16 This metric uses the exposure history to track how many days were spent in each or any of the 13 RTW status or 4 MED status. IT then displays this data using the Strategic Milestones hierarchy specified previously. That hierarchy has all the MED and RTW status in it's lowest level. This should map to the exposure object to display the sum of days the exposures ha in each status. That hierarchy has a number of grouping levels to sum the avg days for analysis. Change: • These are now referred to as RTW and RTH metrics.
BR. MVP1.24	1 (JIRA 701) 2 (JIRA 23)	Balance Score Card E2E Performance	**As a** Business Owner **I Want** a metric called **'% Exposures Minor to Non-Minor'** **So that** I can monitor this metric as a leading indicator around risk.	Slide 17 Calculated Metric • Exposures changed from Minor to Non-Minor MTD / # Open Exposures as of today • For example if 10 exposures changed from Minor to Non-Minor in October and NSW CTP had 200 open exposures - 10/200 = 5% Based on Minor\Non-Minor Segmentation field

BR. MVP1.25	1 (JIRA 701) 2 (JIRA 23)	Balance Score Card E2E Performance	**As a** Business Owner **I Want** a metric called **'% Exposures Non-Minor to Minor'** **So that** I can monitor this metric as a leading indicator around risk.	Slide 17 Calculated Metric • Exposures changed from Non-Minor to Minor MTD / # Open Exposures as of today • For example if 20 exposures changed from Non-Minor to Minor in October and NSW CTP had 200 open exposures - 20/200 = 10% Based on Minor\Non-Minor Segmentation field
BR. MVP1.26	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a metric called **'Average Exposure Duration'** **So that** I can measure the average number of days an exposure was 'open' for all exposures closed this month.	Slide 17 Measures FROM - Lodgement date Measures TO - INTERIM CLOSE DATE if not NULL ELSE USE CLOSE DATEx It is correct that this metric only counts average duration for closed claims Include all exposures where earliest of Interim Close Date or Close Date (the value used in the 'To' box)is within the report month. It is correct that this metric only counts average duration for closed claims I think these needs to be separated into 2 requirements 1. Stat bens Average exposure duration – measures from date reported of the stat benefits claim to the claim status date = closed - no longer requi benefits or claim withdrawn/discontinued (see below screenshots) 2. Common law exposure duration – measures from date reported of the common law claim to the common law status = settled/withdrawn Change: • All instances of 'Earliest of Interim Close or Close date' are replaced with the new Finalised Date requirement. • This uses a Claim Finalisation Date and Exposure Finalisation date tables populated with a more complex set of logic around determining Finalis (Close) date.
BR. MVP1.27	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a metric called **'Average Duration of Compensation Arrangements'** **So that** I can measure the average length in weeks of weekly compensation arrangements by exposure.	Slide 18 Users can use the dimension defined here - BR.MVP1.50 - to differentiate between the 2 types of payment being considered. If the dimension is set to 'Weekly' then the metric is defined as the average number of days between Payment From to Payment To dates on the weekly payment record. Claims may have multiple periods for weekly claims - durations should be summed. i.e. 13 weeks in the below example.  If the dimension is set to Treatment then the metric is defined as the average number of days from service date on first payment of type Treatment to se date on last payment of type treatment. If an exposure has had no payment of the relevant type - they are not included in the averaging.
BR. MVP1.28	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a metric called **'% Exposures with Common Law Component'** **So that** I can measure the ratio of exposures where Segmentation Field 4 = Common Law to all other open claims (or closed this month)	Slide 18  Segmentation values are still being developed into Claim Centre and will become available in June 2021.
BR. MVP1.29	1 (JIRA 701) 2 (JIRA 23)	Balance Score Card E2E Performance	**As a** Business Owner **I Want** a metric called **'% Exposures Low Risk Profile to Intervene'** **So that** I can monitor this metric as a leading indicator around risk.	No Slide Calculated Metric • Exposures changed from Manage or Monitor to Intervene MTD / # Open Exposures as of today • For example if 10 exposures changed from Manage or Monitor to Intervene in October and NSW CTP had 200 open exposures - 10/200 = 5% Based on Risk Profile Segmentation field (3)

BR. MVP1.51	1 (JIRA 701) 2 (JIRA 23)	Balance Score Card E2E Performance	**As a** Business Owner **I Want** a metric called **'% Exposures Intervene to Low Risk Profile'** **So that** I can monitor this metric as a leading indicator around risk.	No Slide Calculated Metric • Exposures changed from Intervene to Manage or Monitor MTD / # Open Exposures as of today • For example if 10 exposures changed from Manage or Monitor to Intervene in October and NSW CTP had 200 open exposures - 10/200 = 5% Based on Risk Profile Segmentation field (3)
BR. MVP1.30	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a metric called **'Claims Ratio by Claims Advisor'** **So that** I can measure how much of my portfolio is being managed by each Claims Advisor	Slide 19 We have defined previously, a hierarchy for claims advisors to CA specialisations. We have also defined a hierarchy for CA to CA Team. These hierarchies exist to support this metric. If Bob has 10 current open claims and the full NSW CTP portfolio is 100 claims - Bob would have 10% as his value for this metric.
BR. MVP1.31	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a metric called **'Average Time to Claim Advisor Assignment'** **So that** I can measure the average time it takes for Claims Advisors to respond to claims on creation.	Slide 19 FROM Claim Notification To The date\time stamp from when the claim is **first** assigned to a claims advisor Claims Advisor defined in CC – all Team members are in CC with role and in team structures - Team Leaders don't keep claims - TA\TS or IMA? – Other roles may get a claim but never before the CA gets it.
~~BR. MVP1.32~~	~~1 (JIRA 701)~~	~~Balance Score Card~~	~~**As a** Business Owner~~ ~~**I Want** a metric called **'Engagement Score'**~~ ~~**So that** we can track the success of the Scheme level Employee Engagement score to KPI~~	~~This data is stored in Loop and is calculated anonymously for team leaders where >5 reports (not direct reports - full chain) have submitted engagemen~~ ~~We wish to see a single NPS score for the NSW CTP Scheme (Jenny O'Keefe) and do not need lower level data.~~ ~~This needs to be achieved via the LOOP api in an automated manner or can be reconsidered.~~ Removed From Scope - 19th July 2021
BR. MVP1.33	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a metric called **'% Complaints closed in < 5 days - Rolling 12 months'** **So that** we can monitor progress towards the departmental KPI of 95% claims closed within 5 days.	This data is a single EM level value (Jenny O'Keefe - NSW CTP) demonstrating that for all claims open during some part of the last 12 months, what % closed within 5 days. Metric = SUM COUNT of all complaints closed in <5 days of opening within last 12 months within NSW CTP Divided by SUM COUNT of all complaints closed within the last 12 months within NSW CTP
BR. MVP1.34	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a metric called **'Customer NPS'** **So that** We can measure customer satisfaction according to claims advisors, teams and higher.	Customer NPS data is stored in perspective and needs to be automatically acquired. Data references claims advisors and team names but data should be mapped at claims advosor level to the heirarchy dimension sourced from Claim C Claims Advisors get a record for every survey response of 1-10. This metric counts the # of responses that are Promotors (9-10), Detractors (1-6), or P 8). ~~When summed up the heirarchy to the next level, a single NPS score is shown that sums Promotors (+1), Detractors (-1) and Passive (0).~~ Change - Employee NPS is calculated in ratios. Formula should be: 6 Promotors, 4 Detractors and 2 Passive (12 responses across rolling 3 month period) • 6/12 = 50% Promotors • 4/12 = 33% Detractors • 2/12 = 17% Passive • 50% - 33% = Rolled up NPS score = 17

BR. MVP1.35	2 (JIRA 23)	E2E Performance	**As a** Business Owner **I Want** a metric called **'Relative Claim Cost vs Rest of industry'** **So that** So we can understand the average cost of a claim and analyse according to determined cost categories.	This metric is an average across all open (or closed this month) claims for the total cost of claims. Claim 1 = $100 across 5 payments Claim 2 = $50 across 1 payment Metric would be avg claim cost = 150/2 = $75 Using the Cost Categories hierarchy this can be considered according to the 'Head of Damages' value or the categories in the heirarchy under level 2. ~~Source issue - Rest of Industry - Universal Claims database - Hold for a bit, later delivery.~~ Change: • All instances of 'Earliest of Interim Close or Close date' are replaced with the new Finalised Date requirement. • This uses a Claim Finalisation Date and Exposure Finalisation date tables populated with a more complex set of logic around determining Finalis (Close) date. • For this metric - that applies to 'Closed this month' portion.
BR. MVP1.36	2 (JIRA 23)	E2E Performance	**As a** Business Owner **I Want** a metric called **'Average duration from lodgement to end of state benefits date (weekly payments)'** **So that** I can measure the average length in weeks of weekly compensation arrangements by exposure.	A duplicate of requirement BR.MVP1.27- **'Average Duration of Compensation Arrangements'** metric using the Weekly\Treatment dimension Change: • This is not a change to definition • Metric Name should be 'Avg Duration of Compensation Arrangements to reflect chosen business logic. • Within this requirement we're only considering Weeklies - Treatments is optional but is required for the BSC requirement (27)
BR. MVP1.37	2 (JIRA 23)	E2E Performance	**As a** Business Owner **I Want** a metric called **'% Claims with a common law component'** **So that** I can measure the ratio of exposures where Segmentation Field 4 = Common Law to all other open claims (or closed this month)	A duplicate of requirement BR.MVP1.28- **''% Exposures with Common Law Component''** metric
BR. MVP1.38	2 (JIRA 23)	E2E Performance	**As a** Business Owner **I Want** a metric called **'Customer NPS'** **So that**	A duplicate of requirement BR.MVP1.34- **'Customer NPS'** metric Change - Employee NPS is calculated in ratios. Formula should be: 6 Promotors, 4 Detractors and 2 Passive (12 responses across rolling 3 month period) • 6/12 = 50% Promotors • 4/12 = 33% Detractors • 2/12 = 17% Passive • 50% - 33% = Rolled up NPS score = 17
~~BR. MVP1.39~~	~~2 (JIRA 23)~~	~~E2E Performance~~	~~**As a** Business Owner~~ ~~**I Want** a metric called **'Internal Risk Maturity'**~~ ~~**So that** we can measure the scheme (NSW CTP) progress to compliance on that KPI.~~	~~The Risk Maturity Metric is sourced from IRIS and only a single metric for NSW CTP is required.~~ ~~This is clarified as the single resultant RMM score derived from the 9 metrics.~~ ~~Metric is only on Should Have as RMM project is ongoing.~~ DESCOPED - 28th June
~~Removed From Scope - 19th July 20211.40~~	~~2 (JIRA 23)~~	~~E2E Performance~~	~~**As a** Business Owner~~ ~~**I Want** a metric called **'Employee Engagement Score'**~~ ~~**So that**~~	~~A duplicate of requirement BR.MVP1.32- **'Engagement Score'** metric based on employee NPS~~ Removed From Scope - 19th July 2021

BR. MVP1.41	3 (JIRA 16)	Frontline Performance	**As a** Business Owner **I Want** a metric called **'Avg Days Lodgement to RTH'** **So that** I can measure the average number of days between the 'Exposure Lodgement date' and the 'Date of Service Field' on the last payment record where 'Head of Damages' is 'Treatment' or 'Rehabilitation'	Slide 24 Measures FROM - Claim\Exposure Lodgement date Measures TO - 'Date of Service field on LAST payment for this exposure where the field 'Head of Damages' is in ('Treatment', 'Rehabilitation') FILTER - Claim has a Claim Status of 'closed - no longer requiring stat benefits' or 'claim withdrawn/discontinued' (see below screenshots) All exposures where status change occured within last 6 months ... rolling 6 months
BR. MVP1.42	3 (JIRA 16)	Frontline Performance	**As a** Business Owner **I Want** a metric called **'Avg Days Lodgement to RTW'** **So that** I can measure the average number of days it takes for the affected person on a claim exposure to return to partial or full work.	Duplicate of Requirement BR.MVP1.23- Average Duration of Strategic Milestones Slide 25
BR. MVP1.43	3 (JIRA 16)	Frontline Performance	**As a** Business Owner **I Want** a metric called **'Customer NPS'** **So that** I can use team and individual NPS scores as a KPI	Slide 26 NPS Data includes an explicit 1-10 rating per CA per survey response. ~~If a survey shows response of 9-10 (Promotor), 1-6 (Detractor), 7-8 (Passive). The metric should map to the NPS Heirarchy defined earlier and show fo the number of each level of response. Roll up to overall NPS score is based on math in the heirarchy definition.~~ Data needs to be mapped at a team level also - using the data in the CA Teams heirarchy (sourced from CC) Do not display at CA level. Change - Employee NPS is calculated in ratios. Formula should be: 6 Promotors, 4 Detractors and 2 Passive (12 responses across rolling 3 month period) • 6/12 = 50% Promotors • 4/12 = 33% Detractors • 2/12 = 17% Passive • 50% - 33% = Rolled up NPS score = 17
BR. MVP1.44	3 (JIRA 16)	Frontline Performance	**As a** Business Owner **I Want** a metric called **'Call Listening'** **So that** I can use team and individual NPS scores as a KPI	Slide 26 Call listening data returns a response of 1-5 for each assessment. There should be 3 per month per CA. Given the low volume of assessments to exposures, there is no need to map call listening scores to exposure records. Metric is for an average of the responses per TEAM and CA IF a CA has 3 assessments - 3 calls with a score of 1, 3, 4 provide a single metric value of 2.6 for the CA. Mapping the CA to the Claims Advisor Team heirarchy allows a roll up to team level. Data should be visible for Team Level and CA level
BR. MVP1.45	3 (JIRA 16)	Frontline Performance	**As a** Business Owner **I Want** a metric called **'% Complaints closed in < 5 days - Rolling 12 months'** **So that** we can monitor progress towards the departmental KPI of 95% claims closed within 5 days.	A duplicate of requirement BR.MVP1.33- **'% Complaints closed in < 5 days - Rolling 12 months''** metric however this one can be drilled down throug Heirarchy dimension to show Team and CA level data.

BR. MVP1.46	3 (JIRA 16)	Frontline Performance	**As a** Business Owner **I Want** 2 more metrics for complaints. **# Open Complaints** and **Avg age of open complaints.** **So that** we can support Claims Advisors in improving performance against the % Claims closed in under 5 days KPI.	At a Claims Advisor level and able to be viewed at team and higher level according to the CA Heirarchy, we wish to see: 1. Open Complaints - that counts complaints open or closed during this month 2. Avg age of open complaints - which sums and averages the age from creation date to current date (or close date if closed this month)
				Drill Thru Reports
BR. MVP1.47	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a Drilll Thru Report associated with the **Average Days to First Payment** metric **So that** I can investigate the Claims Exposures with the top 10% of Durations for Days to First Payment	Slide 15 When viewing the average days to first payment metric, the business users need to be able to investigate the exposures with a longer period between lodgement and first payment. This drill thru report should include Claim, Exposure, Claims Advisor identification details, all 4 segmentation fields, days duration from lodgement to firs payment, creation date. Other general descriptive fields may be included in a pilot process. **FILTER** - Top 10% of durations **SORT** - Order in terms of longest duration at the top
BR. MVP1.48	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a Drill Thru Report associated with the **'% Exposures Minor to Non-Minor**' metric **So that** I can investigate the Claims Exposures that have changed from Minor to Non-Minor this month	Slide 17 When viewing the % exposures Minor to Non-Minor metric, the business users need to be able to investigate the exposures that have changed from Mi Non-Minor. This drill thru report should include Claim, Exposure, Claims Advisor identification details, all 4 segmentation fields, date of change Minor Non-Minor, c date. Other general descriptive fields may be included in a pilot process. **FILTER** - Claims where the Minor\Non-Minor segmentation field has changed FROM Minor TO Non-Minor within the current month **SORT** - Order in terms of earliest date of change Minor Non-Minor at the top
BR. MVP1.49	1 (JIRA 701)	Balance Score Card	**As a** Business Owner **I Want** a Drill Thru Report associated with the **'% Exposures Low Risk Profile to Intervene'** metric **So that** I can investigate the Claims Exposures that have changed from to Intervene this month	When viewing the % exposures low risk profile to Intervene metric, the business users need to be able to investigate the exposures that have changed Intervene this month. This drill thru report should include Claim, Exposure, Claims Advisor identification details, all 4 segmentation fields, date of change Manage or Monitor t Intervene, creation date. Other general descriptive fields may be included in a pilot process. **FILTER** - Claims where the Risk Profile segmentation field has changed FROM Manage or Monitor TO Intervene within the current month **SORT** - Order in terms of earliest date of change at the top
				NEW EPIC - Common Law Metrics
				METRICS

<table>
<tr><td>BR.
MVP1.60</td><td></td><td>E2E Dashboard,

Balance Score Card

Frontline Performance</td><td>As a Business Owner

I Want a metric called 'Number of Settlements'

So that I can measure the average number of Common Law claims that have settled.</td><td>
This Metric is to show the number of claims/exposures settled for Common Law (Claim Status = Settled/Withdrawn). The default view is to show the nu settled claims .

The dimensions/hierarchies to be used are - Report year, report month, Team name, claim advisors, Claim status (Settled/Withdrawn).

The metric should show a graph - No of settlements vs Month (Default view will be settled claims) on the dashboard.

The Summary dashboard should show - No of settlements of the month.

Claim Centre Screenshot -

A drill thru report is required for this metric.</td></tr>
<tr><td>BR.
MVP1.61</td><td></td><td>Frontline Performance

E2E Dashboard</td><td>As a Business Owner

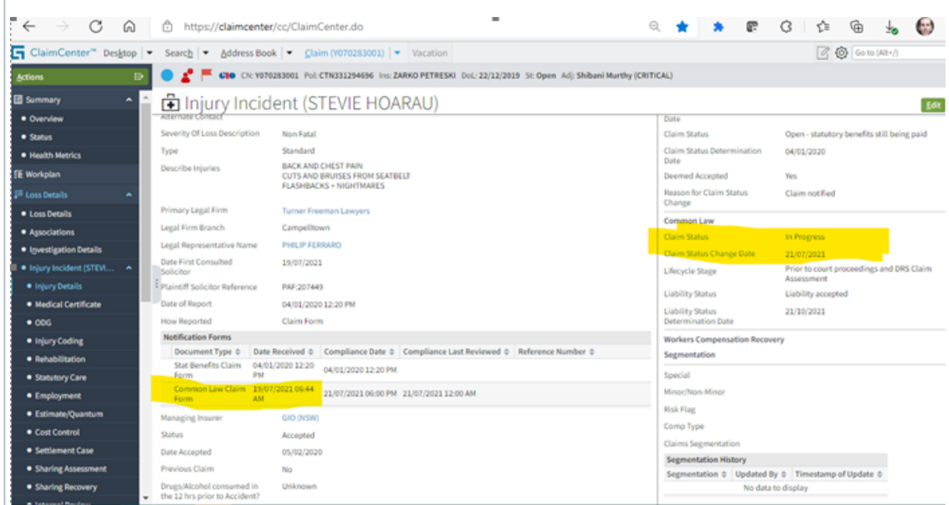
I Want a metric called 'Settlement Duration'

So that I can measure the average number of days an exposure was 'open' for all exposures settled this month.</td><td>
Common law exposure duration – measures from date reported of the common law claim to the common law status = settled/withdrawn.

Basically this metric measures from the date received of the common law claim form to Claim status change date when claim status is settled/withdraw

This metric only counts average duration for closed claims

Claim Centre screenshot -



A drill thru report will be required for this metric.</td></tr>
<tr><td>BR.
MVP1.62</td><td></td><td>Frontline Performance

Balance Score Card</td><td>As a Business Owner

I Want a metric called 'Average Settlement cost per claim'

So that So we can understand the average settlement cost of a claim and analyse by any of the required dimensions.</td><td>
This metric is an average across all the closed this month claims for the total cost of claims. Only to be used for common law.

Claim 1 = $100 across 5 payments

Claim 2 = $50 across 1 payment

Metric would be Average Settlement cost = 150/2 = $75

Claim Cost Categories related to Common Law claims - Future Economic Loss, Non-economic loss and Past economic loss should be used to calcula metric.

Filters to be used are - Report year, Report month, team Name, Claim Advisor, Claim Cost category (future economic loss, Non-Economic loss, Past ec loss, All)

This metric is similar to the Average Claim cost metric in E2E dashboard.</td></tr>
<tr><td colspan="5" align="center">DRILL THRU METRICS</td></tr>
</table>

BR. MVP1.63		Frontline Performance E2E dashboard	**As a** Business Owner **I Want** a Drill Thru Report associated with the **Settlement Duration** metric **So that** I can investigate the Common Law Claims Exposures were settled in the month.	When viewing the Settlement Duration metric, the business users need to be able to investigate the exposures with common law that were settled in a r This drill thru report should include - Exposure number, Team Name, Claim Advisor, Claimant Name, How long have the claims been open for. **SORT** - Order in terms of longest duration at the top
BR. MVP1.64		E2E Dashboard, Balance Score Card Frontline Performance	**As a** Business Owner **I Want** a Drill Thru Report associated with the **Number of Settlements** metric **So that** I can investigate the number of Common Law Claims Exposures were settled in the month.	When viewing the Number of Settlements metric, the business users need to be able to investigate the number of exposures with common law that wer in a month along with their dates. This drill thru report should include - Exposure number, team name, claim advisor, claimant name, date of settlement (Claim status change date when c status = settled) **SORT** - Order in terms of latest date of settlement
BR. MVP1.65		Frontline Performance Balance Score Card	**As a** Business Owner **I Want** a Drill Thru Report associated with the **'Average Settlement cost per claim'** metric **So that** I can investigate the number of payments made according to Cost Categories in a month.	When viewing the Average Settlement cost per claim metric, the business users need to be able to investigate the payments made in a month for comm claims/exposures. The report is payment based and not claims based - therefore all payments generated in a month are included. For those payments, we wish to see the average cost per claim according to each Cost Category(Common Law) available and shown here. This Drill thru report should include - Exposure number, Month, claimant name, team name, CA, Future economic loss payment, non economic loss pay past economic loss payment, total payment(all 3 added)

4.2.2 Non-Functional Business Requirements - MVP1

WP2. Req No.	Project Level Business Requirement	Reporting Solution	Description	Priority (MoSCoW)	Accceptance Criteria
NFR. MVP1.1	1 (JIRA 701) 2 (JIRA 23) 3 (JIRA 16)	Balance Score Card E2E Performance Frontline Performance	Data Currency\Data Lag = 1 day	M	Changes made in the Source System (i.e. Claim Centre) are visible in reporting within 1 day. An action taken on Tuesday is reported on Wednesday. Data Currency\Data Lag = 2 days will be an acceptable compromise if necessary.
NFR. MVP1.2	1 (JIRA 701) 2 (JIRA 23) 3 (JIRA 16)	Balance Score Card E2E Performance Frontline Performance	4-6 weeks Historical Data on launch	S	At point of launch it is preferred to have collected 4-6 weeks of reporting history.
NFR. MVP1.3	1 (JIRA 701) 2 (JIRA 23) 3 (JIRA 16)	Balance Score Card E2E Performance Frontline Performance	Data Retention\Historical Data ongoing should be for 2 full financial years plus current financial year to date.	M	Reporting progressively grows historical data until reaching a maximum of 3 financial years (FY21/22, FY22/23, FY23/24). Reporting is configured to drop FY21/22 when commencing FY24/25. Trend reporting would now see FY22/23, 23/24, 24/25.

NFR. MVP1.4	1 (JIRA 701) 2 (JIRA 23) 3 (JIRA 16)	Balance Score Card E2E Performance Frontline Performance	Data Grain should be set at monthly enabling: • Month level trend analysis (Jan Feb March) • Month to Month comparisons year on year (Feb 21 Feb 22) • Incremental updates during the current month (Month To Date)	M	Data validation demonstrates requirement has been met.
NFR. MVP1.5	1 (JIRA 701) 2 (JIRA 23)	Balance Score Card E2E Performance	Security should NOT be filtered across Teams- Full Transparancy	M	Data validation demonstrates requirement has been met.
NFR. MVP1.6	1 (JIRA 701)	Balance Score Card	Access Should be provisioned for Team Leaders and Technical Specialists and above for NSW CTP	M	Data validation demonstrates requirement has been met.
NFR. MVP1.7	1 (JIRA 701) 2 (JIRA 23)	Balance Score Card E2E Performance	Access should NOT be provisioned for Claim Handlers	M	Data validation demonstrates requirement has been met.
NFR. MVP1.8	1 (JIRA 701) 2 (JIRA 23)	Balance Score Card E2E Performance	Any Super User\Power User Access available should be provisioned for PITP Project\Program members, Business BAs and Business POs	S	Data validation demonstrates requirement has been met.
NFR. MVP1.9	3 (JIRA 16)	Frontline Performance	Security should NOT be filtered across Teams - Full Transparancy		
NFR. WP2.10	3 (JIRA 16)	Frontline Performance	Access Should be provisioned for all of NSW CTP	M	Data validation demonstrates requirement has been met.
NFR. WP2.11	3 (JIRA 16)	Frontline Performance	Any Super User\Power User Access available should be provisioned for PITP Project\Program members, Business BAs and Business POs	S	Data validation demonstrates requirement has been met.
NFR. MVP1. 12	1 (JIRA 701) 2 (JIRA 23) 3 (JIRA 16)	Balance Score Card E2E Performance Frontline Performance	No Access should be provisioned for External Consumers or System Users.	M	Data validation demonstrates requirement has been met.
NFR. MVP1. 13	2 (JIRA 23)	E2E Performance	Access Should be provisioned for EM and above for NSW CTP	M	Data validation demonstrates requirement has been met.

4.3 - MVP 2 - Approved

MVP2 is the delivery of:

1. Epic - QLD Frontline Performance Dashboard. The Business Requirements collection slide pack is stored here and is referred to by the following business requirements <Link>.
    a. Target definitions are stored in the folder QLD Frontline KPI Targets in that same location
2. Epic - QLD Frontline Performance Dashboard IMA The Business Requirements collection slide pack is stored here and is referred to by the following business requirements <Link>
3. Epic - SA Frontline Performance Dashboard IMA
4. Epic - ACT Frontline Performance Dashboard IMA
5. Epic - Segmentation Reporting. The Business Requirements collection slide pack is stored here and is referred to by the following business requirements <Link>.

4.3.1 Functional Business Requirements - MVP 2

4.3.1.1 QLD Frontline Performance Dashboard

WP2. Req No.	Reporting Solution	Description	Additional Detail
New EPIC			

<table>
<tr>
<td>BR.
MVP2.1</td>
<td>QLD Frontline Performance DB

PITPDET-136 - Getting issue details... STATUS</td>
<td>EPIC LEVEL CARD

QLD Frontline Performance Dashboard</td>
<td>Slide 4 - Non-Functional Requirements included in the below are on the NFR table.

Dimensions and Metrics are significantly different to NSW CTP Frontline Performance Dashboard.

Data grain, lag expectations, history retention and most other requirements are the same and will be indicated.

<table>
<tr><th colspan="2">Frontline Performances Dashboard</th></tr>
<tr><td>Purpose</td><td>So that Claims staff are aware of how they are performing and where intervention may be required.</td></tr>
<tr><td>What triggered the need for this report?</td><td>I want to create a Dashboard that details the results of all KPI measures (required for MVP 1) at a Team and Claims Advisor level</td></tr>
<tr><td>Focussing Question</td><td>How am I, or members of my team, directly contributing to positive changes in KPI and performance as part of our overall change success.</td></tr>
<tr><td>Type of Reporting</td><td>Operational</td></tr>
<tr><td>Currency (data lag)</td><td>When something changes in the source system (Claim Centre)… it is reflected in reporting within 1 days (1 day refresh, T-1 day)…… a change on Tuesday is in a report run on Wednesday
(NOTE – we have highlighted – T-2 may be a limit, this is 'ok')</td></tr>
<tr><td>Historical Trends</td><td>6 weeks history on day 1 if data is available (discussed building data level, allowing data to build while completing visualisations, go live, etc)</td></tr>
<tr><td>Data Retention</td><td>Can we retain 2 full fin years plus current and 'roll it forward' to maintain this maximum.</td></tr>
<tr><td>Primary User Groups</td><td>Individual level reporting, visible to Claims Handers, TAs and Team Leaders (Plus EM – Kylie) – All of QLD CTP (~100)
Security concern – sideways access – can teams see other teams?</td></tr>
<tr><td>Power Users</td><td>Project\Program members, BAs, Pos, Team Leaders, Tech Specialist, EM (Drill thru, filters, analytics)</td></tr>
<tr><td>External Consumers</td><td>No</td></tr>
<tr><td>System Users</td><td>No</td></tr>
<tr><td>Important Dates</td><td></td></tr>
</table>

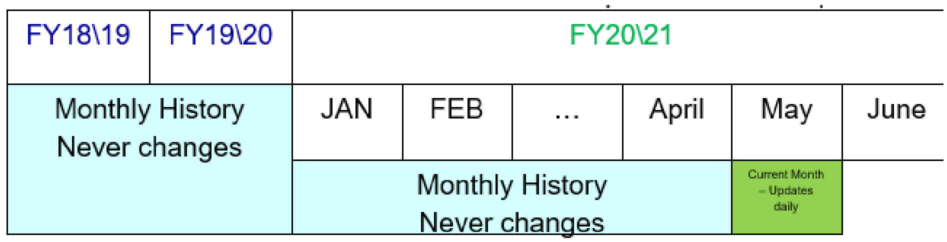
Confirmation - sideways access is ok</td>
</tr>
<tr>
<td>BR.
MVP2.2</td>
<td>QLD Frontline Performance DB

PITPDET-136 - Getting issue details... STATUS</td>
<td>As a Business Owner

I Want metrics that show progressive updates during the current time period

So that when reviewing the current month:
Values are progressively updated throughout the month
Values are 'locked' on the last day of the month</td>
<td>Please keep in alignment with NSW CTP Dashboards.

Slide 7-



Retaining a monthly snapshot will ensure we keep the final monthly reporting values for all metrics and enable:
Month on Month trend analysis for current year
Trend analysis against monthly values for prior years (eventually 2 fin years plus current)
Requires storage of up to 36 snapshots (monthly for 2 prior and 1 current fin year)
Reported values for prior months are not eligible to change (matches specs)
The timeline dimension for this needs to include Month\Quarter\Annual (Fin Year) levels

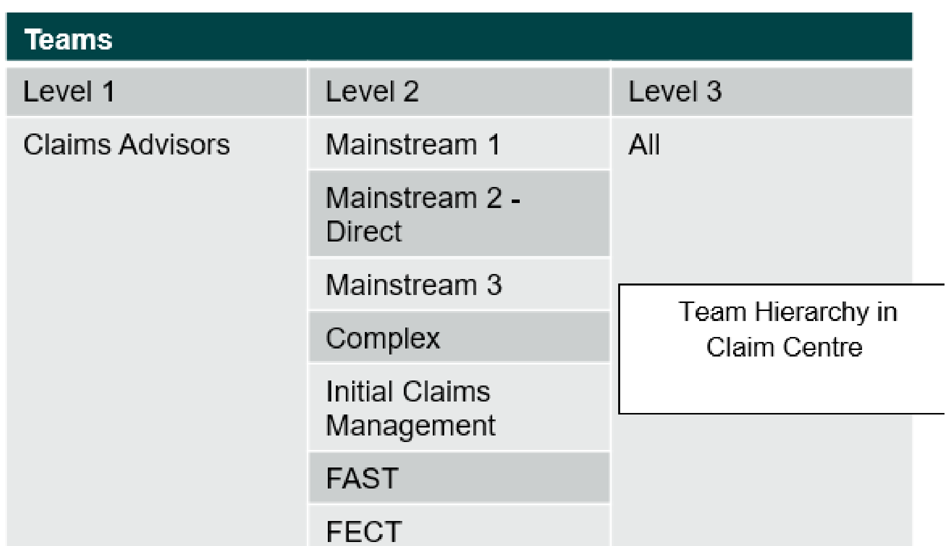
The timeline dimension for this needs to include Month\Quarter\Annual (Fin Year) levels</td>
</tr>
<tr>
<td>BR.
MVP2.3</td>
<td>QLD Frontline Performance DB

PITPDET-136 - Getting issue details... STATUS</td>
<td>As a Business Owner

I Want metrics that measure time in CALENDAR days not BUSINESS days unless specifically specified

So that timelines match compliance obligations and KPIs which are built considering CALENDAR days</td>
<td>Please keep in alignment with NSW CTP Dashboards.

Slide 6</td>
</tr>
</table>

BR. MVP2.4	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	As a Business Owner I Want reports that FILTER on STANDARD claims So that metrics match compliance obligations and KPIs which are built considering STANDARD claims only	**Please keep in alignment with NSW CTP Dashboards.** Slide 6 Standard claims are Claim Type = 'Standard' Dependency - Claimant Names are obscured for 'sensitive' claims.
BR. MVP2.5	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	As a Business Owner I Want reports to clearly advise when reporting options result in no data being retrieved So that if a user selects options such as to see cost of weekly claims with a segmentation value of 'Treatment' they understand why no data is being displayed	**Please keep in alignment with NSW CTP Dashboards.** When no data is returned for a field, display the set value '0' meaning $0 is the avg cost, or 0 days is the average days or 0 is the number of exposures, e
BR. MVP2.6	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	As a Business Owner I Want reports that FILTER of claims THAT are interstate claims (example NSW CTP, ACT CTP, SA CTP), sharing and recoveries So that if a user wants to filter out interstate claims they can see results only for interstate claims	The dashboards to include all claims on the book, including interstate and sharing and recoveries which will allow the data to correctly reflect scheme pro the CATT
			Hierarchies\Dimensions
BR. MVP2.6	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	As a Business Owner I Want a Hierarchy\Dimension for Claims Teams So that metrics can be displayed as 'All', uniquely by Claims Advisor or groups by each Claims Team	**Please keep in alignment with NSW CTP Dashboards.** Slide 08 - Level 1 is a list of all claims advisors in QLD CTP and links to the Claims Advisor responsible for the Claim. There is a CA to Teams relationship in Claim Centre that can be used for implementing level 2 grouping.  Data Mapping - Same as NSW Dashboards As per CATT report, apart from the 7 team names mentioned above all other will fall in 'Others' category and will refer to 'Previous teams' for upto two lev

<table>
<tr>
<td>BR.
MVP2.7</td>
<td>QLD Frontline Performance DB

PITPDET-136 - Getting issue details... STATUS

Story points - 5</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Claims Advisor

So that metrics can be displayed as 'All', uniquely by Claims Advisor or groups by each CA Role</td>
<td>Slide 08 - Level 1 is a list of all claims advisors in QLD CTP and links to the Claims Advisor responsible for the Claim.

There is a CA to Role relationship in Claim Centre that can be used for implementing level 2 grouping.

<table>
<tr><th colspan="3">Roles</th></tr>
<tr><td>Level 1</td><td>Level 2</td><td>Level 3</td></tr>
<tr><td>Claims Advisors</td><td>CA</td><td>All</td></tr>
<tr><td></td><td>SCA</td><td></td></tr>
<tr><td></td><td>NS</td><td></td></tr>
</table>

There are 3 roles total to be considered. Claims Advisor (CA), Senior Claims Advisor (SCA) and now Negotiation Specialist (NS)

Can this be setup including roles data for all schemes?</td>
</tr>
<tr>
<td>BR.
MVP2.8</td>
<td>QLD Frontline Performance DB

PITPDET-136 - Getting issue details... STATUS

Story points - 5</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Disposal Code

So that metrics can be displayed as 'All', uniquely by Disposal Code or grouped based on the Disposal Code</td>
<td>Slide 08 - Claims that are open have NO disposal code. A disposal code is added when the claim is closed.

Level 1 includes an OPEN option that should be mapped to all claims with no disposal code.

<table>
<tr><th colspan="3">Disposal Code</th></tr>
<tr><td>Level 1</td><td>Level 2</td><td>Level 3</td></tr>
<tr><td>D – Discontinued (claimant withdraws claim)
L – Lapsed (closed due to inactivity)
J – Liability denied</td><td>Lapsed</td><td>Closed</td></tr>
<tr><td>R – Settlement by arbitration
M – Settlement through mediation
P – Settlement through compulsory conference
S – Settlement – litigated or not (direct settlement between insurer and solicitor/claimant)
V – By court verdict
A – Through appeal</td><td>Finalised</td><td></td></tr>
<tr><td>No Disposal Code</td><td>Open</td><td>Open</td></tr>
</table>

Can this be setup including data for all schemes?</td>
</tr>
<tr>
<td>BR.
MVP2.9</td>
<td>QLD Frontline Performance DB

PITPDET-136 - Getting issue details... STATUS</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Claim Age

So that metrics can be displayed as 'All Claims' or groups by Financial Year (lvl 4), Quarter (lvl 3), Month (lvl 2) joined to the Claim Creation Date (lvl 1)</td>
<td>Slide 9 - Level 1 is a date field that maps to the Claim Creation date.

<table>
<tr><th colspan="4">Claim Age</th></tr>
<tr><td>Level 1</td><td>Level 2</td><td>Level 3</td><td>Level 4</td></tr>
<tr><td>Claim Creation Date</td><td>Monthly</td><td>Quarterly</td><td>Financial Year</td></tr>
</table></td>
</tr>
<tr>
<td>BR.
MVP2.10</td>
<td>QLD Frontline Performance DB

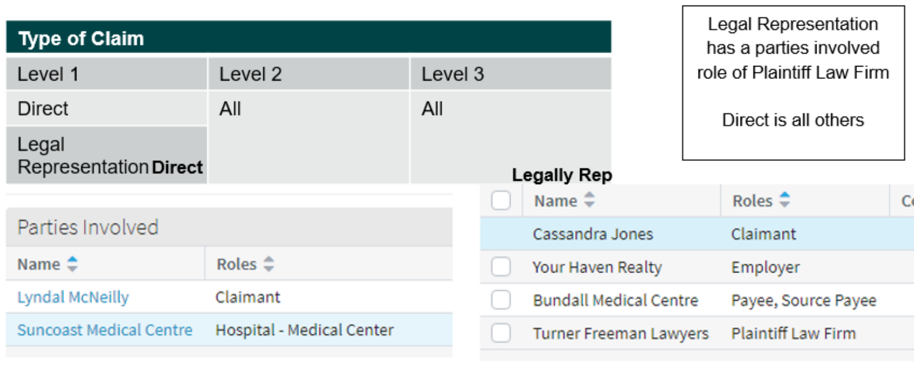
PITPDET-136 - Getting issue details... STATUS</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Accident Date

So that metrics can be displayed as 'All Exposures' or groups by Financial Year (lvl 4), Quarter (lvl 3), Month (lvl 2) joined to the Accident Date (lvl 1)</td>
<td>Slide 9- Level 1 is a date field that maps to the Accident Date date.

<table>
<tr><th colspan="4">Accident Date</th></tr>
<tr><td>Level 1</td><td>Level 2</td><td>Level 3</td><td>Level 4</td></tr>
<tr><td>Accident Date</td><td>Monthly</td><td>Quarterly</td><td>Financial Year</td></tr>
</table></td>
</tr>
</table>

BR. MVP2.11	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	**As a** Business Owner **I Want** a Hierarchy\Dimension for Type of Claim **So that** metrics can be displayed as Direct Claimant or Legal Representation.	Slide 9 Claims have a list of Parties Involved that includes the claimant. Legally represented cases include a party with the role 'Plaintiff Law Firm'.



<table>
<tr>
<td>BR.
MVP2.12</td>
<td>QLD Frontline Performance DB

PITPDET-136 - Getting issue details... STATUS</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Claim Severity

So that metrics can be displayed according to their severity rating.</td>
<td>
Claims are assigned 1-M AIS codes that denote injury severity. As per the below screenshot.

In the 7 digit AIS code, the final digit is the relevant one for this dimension.

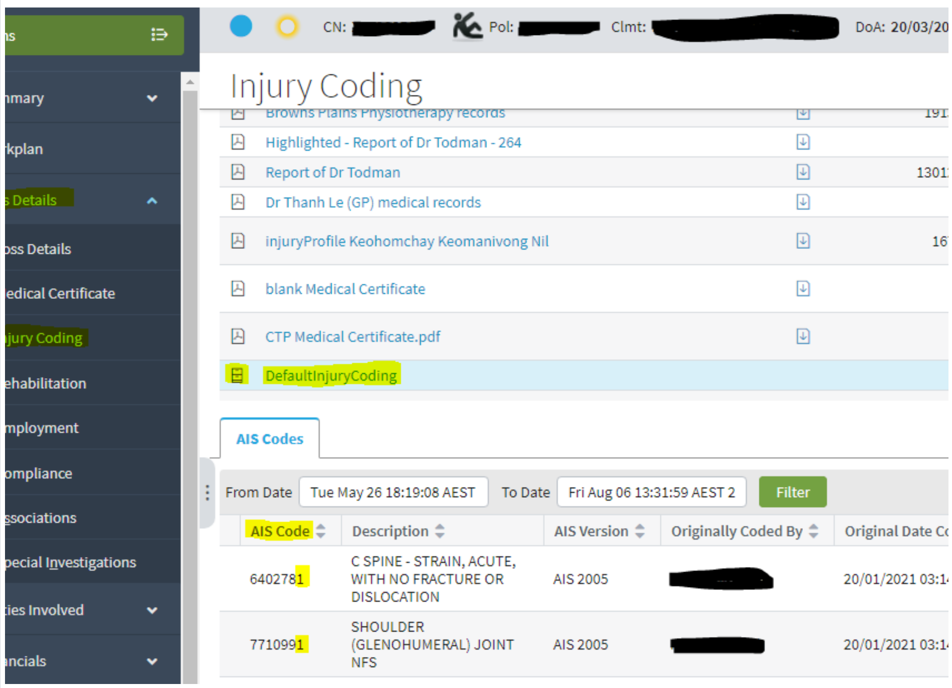
Direct claims don't need to be sorted by AIS code and can be represented in the dimension based on the same definition of 'Direct' as the Type of Claim

This means the logic for Level 1 of this dimension is as follows:

Direct - Claim has no 'Parties Involved' for Legal Representation
Low Severity – injury codes ending in 0, 1 and 9;
Mid Severity – injury codes ending in 2, 3 and 6
High Severity – injury codes ending in 4 and 5.

Claims should regularly have multiple concurrent\active AIS codes - the whole claim should be included in the highest severity on the claim.

<table>
<tr><th>Claim Severity</th><th></th><th></th><th></th></tr>
<tr><td>Level 1</td><td>Level 2</td><td>Level 3</td><td>Level 4</td></tr>
<tr><td>Direct</td><td>All</td><td></td><td></td></tr>
<tr><td>Low Severity</td><td></td><td></td><td></td></tr>
<tr><td>Medium Severity</td><td></td><td></td><td></td></tr>
<tr><td>High Severity</td><td></td><td></td><td></td></tr>
</table>



Update: Needs to calculate "overall Average claim cost"
</td>
</tr>
<tr><td colspan="4">Metrics</td></tr>
</table>

<table>
<tr>
<td>BR.
MVP2.13</td>
<td>QLD Frontline Performance DB

PITPDET-136 - Getting issue details... STATUS

Story points - 3</td>
<td>As a Business Owner

I Want a metric called 'Count of Claims'

So that I can measure the count of claims according to the delivered Dimensions.</td>
<td>A count of open Claims that can be shown trending month to month and filtered according to the dimensions provided

Count of claims should also include interstate claims (example NSW CTP, ACT CTP, SA CTP), sharing and recoveries</td>
</tr>
<tr>
<td>BR.
MVP2.14</td>
<td>QLD Frontline Performance DB

PITPDET-136 - Getting issue details... STATUS</td>
<td>As a Business Owner

I Want a metric called 'Average Days Notification to Claim Compliance'

So that I can measure the average number of days between the 'Notification Date' and the 'Claim Compliant Date'.</td>
<td>Slide 11

Lodgement decision needs to be made within 14 days
Decision may be that it is not compliant – this is ok but not what we're looking for
Want date compliance issue is resolved as 'To' date

Therefore:

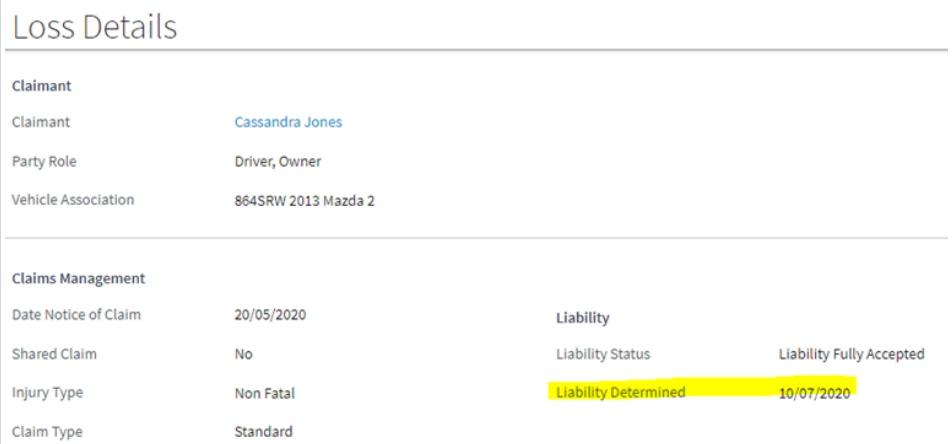
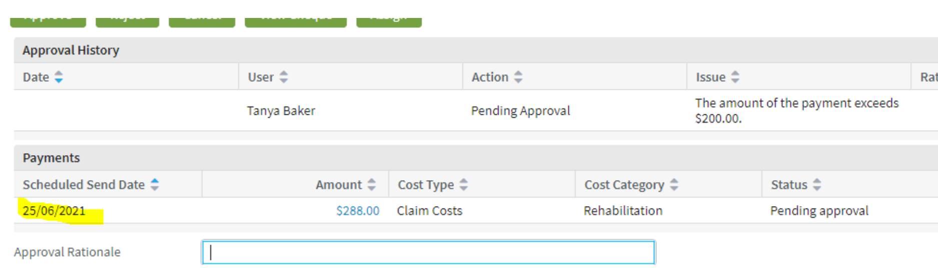
From Date - Date Notice of Claim was received

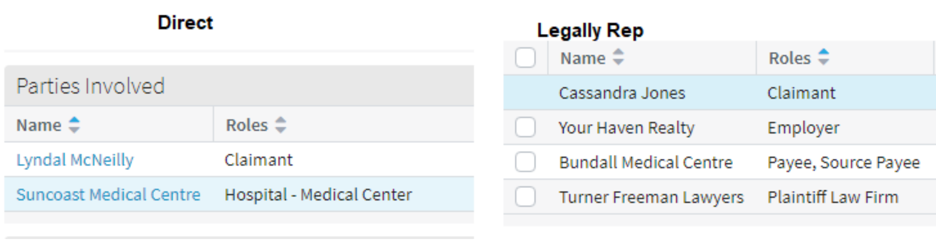
To Date - Date Claim was compliant

Averaged for all claims that are currently open as of today (reporting date) or closed this month (close date or interim close date is this month.

<table>
<tr><th>Compliance Information</th><th></th><th>Date Resolved</th></tr>
<tr><td>Date Notice of Claim Received</td><td>29/01/2021</td><td></td></tr>
<tr><td>Was notice of claim received within 1 month of consultation date with solicitor?</td><td>Yes</td><td></td></tr>
<tr><td>Was claim form received within 9 months of:
the date of accident or
the first appearance of symptoms or
the claimant's majority in the case if a minor or
the cessation of a period of legal incapacity</td><td>Yes</td><td></td></tr>
<tr><td>Was the accident reported to police?</td><td>Yes</td><td></td></tr>
<tr><td>Was the medical certificate received & completed correctly?</td><td>Yes</td><td></td></tr>
<tr><td>Was the declaration page signed, witnessed & dated?</td><td>Yes</td><td></td></tr>
<tr><td>Have all questions in the claim form been answered satisfactorily?</td><td>Yes</td><td></td></tr>
<tr><td>Has the claim been received in an approved MAIC format?</td><td>Yes</td><td></td></tr>
<tr><td>Compliance Determination</td><td></td><td></td></tr>
<tr><td>Is the Claim Compliant?</td><td>Yes</td><td></td></tr>
<tr><td>Do you want to Waive Compliance?</td><td>No</td><td></td></tr>
<tr><td>Date Claim was Compliant</td><td></td><td>16/02/2021</td></tr>
<tr><td>Date of Non-Compliance</td><td></td><td>29/01/2021</td></tr>
<tr><td>First NOAC Compliance Decision</td><td>Rejected</td><td>10/02/2021</td></tr>
<tr><td>Has Compliance been Deemed?</td><td></td><td></td></tr>
<tr><td>Early Rehabilitation Decision</td><td>Rejected</td><td>04/02/2021</td></tr>
<tr><td>Comments</td><td></td><td></td></tr>
</table>

If Date Claim was compliant is empty - claim is still in process - please count days to current date.</td>
</tr>
</table>

BR. MVP2.15	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'Average Days Claim Compliant to Liability Decision Date'** **So that** I can measure the average number of days between the 'Claim Compliant Date' and the 'Liability Decision Date'.	Slide 11 From Date - Date Claim was compliant To Date - Liability Decision Date (Loss details screen – Liability Determined)  If Date Claim was compliant is empty - claim hasn't started this process - should not feature in metric If Liability Determined is empty - claim is still in process - please count days to current date. Averaged for all claims that are currently open as of today (reporting date) or closed this month (close date or interim close date is this month.
BR. MVP2.16	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'Average Days Notification Date to Date of Close'** **So that** I can measure the average number of days between when a claim is started to ended.	Slide 12 FROM date - Date Notice of Claim was received To date – Finalisation Date (Calculated within the DET design for PITP - link to Finalisation Date table on claim number - **Finalisations Logic**) **Averaged across all claims with the relevant close date exists and is within the last 12 months. -** rolling 12 months Rolling 12 months = June's metric is for data valid for July last year to today Rolling 12 months = April's metric is for data valid for May last year to April this year
BR. MVP2.17	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'Average Days Invoice Received to Invoice Paid'** **So that** I can measure the average number of days between when an Invoice is received and paid.	Slide 11 Invoices must be paid within 10 days Invoices come from service provider, in most instances. Or from claimant if needed. Then must be paid. Treatment Payments only – **Metric applies to payment …. Not Claim.** **FROM –** Scheduled Send Date **To –** Payment Approved Date 
BR. MVP2.18	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'# Finalisations'** **So that** I can track the number of claims closed within a given month.	Slide 14 Finalisation Date (Calculated within the DET design for PITP - link to Finalisation Date table on claim number.) This metric is a count of claims by finalisation date occurrence. This metric will be used with the Disposal code Dimension. Want to be able to see MTD and Financial YTD figures using the reported date time dimension.

BR. MVP2.19	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'Average Claim Cost'** **So that** I can measure the average cost of claims and analyse by any of the required dimensions.	Slide 15 This is an average per claim of the total cost of claims for Closed YTD fin year based on interim or full closed date There is a Drill Thru report associated with this metric. Logic is... Metric = SUM of all PAYMENTs for claims with Finalisation Date (Calculated within the DET design for PITP - link to Finalisation Date table on claim number.- Fir divided by # Claims with Finalisation Date (Calculated within the DET design for PITP - link to Finalisation Date table on claim number.) this year to date The Claim Severity Dimension needs to be attached
BR. MVP2.20	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS Story points - 5	**As a** Business Owner **I Want** a metric called **'Estimate Reviews'** **So that** I can measure compliance for 6 monthly estimate reviews.	Slide 15 'Ongoing' Estimate reviews are due 6 months from the Approval Date on the Estimate in CC This is currently reported on via a Cognos report the same as ACT and NSW. This Metric needs to show the # of reviews due next month ... due this month ... or overdue. There will be a drill thru report for this metric. Only focussing on ongoing estimates ... do not need to consider initial estimates.
BR. MVP2.21	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'Average ISV On Settlement'** **So That** I can track and monitor the average settlement of ISV across all finalised claims over a rolling 12 month period.	Slide 17 ISV - Injury Scale Value - is a key indicator of the eventual cost of a claim. Claims with a higher ISV attract higher pay outs. This metric is an average ISV value for all closed ROLLING 12 MONTHS claims Closed rolling 12 months means claim has Finalisation Date that occurring within the last 12 months. The desire will be to see this metric trending down as CAs seeks to reduce the ISV values a For Average ISV on Settlement reporting, we will use the Finalised Date (not the Settlement Date) as the trigger to include the claim in the reported data
BR. MVP2.22	QLD Frontline Performance DB PITPDET-136 - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'# Change Direct Claims to Legal Represented'** **So that** I can measure the average number of days between when an Invoice is received and paid.	Slide 18 This metric tracks the change in status from being a direct claim (managed directly with the claimant) to being a legally represented claim. Want to track the # claims that changed this month and YTD... from a DIRECT claim to being a Legally Represented Claim. There is a similar Dimension defined above for sorting metrics according to each state. A claim is a legally represented claim if there is a Parties Involved party with the role 'Plaintiff Law Firm'. All other claims are Direct Claims. 

BR. MVP2.23	QLD Frontline Performance DB **PITPDET-136** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'# Of Offers'** **So that** I can measure the number of Offers made by claims handlers per claim on any given day in the month	~~This is an average of the number of offers made per claim across the portfolio of open claims~~ ~~# of Offers / # of Claims~~ ~~This only includes Offers made by us to the claimant.~~ Only includes Open claims Number of offers made by claims handler per day for the current month Count - (1 offer made on a claim per day) Filters: ▪ **By claims handler** ▪ **By team** ▪ **By scheme**
BR. MVP2.24	QLD Frontline Performance DB **PITPDET-136** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'% of Offers'** **So that** I can measure the % of claims that have offers against them	This is a simple count of Offers made by us to the Claimant this reporting month. Reporting object - **Offers** All offers made this month and YTD - Fin Year Update: '% of claims that have offers against them' Consider only those claims that have 'Liability determined date' on it Ex - someone has 100 claims in their portfolio and there are 40 claims that have offers on it so 40%
			Drill Thru Reports
BR. MVP2.25	QLD Frontline Performance DB **PITPDET-136** - Getting issue details... STATUS Story point 1 - 8 Story point 2 - 5 Story point 3 - 5	**As a** Business Owner **I Want** a Drill Thru Report associated with the Average Days Durations Metrics that have a compliance obligation **So that** I can obtain a list of claims approaching the deadline and act to improve my KPIs	Slide 11 This Drill Thru Report is associated with the metrics: 1. **'Average Days Notification to Claim Compliance',** 2. **'Average Days Claim Compliant to Liability Decision Date'** and 3. **'Average Days Invoice Received to Invoice Paid'** This report should show reporting columns to identify the Claim Number, Claimant name and Claim Hander, the compliance type, the actual duration day The report should include all Claims where the '**Days notification to claim compliance**' value used to calculate the metric displayed is > 7: • Compliance type = Days to Claim Compliance • Duration = the '**Days notification to claim compliance**' value • Compliance Status = Due Soon if Duration between 8 and 14, otherwise Overdue The report should include all Claims where the '**Days Claim Compliant to Liability Decision Date**' value used to calculate the metric displayed is > 150 • Compliance type = Days to Liability Decision Date • Duration = the '**Days Claim Compliant to Liability Decision Date**' value • Compliance Status = Due Soon if Duration between 150 and 180, otherwise Overdue The report should include all Claims where the '**Days Invoice Received to Invoice Paid**' value used to calculate the average is > 7: • Compliance type = Days to Invoice Paid • Duration = the '**Days Invoice Received to Invoice Paid**' value • Compliance Status = Due Soon if Duration between 8 and 10, otherwise Overdue Presentation note - make it colourful and traffic lights

<table>
<tr>
<td>BR.
MVP2.26</td>
<td>QLD Frontline Performance DB

PITPDET-136 - Getting issue details... STATUS

Story points - 5</td>
<td>As a Business Owner

I Want a Drill Thru Report associated with the Average Claim Cost metric

So that I can</td>
<td>This Drill Thru Report is associated with the metric:
'Average Claim Cost'
This report should show reporting columns with monthly values for current month and 11 prior months

This report has rows for Head of Damages Values

The report is payment based and not claims based - therefore all payments generated in a month are included.

For those payments, we wish to see the average cost per claim according to each Head of Damages available and shown here.

i.e. SUM of all payments in JULY for GENERAL DAMAGES divided by distinct count of claim ID for those payments is equal to the July average claim

This is an average of the costs in each category so they should not sum up to the average cost of a claim.

<table>
<tr><th>Head of Damage</th><th></th></tr>
<tr><td>General Damages</td><td></td></tr>
<tr><td>Past Economic Loss</td><td></td></tr>
<tr><td>Future Economic Loss</td><td></td></tr>
<tr><td>Care</td><td></td></tr>
<tr><td>Rehabilitation</td><td></td></tr>
<tr><td>Medical</td><td></td></tr>
<tr><td>Hospital</td><td></td></tr>
<tr><td>Other</td><td></td></tr>
<tr><td>Sanction & Admin</td><td></td></tr>
<tr><td>Plaintiff Costs & Outlays</td><td></td></tr>
<tr><td>Total Claim Costs</td><td></td></tr>
<tr><td>Investigations</td><td></td></tr>
<tr><td>Legal Costs</td><td></td></tr>
<tr><td>Total Management Costs</td><td></td></tr>
</table>
</td>
</tr>
</table>

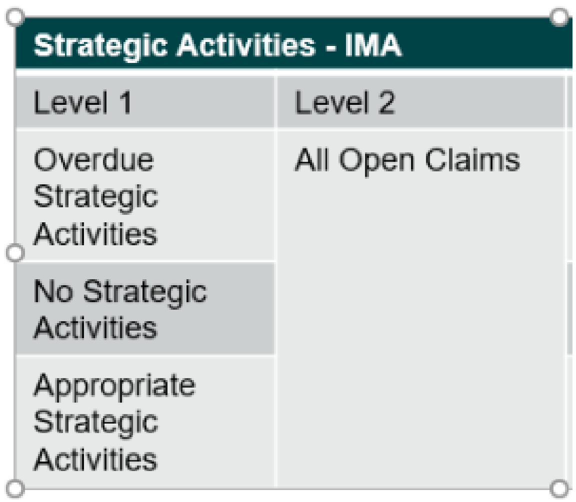
BR. MVP2.27	QLD Frontline Performance DB **PITPDET-136** - Getting issue details... STATUS Story points - 8	**As a** Business Owner **I Want** a Drill Thru Report associated with the Estimate Reviews that have a compliance obligation **So that** I can easily see which claims need an estimate review to maintain compliance	This Drill Thru Report is associated with the metric: 1. **'Estimate Reviews'** This report should show reporting columns for Claim Number, Claimant name , Estimate Review due date. Estimate Review Date = 6 months after the last approval date for the claim estimate. Report should include all claims where Estimate Review Date is within the current or following month. Report should be ordered by those with the earliest review date at the top.
BR. MVP2.28	QLD Frontline Performance DB **PITPDET-136** - Getting issue details... STATUS Story points 1 - 8 Story points 2 - 5	**As a** Business Owner **I Want** a Drill Thru Report associated with the 'Claims with Offers' metric and limited to Teams or Claims Advisors (not running for whole of QLD CTP) **So that** Teams and Claims Offers can identify and target claims that are due to have an offer made to the claimant.	This Drill Thru Report is associated with the Dimensions: 1. Claims with Offers 2. Claims Advisors Hierarchy This report should show reporting columns to identify the Claim Number, Claimant name and Claim Hander and the level 1 grouping for 'Claims with Offe within 2 months, Recent Offer) The report should include all claims that are currently open but be filtered for the Claims Advisor or Team relevant to the user (please use the filter option used). This is the relationship to the Claims Advisor Hierarchy Dimension The claims should be sorted and ordered based on the Claims with Offers Dimension level 1. All claims are listed in the following order: 1. Claims with No Offers 2. Claims with No Offers for 2 months 3. Claims with 'Recent Offers'
BR. MVP2.29	QLD Frontline Performance DB **PITPDET-136** - Getting issue details... STATUS Story points - 5	**As a** Business Owner **I Want** a Drill Thru Report associated with the metric **'# Change Direct Claims to Legal Represented'** **So that** I can identify the claims that have changed from Direct to Legally Represented as defined by that metric.	This report should show reporting columns to identify Claim Number, Claimant name, claim handler, date changed from Direct Claim to Legally Represer The report should include all claims became legally represented this month.
BR. MVP2.31	QLD Frontline Performance DB **PITPDET-136** - Getting issue details... STATUS Story points - 5	**As a** Business Owner **I Want** a Drill Thru Report that lists all complaints closed in the last we months **So that** I can investigate closed claims and conduct quality reviews.	This report should show reporting columns to identify Claim Number, Claimant name, claim handler, disposal code, days from claim created to claim clos The report should include all claims that were closed in the last 12 months
			Targets

BR. MVP2.32	QLD Frontline Performance DB
	
	PITPDET-136 - Getting issue details... STATUS
		As a Business Owner
		
		I Want an ability to measure compliance to **EXPLICIT** KPIs that apply at a Team and Role level to most of the metrics above.
		
		So that Frontline staff can see how their team is achieving according to the KPIs.
			EXPLICIT Targets can be measured monthly and apply to Teams and can be split by role. They are a single point in time measure of metric to target.
			
			METRICS:
			
			1. # of Finalisations
			2. # of Offers
			3. # Change Direct Claims to Legal Represented' (i.e. 16 YTD)
			
			Example 1:
			
			Finalisations - Target for FAST team is 8 finalisations per month
			
			• Within any summary or whole of QLD CTP dashboard you would see the metric for # Finalisations in a month
			• Within the Fast Team page you would see a table with:
			    ○ ROWS - a list of FAST team members (final row is team total) and
			    ○ COLUMNS - a rolling 12 month history
			    ○ DATA - # Finalisations applicable to team member and colour indicators for met KPI (Green), Approaching KPI (Amber), Nowhere close (R
			• Targets roll up like metrics do - Team Finalisations is sum of team member's finalisations. Same for targets.
			• In July - Everyone starts black
			
			Example 2:
			
			Offers- Target for Mainstream team is 28 offers per month for a Senior CA or 18 offers per month for a CA
			
			• Within any summary or whole of QLD CTP dashboard you would see the metric for # Offers in a month
			• Within the Mainstream Team page you would see a table with:
			    ○ ROWS - a list of Mainstream members (final row is team total) and
			    ○ COLUMNS - a rolling 12 month history
			    ○ DATA - # Offers applicable to each and colour indicators for KPIs **applicable to their role** ; met (Green), Approaching KPI (Amber)

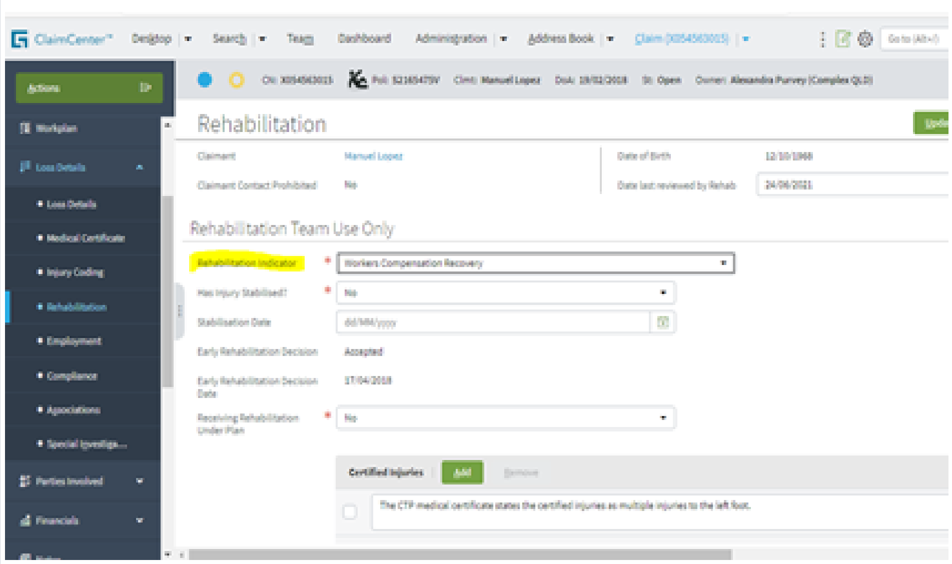
BR. MVP2.33	QLD Frontline Performance DB
	
	PITPDET-136 - Getting issue details... STATUS
		As a Business Owner
		
		I Want an ability to measure compliance to **GRADED** KPIs that apply at a Team and Role level to most of the metrics above.
		
		So that Frontline staff can see how their team is achieving according to the KPIs.
			GRADED Targets can be measured monthly and apply to Teams and can be split by role. They provide graded targets (Best, Less Best, Acceptable) ar selection that meet these targets.
			
			METRICS:
			
			1. Avg Days Notification to Compliance
			2. Avg Days Compliance date to Liability date
			3. Avg Days Liability date to Close date
			4. Avg Days Notification to Close date
			
			Example 1:
			
			Days Notification to Compliance - Target for Mainstream team is:
			
			70% of Claims achieve Compliance within 2 months (60 days)
			
			90% of claims achieve Compliance within 3 months (90 days)
			
			100% of claims achieve Compliance within 6 months (180 days)
			
			0% of claims achieve Compliance > 6 months (180 days)
			
			• Within any summary or whole of QLD CTP dashboard you would see the metric for Avg Days Notification to Compliance
			• Within the MAINSTREAM Team page you would also see a table with:
			    ○ ROWS - a list of MAINSTREAM team members (final row is team level) and
			    ○ COLUMNS - a rolling 12 month history, each month has 4 columns showing the 4 graded levels of target
			    ○ DATA - W**hat % were achieved within each band - segmented by team member** and colour indicators for met KPI (Green), Approachin
			    ○ In july - all start black
			• There is no actual roll up - team targets are the same - team level is % of claims assigned to team members - achieving compliance within each b

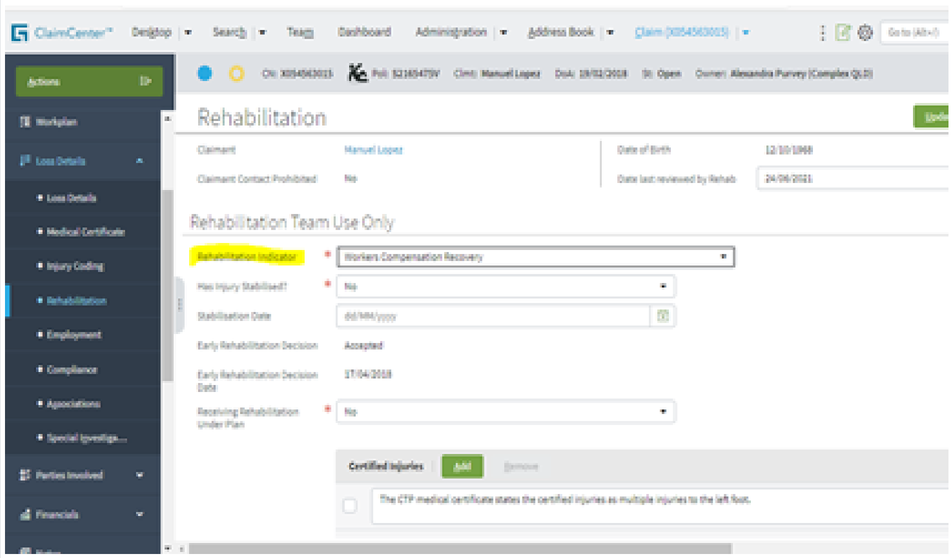
BR. MVP2.34	QLD Frontline Performance DB **PITPDET-136** - Getting issue details... STATUS	**As a** Business Owner **I Want** an ability to upload and manage **EXPLICIT** KPIs that apply at a Team and Role level to most of the metrics above. **So that** Frontline staff can see how their team is achieving according to the KPIs.	**EXPLICIT TARGETS**, I need to be able to set and maintain MONTHLY targets at a ROLE level. METRICS: **1.** # of Finalisations **2.** # of Offers **3.** # Change Direct Claims to Legal Represented' For example, I might select a metric and a financial year and be presented a spreadsheet of current targets (or empty template if none exist) In columns, I can set targets for each month (July to June) for that financial year In rows, I can set targets within each team and role. For KPIS that are not role specific I can set the same KPI for each row. I can then upload the confirmed metrics back into the solution to be shown on the frontline dashboard on next rebuild. Example 1: Finalisations - Target for FAST team is 6 finalisations per month and is increasing in May to be 8 finalisations per month • Using the RDM tool, I can specify I want Finalisations targets for FY21/22 • I am presented an XL spreadsheet with months for columns and teams\roles for rows • I identify the rows for FAST team and apply the target 8 for all roles for May June • I upload the spreadsheet back into the RDM tool Example 2: Offers- Target for Mainstream team is 28 offers per month for a Senior CA or 18 offers per month for a CA and I am preparing for next fin year reporting • Using the RDM tool, I can specify I want Offers targets for FY22/23 • I am presented an XL spreadsheet with months for columns and teams\roles for rows but no target values • I identify the rows for Mainstream team and apply the target 28 or 18 for the appropriate roles for July June • I upload the spreadsheet back into the RDM tool Growing KPIs through the year - everything is YTD

BR. MVP2.35	QLD Frontline Performance DB **PITPDET-136** - Getting issue details... STATUS	**As a** Business Owner **I Want** an ability to upload and manage **GRADED** KPIs that apply at a Team and Role level to most of the metrics above. **So that** Frontline staff can see how their team is achieving according to the KPIs.	**GRADED TARGETS**, METRICS: 1. Avg Days Notification to Compliance 2. Avg Days Compliance date to Liability date 3. Avg Days Liability date to Close date 4. Avg Days Notification to Close date For example, I might select a metric and a financial year and be presented a spreadsheet of current targets (or empty template if none exist) In columns, I can set targets for each month (July to June) for that financial year with 4 columns for 4 bands of Target In rows, I can set targets within each team and role. For KPIS that are not role specific I can set the same KPI for each row. I can then upload the confirmed metrics back into the solution to be shown on the frontline dashboard on next rebuild. Example 1: Days Notification to Compliance - Target for Mainstream team is: 70% of Claims achieve Compliance within 2 months (60 days) 90% of claims achieve Compliance within 3 months (90 days) 100% of claims achieve Compliance within 6 months (180 days) 0% of claims achieve Compliance > 6 months (180 days) • Using the RDM tool, I can specify I want Notification to Compliance targets for FY21/22 • I am presented an XL spreadsheet with months\4 bands for columns and teams\roles for rows • I identify the rows for Mainstream team and apply the targets 70, 90, 100, 0 for all roles for all months the target applies to (up to full fin year) • I upload the spreadsheet back into the RDM tool
BR. MVP2.36	QLD Frontline Performance DB **PITPDET-136** - Getting issue details... STATUS	**As a** Business Owner **I Want** an ability to set all targets for a new Fin Year to the same targets set for the current fin year **So that** administration effort is minimised.	For all explicit and graded targets, when preparing for the next fin year, users should be able to roll over targets from the current year to the following. This means for all teams\roles, all months and bands for graded targets, for all metrics with targets - the values for 22\23 would be set to the same as for This enables users to then update any changes for the coming fin year without manually setting all targets.
			4.3.1.2 QLD Frontline Performance Dashboard - IMA
BR. MVP2.37	QLD Frontline Performance DB - IMA **PITPDET-217** - Getting issue details... STATUS	**EPIC LEVEL CARD** **QLD Frontline Reporting Dashboard - IMA**	Slide 19 - Non-Functional Requirements included in the below are on the NFR table in 4.2.2. **Frontline Performances Dashboard** **Purpose**: So that Claims staff are aware of how they are performing and where intervention may be required. **What triggered the need for this report?**: I want to create a Dashboard that details the results of all KPI measures (required for MVP 1) at a Team and Claims Advisor level **Focussing Question**: How am I, or members of my team, directly contributing to positive changes in KPI and performance as part of our overall change success. **Type of Reporting**: Operational **Currency (data lag)**: When something changes in the source system (Claim Centre)… it is reflected in reporting within 1 days (1 day refresh, T-1 day)…… a change on Tuesday is in a report run on Wednesday (NOTE – we have highlighted – T-2 may be a limit, this is 'ok') **Historical Trends**: 6 weeks history on day 1 if data is available (discussed building data level, allowing data to build while completing visualisations, go live, etc) **Data Retention**: Can we retain 2 full fin years plus current and 'roll it forward' to maintain this maximum. **Primary User Groups**: Individual level reporting, visible to all QLD CTP, including QLD Injury Management Advisors and Team Leaders (Plus EM – Kylie) –Security concern – sideways access – can teams see other teams? **Power Users**: Project\Program members, BAs, Pos, Team Leaders, EM (Drill thru, filters, analytics) **External Consumers**: No **System Users**: No **Important Dates**: IMAs are in their own team but sit with the other teams
BR. MVP2.38	QLD Frontline Performance DB - IMA **PITPDET-217** - Getting issue details... STATUS	Requirements 1-4 for standard assumptions are also required for the IMA Dashboard. 1. BR.MVP2.2 Month data grain including updating Monthly metric daily in current month. Historical data doesn't change. 2. BR.MVP2.3 Calendar days is the default unless we specify Business days 3. BR.MVP2.4 Filter is for Standard Claims 4. BR.MVP2.5 '0' is the default if no data is returned.	
			Dimensions

BR.MVP2.39	QLD Frontline Performance DB - IMA **PITPDET-217** - Getting issue details... STATUS Story points - 3	**As a** Business Owner **I Want** a Hierarchy\Dimension for the metrics **So that** metrics can be displayed as 'All', uniquely by Claims Advisor or groups by each Claims Team	The first 3 Hierarchies required are the same as for the CA and SCA Dashboard • BR.MVP2.6 - Teams • ~~BR.MVP2.9 - Claim Age~~ • BR.MVP2.10 - Accident Date • BR.MVP2.40 - Claim Severity • IMA Owner
BR.MVP2.40	QLD Frontline Performance DB - IMA **PITPDET-217** - Getting issue details... STATUS	**As a** Business Owner **I Want** a Hierarchy\Dimension for Strategic Activities **So that** the Strategic Activities IMA metric defined later can be filtered by the level 1 values.	Claims have Activities, the relevant Activity for this Hierarchy starts with 'Strategic IMA Action' If an Open Claim has one of these activities with a due date occurring within the next 12 weeks - they can be linked to the 'Appropriate Strategic Activitie If an Open Claim has one of these activities and it is OPEN and the due date is in the past (by 2 weeks or more) - they can be linked to Overdue Strategi All other Open Claims can be linked to the 'No Strategic Activities' value. Closed Claims are not relevant to this hierarchy. 
			Metrics
BR.MVP2.41	QLD Frontline Performance DB - IMA **PITPDET-217** - Getting issue details... STATUS	**As a** Business Owner **I Want** the primary object being reported on to be an IMA 'Activity' **So that** all reporting reflects IMA business processes which do not take responsibility for claims, IMA involves a subset of Activities attached to claims.	Slide 20 • IMA = Injury Management Advisors • IMA owns and works on activities assigned to them • Number of activities still belong to claims but the IMA has no ownership or responsibility to the claim but only to the IMA activities associated to th • **IMA does have a relationship to the activity** • Responsible for managing rehab – resulting in reduced **RTH\RTW** • Therefore in all metrics and hierarchies described below, the reporting object is either 'Activities' or 'Claims' assigned to an IMA based on filtering

BR.MVP2.42	QLD Frontline Performance DB - IMA
	
	PITPDET-309 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'% Funding Requests Closed < 3 Calendar days'**
		
		So that I can measure compliance with Rehab Standard E3 (Funding Requests).
			Slide 21
			
			Track and measure compliance with Rehab Standard E3 (funding requests)
			
			All "funding request" tasks completed within SLA of 3 calendar days
			
			Therefore Metric logic is:
			
			• # of ACTIVITIES where
			  ◦ activity name starts with 'Funding Requests' and
			  ◦ difference between creation date and close date <= 3 Calendar days
			  ◦ and close date (Activity) month = reporting month
			• divided by
			• # of ACTIVITIES where
			  ◦ activity name starts with 'Funding Requests' and
			  ◦ close date month = reporting month

BR. MVP2.43	QLD Frontline Performance DB - IMA **PITPDET-310** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'% Perform Rehab Screening Closed <8 calendar days'** **So that** I can measure compliance with Rehab Standard A2 (Perform Rehab Screening).	Slide 21 Track and measure compliance with Rehab Standard A2 (perform rehab screening) All "perform rehab screening" tasks completed within SLA of 8 calendar days Therefore Metric logic is: • # of ACTIVITIES where ◦ activity name starts with 'Perform Rehab Screening' and ◦ difference between creation date and close date <= 8 calendar days ◦ and close date month = reporting month • divided by • # of ACTIVITIES where ◦ activity name starts with 'Perform Rehab Screening' and ◦ close date month = reporting month
BR. MVP2.44	QLD Frontline Performance DB - IMA **PITPDET-311** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'% Specialist Intervention - IMA Closed < 8 calendar days'** **So that** I can measure compliance with Rehab Standard E4 (Specialist Intervention - IMA).	Slide 22 Track and measure compliance with Rehab Standard A4 (specialist intervention - IMA) All "specialist intervention - IMA" tasks completed within SLA Therefore Metric logic is: • # of ACTIVITIES where ◦ activity name starts with 'Specialist Intervention - IMA' and ◦ difference between creation date and close date <= 8 calendar days ◦ and close date month = reporting month • divided by • # of ACTIVITIES where ◦ activity name starts with 'Specialist Intervention - IMA' and ◦ close date month = reporting month
BR. MVP2.45	QLD Frontline Performance DB - IMA **PITPDET-312** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'% % Rehab Screening Closed < 8 calendar days'** **So that** I can measure compliance with Rehab Standard C1 (Rehab Screening).	Slide 22 Track and measure compliance with Rehab Standard C1 (rehab screening) All "rehab screening" tasks completed within SLA Therefore Metric logic is: • # of ACTIVITIES where ◦ activity name starts with 'Rehab Screening' and ◦ difference between creation date and close date <= 8 calendar days ◦ and close date month = reporting month • divided by • # of ACTIVITIES where ◦ activity name starts with 'Rehab Screening' and ◦ close date month = reporting month
BR. MVP2.46	QLD Frontline Performance DB - IMA **PITPDET-217** - Getting issue details... STATUS	~~**As a** Business Owner~~ ~~**I Want** a metric called **'% Open Claims with a Recovery Risk Profile'**~~ ~~**So that** I can ensure CA Teams are allocating a Recovery Risk Profile to ALL claims opened after 01 Jan 2021.~~	~~Slide 23~~ ~~Track volume of claims allocated a recovery risk profile (targeting 100% claims lodged after 01/2021 have a rehabilitation indicator*)~~ ~~Therefore Metric logic is:~~ • ~~# of CLAIMS where~~ ◦ ~~Recovery Risk Profile IS NOT NULL~~ ◦ ~~and Claim is OPEN~~ • ~~divided by~~ • ~~# of CLAIMS where~~ ◦ ~~Claim is Open~~ ~~The Creation Date Dimension needs to be attached so User can filter based on creation date.~~ ~~If possible, presentation layer can default to claims created on or after 01 Jan 2021~~ ~~The Teams Dimension needs to be attached to enable level 2 (Teams) and Level 1 (Claims Advisor) based filtering~~ ~~Rehabilitation indicator is shown in screenshot here ->~~ 

BR.
MVP2.47
	QLD Frontline Performance DB - IMA
	
	PITPDET-1962 - Getting issue details... STATUS
		~~**As a** Business Owner~~
		
		~~**I Want** a metric called **'% Monitor claims that are stable and stationary by 36 weeks'**~~
		
		~~**So that** I can ensure CA Teams are progressing towards 100% for ALL claims opened after 01 Jan 2021.~~
			~~Slide 23~~
			
			~~Track volume of OPEN claims allocated a recovery risk profile of 'Monitor' that achieved Stable and Stationary within 36 weeks~~
			
			~~A Recovery Risk Profile of Monitor is defined by the Rehabilitation Indicator value of Not Required.~~
			
			~~Therefore Metric logic is:~~
			
			• ~~# of CLAIMS where~~
			    ◦ ~~Rehabilitation Indicator is 'Not Required' (which means the claim is a 'Monitor' claim)~~
			    ◦ ~~and 'Has Injury Stabilised = 'Yes'~~
			    ◦ ~~and difference between creation date and stabilisation date <= 252 days (36 weeks)~~
			    ◦ ~~and Claim is OPEN~~
			• ~~divided by~~
			• ~~# of CLAIMS where~~
			    ◦ ~~Rehabilitation Indicator is 'Not Required' (which means the claim is a 'Monitor' claim)~~
			    ◦ ~~and Claim is OPEN~~
			
			~~The Creation Date Dimension needs to be attached so User can filter based on creation date.~~
			
			~~If possible, presentation layer can default to claims created on or after 01 Jan 2021~~
			
			~~The Teams Dimension needs to be attached to enable level 2 (Teams) and Level 1 (Claims Advisor) based filtering~~
			
			~~All referenced fields are shown in screenshot here ->~~
			
			

BR.
MVP2.48
	SA Frontline Performance DB - IMA
	
	PITPDET-2318 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'# Claims that achieve Stable and Stationary this month'**
		
		So that I can measure how many claims achieved stable and stationary in current reporting month
			• Track volume of claims that are achieving 'Stable and Stationary' in this reporting month
			• Not restricting to open claims to ensure if a claim achieves stable this month and then closes - it will still count
			
			Therefore, the metric logic is:
			
			• # of CLAIMS where
			    ◦ there is a 'stabilisation date' = reporting month\year
			    ◦ Unlike QLD, there is no 'Has injury stabilised' value , so the claims with stabilisation date becomes the key indicator here
			
			The Teams Dimension needs to be attached to enable level 2 (Teams) and Level 1 (Claims Advisor) based filtering

BR. MVP2.49	QLD Frontline Performance DB - IMA **PITPDET-1961** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'% total claims achieving stable and stationary outcome (by severity) '** **So that** I can measure time for claimants to achieve stable and stationary outcome per injury severity	Slide 25 Expected duration to achieve maximum medical improvement (Time for claimants to achieve stable and stationary outcome) • We communicate the expected duration to achieve maximum medical improvement by looking at the average time it took for existing claims that a So the metric logic is: • For all claims where 'Has Injury Stabilised' = 'Yes' • and stabilisation date month\year = reporting month\year • What was the average days between claim creation and stabilisation date The Teams Dimension needs to be attached to enable level 2 (Teams) and Level 1 (Claims Advisor) based filtering The Severity Dimension needs to be attached % of totals low sev claims are stable and stat by 6 months % list is just targets doing from notification date greater than18 months become one bucket

BR. MVP2.50	QLD Frontline Performance DB - IMA **PITPDET-1960** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'Variance to Annualised Avg Claim Cost for Rehabilitation'** **So that** I can measure	Maintain stable pre-approved rehabilitation and medical costs (Rolling annual monthly average of pre-approved spend (Rehabilitation HOD) within 15% c measured on CATT) This metric is almost a duplicate of the Average Claim Cost metric with filtering based on the Head of Damages Dimension. Head Of Damages = 'Rehab Value returned needs to be compared with average of same metric from last 12 months. For open claims with accepted liability as 'yes' Logic would be: Avg Claim Cost for Rehabilitation in July (MINUS) Average of Avg Claim Cost for Prior July to June .... divided by Average of Avg Claim Cost for Prior Ju i.e. $130 for this July, $90 for avg across prior 12 months • (130-90) / 90 • 40 / 90 • 0.44 or 44% - targeting 15% To provide reporting month level overview For first month it would just be the average, since nothing to compare to Refer to 'total paid' amount in CC only against rehabilitation • Collate a total of rehab paid at the end of the month (this is a rolling amount for open claims not a total per month) • Calculate av. rehab paid for that month = rolling total amount paid on open claims/total number of open claims with liability accepted where rehab
BR. MVP2.51	QLD Frontline Performance DB - IMA **PITPDET-1956** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'# of IMA Strategic Actions'** **So that** I can report on claims with no Strategic Actions due within 12 weeks, claims with overdue strategic actions or claims with a strategic action due within next 12 weeks using this metric with the related Dimension	Slide 26 This metric begins as a count of OPEN claims The Strategic Actions IMA dimension needs to be attached **Claims should have Rehab Indicator - 'Required' as 'Yes'** This enables the metric to be displayed showing values as defined by the Strategic Actions IMA dimension: • Bucket 1 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **within next** 12 weeks of the target date (Trending down is good) • Bucket 2 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **after** 12 weeks of the target date categ down is good) • Bucket 3 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **within** past 2 weeks of the target date ((Trending down is good) • Bucket 4 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **within** past >2 weeks of the target date (Trending down is good) 'Strategic Actions - IMA' actions are defined by a name starting with 'Strategic Actions - IMA'
BR. MVP2. 511	QLD Frontline Performance DB - IMA **PITPDET-2153** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'Estimated time to complete a funding requests'** **So that** I can report on claims with activities that have funding requests - to calculate the estimated time it takes to complete a funding requests and if falls under target date	This metric as a count of OPEN claims Only for claims assigned to complete with funding requests The metric to calculate estimated time it takes to complete a funding request: **Target**: From when the document is received from the provider to the decision provided date, a total of 10 days (target) given to complete the request **Note**: Currently not tracking on when the document is received but only when it gets referred to IMA Metric logic can be: 1. Whenever we have specific activity type asking for a 'funding request'. Time calculated for estimation can be, from when the CA reviews and attac centre records the document created date stamp up.
			Drill Thru Reports

BR. MVP2.52	QLD Frontline Performance DB - IMA **PITPDET-217** - Getting issue details... STATUS	**As a** Business Owner **I Want** a Drill Thru Report associated with the metrics with compliance requirements **So that** Frontline workers can specifically target claims falling outside acceptable parameters.	This Drill Thru Report is associated with the metrics: 1. **'% Funding Requests Closed < 3 calendar days'** 2. **'% Perform Rehab Screening Closed < 8 Calendar days'** 3. **'% Specialist Intervention - IMA Closed < 8 Calendar days'** 4. **% Rehab Screening Closed < 8 Calendar days'** 5. **'% Monitor claims that are stable and stationary by 36 weeks'** This report should show reporting columns to identify the Claim Number, Claimant name and Claim Handler, Claim Handler Team, the compliance type a activity was created. The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Funding Requests' where Funding Request activity has a • Compliance type = Funding Requests • Duration = DATE DIFF counting calendar days only between today and activity creation date (should always be 2 or more) The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Perform Rehab Screening' where Perform Rehab Screeni calendar days ago • Compliance type = Perform Rehab Screening • Duration = DATE DIFF counting calendar days only between today and activity creation date (should always be 6 or more) The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Specialist Intervention - IMA' where Specialist Interventior calendar days ago • Compliance type = Specialist Intervention - IMA • Duration = DATE DIFF counting calendar days only between today and activity creation date (should always be 6 or more) The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Rehab Screening' where Rehab Screening activity has a • Compliance type = Rehab Screening • Duration = DATE DIFF counting calendar days only between today and activity creation date (should always be 6 or more) The report should include all OPEN Claims where 'Has injury stabilised' = 'No' and claim creation date > 252 business day ago • Compliance type = Injury Stabilisation Target • Duration = DATE DIFF counting weeks between today and activity creation date (should always be 36 or more) First group and sort should be on team Drill Thru should group and order by Compliance Type achieving the same sort order as these requirements are written. Second sort level should be on the Duration column (highest Duration at the top of each Compliance Type).
BR. MVP2.53	QLD Frontline Performance DB - IMA **PITPDET-217** - Getting issue details... STATUS	**As a** Business Owner **I Want** a Drill Thru Report associated with the metric **# of Strategic IMA Actions** **So that** Frontline workers can specifically target claims falling outside acceptable parameters.	This Drill Thru Report is associated with the metrics: 1. **'# of Strategic IMA Actions'** This report should show reporting columns to identify the Claim Number, Claimant name and Claim Handler, Risk Profile, the compliance type. The report should include all OPEN Claims that do not have an activity starting with 'Strategic Actions - IMA' with a due date occurring within 12 weeks. All open claims with an OPEN activity starting with 'Strategic Actions - IMA' has a due date in the past by >2 weeks • Compliance type = Overdue All open claims with an no activity starting with 'Strategic Actions - IMA' that is due in the next 12 weeks that are not included in the definition of OVERDU • Compliance type = No Strategic Actions - IMA scheduled Drill Thru should group and order by Compliance Type achieving the same sort order as these requirements are written. Within each compliance type - sort with Risk Profile = Intervene at the top
			Targets
BR. MVP2.54	QLD Frontline Performance DB - IMA **PITPDET-217** - Getting issue details... STATUS	**As a** Business Owner **I Want** access to EXPLICIT Targets as defined in req BR.MVP2.32 and BR.MVP2. 34 **So** that improvements can be measured to KPIs	The Target functionality for QLD Frontline Performance DB is also required for the IMA Dashboard. This includes the display requirements from BR.MVP2.32 and the ability to upload and manage KPIs in BR.MVP2.34. For the IMA Dashboard, this relates to the following metrics: • **'# Claims that achieve Stable and Stationary this month'** • **'Variance to Annualised Avg Claim Cost for Rehabilitation'**
BR. MVP2.55	QLD Frontline Performance DB - IMA **PITPDET-217** - Getting issue details... STATUS	**As a** Business Owner **I Want** access to BANDED Targets as defined in req BR.MVP2.33 and BR.MVP2. 35 **So** that improvements can be measured to KPIs	The Target functionality for QLD Frontline Performance DB is also required for the IMA Dashboard. This includes the display requirements from BR.MVP2.33 and the ability to upload and manage KPIs in BR.MVP2.35. For the IMA Dashboard, this relates to the following metrics: • **'Expected duration to achieve maximum medical improvement'**
4.3.1.3 SA Frontline Performance Dashboard - IMA			**NEW EPIC (SA)**

BR. MVP2.56	SA Frontline Performance DB - IMA **PITPDET-2299** - Getting issue details... STATUS	**As a** Business Owner **I Want** the primary object being reported on to be an IMA 'Activity' **So that** all reporting reflects IMA business processes which do not take responsibility for claims, IMA involves a subset of Activities attached to claims.	• IMA = Injury Management Advisors • IMA owns and works on activities assigned to them • Number of activities still belong to claims but the IMA has no ownership or responsibility to the claim but only to the IMA activities associated to th • **IMA does have a relationship to the activity** • Responsible for managing rehab – resulting in reduced **RTH\RTW** • Therefore in all metrics and hierarchies described below, the reporting object is either 'Activities' or 'Claims' assigned to an IMA based on filtering **Hierarchy** **Team Names for SA** 1. SA CTP Claims Team 1 2. SA CTP Injury Management Advisor Group 3. SA CTP Claims Team 2 4. SA CTP Claims 5. CTP Sensitive Claims Group

BR. MVP2.57	SA Frontline Performance DB - IMA
	
	PITPDET-2267 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'% Funding Requests Closed < 3 Calendar days'**
		
		So that I can measure compliance with activity type as 'Rehab Standard E3 (Funding Requests)'
			To track and measure compliance for activities related to Rehab Standard E3 (funding requests)
			
			All "funding request" tasks completed within SLA period of 3 calendar days
			
			Therefore, the metric logic is:
			
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Funding Requests' and
			    ◦ difference between creation date and close date <= 3 Calendar days
			    ◦ and close date (Activity) month = reporting month
			• divided by
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Funding Requests' and
			    ◦ close date month = reporting month

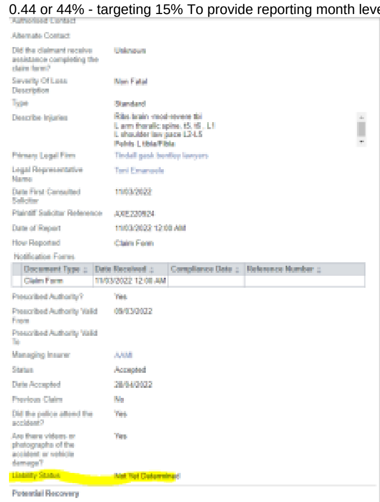
BR. MVP2.58	SA Frontline Performance DB - IMA
	
	PITPDET-2279 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'% Perform Rehab Screening Closed <8 calendar days'**
		
		So that I can measure compliance with activity type as Rehab Standard A2 (Perform Rehab Screening).
			To track and measure compliance for activities related to Rehab Standard A2 (perform rehab screening)
			
			All "perform rehab screening" tasks completed within SLA of 8 calendar days
			
			Therefore, the metric logic is:
			
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Perform Rehab Screening' and
			    ◦ difference between creation date and close date <= 8 calendar days
			    ◦ and close date month = reporting month
			• divided by
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Perform Rehab Screening' and
			    ◦ close date month = reporting month

BR. MVP2.59	SA Frontline Performance DB - IMA
	
	PITPDET-2270 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'% Specialist Intervention - IMA Closed < 8 calendar days'**
		
		So that I can measure compliance with activity type as Rehab Standard E4 (Specialist Intervention - IMA).
			To track and measure compliance for activities related to Rehab Standard A4 (specialist intervention - IMA)
			
			All "specialist intervention - IMA" tasks completed within SLA
			
			Therefore, the metric logic is:
			
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Specialist Intervention - IMA' and
			    ◦ difference between creation date and close date <= 8 calendar days
			    ◦ and close date month = reporting month
			• divided by
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Specialist Intervention - IMA' and
			    ◦ close date month = reporting month

BR. MVP2.60	SA Frontline Performance DB - IMA
	
	PITPDET-2273 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'% Rehab Screening Closed < 8 calendar days'**
		
		So that I can measure compliance with activity type as R ehab Standard C1 (Rehab Screening).
			To track and measure compliance for activities related to Rehab Standard C1 (rehab screening)
			
			All "rehab screening" tasks completed within SLA
			
			Therefore, the metric logic is:
			
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Rehab Screening' and
			    ◦ difference between creation date and close date <= 8 calendar days
			    ◦ and close date month = reporting month
			• divided by
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Rehab Screening' and
			    ◦ close date month = reporting month

BR. MVP2.61	SA Frontline Performance DB - IMA
	
	PITPDET-2318 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'# Claims that achieve Stable and Stationary this month'**
		
		So that I can measure how many claims achieved stable and stationary this month
			• Track volume of claims that are achieving 'Stable and Stationary' in this reporting month
			• Not restricting to open claims to ensure if a claim achieves stable this month and then closes - it will still count
			
			Therefore, the metric logic is:
			
			• # of CLAIMS where
			    ○ there is a 'stabilisation date' = reporting month\year
			    ○ Unlike QLD, there is no 'Has injury stabilised' value , so the claims with stabilisation date becomes the key indicator here
			
			The Teams Dimension needs to be attached to enable level 2 (Teams) and Level 1 (Claims Advisor) based filtering

BR. MVP2.62	SA Frontline Performance DB - IMA
	
	PITPDET-2285 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'% total claims achieving stable and stationary outcome (by severity) '**
		
		So that I can measure how many claims achieved stable and stationary outcome per injury severity
			• To measure the expected duration to achieve maximum medical improvement (Time for claimants to achieve stable and stationary outcome)
			• We communicate the expected duration to achieve maximum medical improvement by looking at the average time it took for existing claims that a
			
			So the metric logic is:
			
			• For all OPEN claims
			• For all claims where there is a stabilisation date
			• and stabilisation date month\year = reporting month\year
			• Calculate the average days between claim creation and stabilisation date
			
			The Teams Dimension needs to be attached to enable level 2 (Teams) and Level 1 (Claims Advisor) based filtering
			
			The Severity Dimension needs to be attached
			
			Targets to be done as, for example:
			
			1. **Low severity:** - 50% within 6 months
			- 70% within 12 months
			- 90% within 18 months
			- 100% within 18+ months
			2. **Mid/High Severity:**
			    • 80% within 18 months
			    • 90% within 24 months
			    • 100% within 24+ months
			
			Note:
			
			1. % list is just targets
			2. Calculate from claim notification date

BR. MVP2.63	SA Frontline Performance DB - IMA **PITPDET-2282** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'Variance to Annualised Average Claim Cost for Rehabilitation'** **So that** I can measure the Avg claim cost for rehabilitation and compare against the rolling last 12 months.	• To maintain stable pre-approved rehabilitation and medical costs (Rolling annual monthly average of pre-approved spend (Rehabilitation HOD) wi as measured on CATT) • This metric is almost a duplicate of the Average Claim Cost metric with filtering based on the Head of Damages Dimension. • Head Of Damages = 'Rehabilitation'. • Value returned needs to be compared with average of same metric from rolling last 12 months. • For open claims with accepted liability as 'yes' **Logic would be:** 1. Avg Claim Cost for Rehabilitation in 'July' month **(MINUS)** Average of Avg Claim Cost for Prior 'July to June' .... divided by Average of Avg Claim (i.e. for example, if its $130 for this July, $90 for avg across prior 12 months • (130-90) / 90 • 40 / 90 • 0.44 or 44% - targeting 15% To provide reporting month level overview •  Authorised Contact Alternate Contact Did the claimant receive assistance completing the claim form? Unknown Severity Of Loss Description Non Fatal Type Standard Describe Injuries Primary Legal Firm Legal Representative Name Date First Consulted Solicitor 11/03/2022 Plaintiff Solicitor Reference Date of Report 11/03/2022 12:00 AM How Reported Claim Form Notification Forms Document Type / Date Received / Compliance Date / Reference Number Claim Form / 11/03/2022 12:00 AM Prescribed Authority? Yes Prescribed Authority Valid From 09/03/2022 Prescribed Authority Valid To Managing Insurer AAMI Status Accepted Date Accepted 28/04/2022 Previous Claim No Did the police attend the accident? Yes Are there videos or photographs of the accident or vehicle damage? Yes Liability Status Not Yet Determined Potential Recovery Recovery Potential No Recovery **Note**: • For first month it would just be the average, since nothing to compare to • Refer to 'total paid' amount in CC only against rehabilitation • Collate a total of rehab paid at the end of the month (this is a rolling amount for open claims not a total per month) • Calculate av. rehab paid for that month = rolling total amount paid on open claims/total number of open claims with liability accepted where rehab

BR. MVP2.64	SA Frontline Performance DB - IMA **PITPDET-2276** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'# of IMA Strategic Actions'** **So that** I can report on claims with no Strategic Actions due within 12 weeks, claims with overdue strategic actions or claims with a strategic action due within next 12 weeks using this metric with the related Dimension	**ON HOLD - TO BE DEVELOPED IN MVP3** This metric begins as a count of OPEN claims The Strategic Actions IMA dimension needs to be attached **Claims should have Rehab Indicator - 'Required' as 'Yes'** This enables the metric to be displayed showing values as defined by the Strategic Actions IMA dimension: • Bucket 1 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **within next** 12 weeks of the target date (Trending down is good) • Bucket 2 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **after** 12 weeks of the target date categ down is good) • Bucket 3 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **within** past 2 weeks of the target date (Trending down is good) • Bucket 4 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **within** past >2 weeks of the target date (Trending down is good) 'Strategic Actions - IMA' actions are defined by a name starting with 'Strategic Actions - IMA'
BR. MVP2.65	SA Frontline Performance DB - IMA **PITPDET-2297** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'Estimated time to complete a funding requests'** **So that** I can report on claims with activities as funding requests and to calculate the estimated time it takes to complete a funding requests and if falls under target date	To calculate estimated time it takes for activities associated with 'funding requests' to complete a funding request **Target**: From when the document is received from the provider to the decision provided date, a total of 7 business days (target) given to complete the re **Note**: Currently not tracking on when the document is received but only when it gets referred to IMA **Metric logic can be:** 1. Whenever we have specific activity type asking for a 'funding request'. Time calculated for estimation can be, from when the CA reviews and attac centre records the document created date stamp up. **Note**: Currently not tracking on when the document is received but only when it gets referred to IMA
			DRILL THRU
BR. MVP2.66	SA Frontline Performance DB - IMA **PITPDET-2292** - Getting issue details... STATUS	**As a** Business Owner **I Want** a Drill Thru Report associated with the metrics with compliance requirements **So that** Frontline workers can specifically target claims falling outside acceptable parameters.	This Drill Thru Report is associated with the metrics: 1. **'% Funding Requests Closed < 3 calendar days'** 2. **'% Perform Rehab Screening Closed < 8 Calendar days'** 3. **'% Specialist Intervention - IMA Closed < 8 Calendar days'** 4. **% Rehab Screening Closed < 8 Calendar days'** This report should show reporting columns to identify the Claim Number, Claimant name and Claim Handler, Claim Handler Team, the compliance type a activity was created. 1. **'% Funding Requests Closed < 3 calendar days'** The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Funding Requests' where Funding Request activity ago 2. **% Perform Rehab Screening Closed < 8 Calendar days'** The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Perform Rehab Screening' where Perform Rehab 8 calendar days ago 3. **'% Specialist Intervention - IMA Closed < 8 Calendar days'** The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Specialist Intervention - IMA' where Specialist Inte date > 8 calendar days ago 4. **% Rehab Screening Closed < 8 Calendar days'** The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Rehab Screening' where Rehab Screening activity ago **Note:** First group and sort should be on team
BR. MVP2.66	SA Frontline Performance DB - IMA **PITPDET-2321** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'Estimated time to complete a funding requests'** **So that** I can report on claims with activities as funding requests and to calculate the estimated time it takes to complete a funding requests and if falls under target date	Drill thru report associated with 'Estimate time to complete a funding request metric' This report should show reporting columns to identify the Claim Number, Claimant name and Team Name, Claim Advisor. IMA Owner, Document create funding requests as duration With highest number on top for funding requests
4.3.1.4 ACT Frontline Performance Dashboard - IMA			**NEW EPIC (ACT)**

BR. MVP2.67	ACT Frontline Performance DB - IMA **PITPDET-2263** - Getting issue details... STATUS	**As a** Business Owner **I Want** the primary object being reported on to be an IMA 'Activity' **So that** all reporting reflects IMA business processes which do not take responsibility for claims, IMA involves a subset of Activities attached to claims.	• IMA = Injury Management Advisors • IMA owns and works on activities assigned to them • Number of activities still belong to claims but the IMA has no ownership or responsibility to the claim but only to the IMA activities associated to th • **IMA does have a relationship to the activity** • Responsible for managing rehab – resulting in reduced **RTH\RTW** • Therefore in all metrics and hierarchies described below, the reporting object is either 'Activities' or 'Claims' assigned to an IMA based on filtering **Team Names for ACT:** 1. ACT Mainstream 1 2. ACT CTP Claims 3. CTP Sensitive Claims Group

BR. MVP2.68	ACT Frontline Performance DB - IMA
	
	PITPDET-2325 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'% Funding Requests Closed < 3 Calendar days'**
		
		So that I can measure compliance with activity type as 'Rehab Standard E3 (Funding Requests)'
			To track and measure compliance for activities related to Rehab Standard E3 (funding requests)
			
			All "funding request" tasks completed within SLA period of 3 calendar days
			
			Therefore, the metric logic is:
			
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Funding Requests' and
			    ◦ difference between creation date and close date <= 3 Calendar days
			    ◦ and close date (Activity) month = reporting month
			• divided by
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Funding Requests' and
			    ◦ close date month = reporting month

BR. MVP2.69	ACT Frontline Performance DB - IMA
	
	PITPDET-2337 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'% Perform Rehab Screening Closed <8 calendar days'**
		
		So that I can measure compliance with activity type as Rehab Standard A2 (Perform Rehab Screening).
			To track and measure compliance for activities related to Rehab Standard A2 (perform rehab screening)
			
			All "perform rehab screening" tasks completed within SLA of 8 calendar days
			
			Therefore, the metric logic is:
			
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Perform Rehab Screening' and
			    ◦ difference between creation date and close date <= 8 calendar days
			    ◦ and close date month = reporting month
			• divided by
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Perform Rehab Screening' and
			    ◦ close date month = reporting month

BR. MVP2.70	ACT Frontline Performance DB - IMA
	
	PITPDET-2328 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'% Specialist Intervention - IMA Closed < 8 calendar days'**
		
		So that I can measure compliance with activity type as Rehab Standard E4 (Specialist Intervention - IMA).
			To track and measure compliance for activities related to Rehab Standard A4 (specialist intervention - IMA)
			
			All "specialist intervention - IMA" tasks completed within SLA
			
			Therefore, the metric logic is:
			
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Specialist Intervention - IMA' and
			    ◦ difference between creation date and close date <= 8 calendar days
			    ◦ and close date month = reporting month
			• divided by
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Specialist Intervention - IMA' and
			    ◦ close date month = reporting month

BR. MVP2.71	ACT Frontline Performance DB - IMA
	
	PITPDET-2331 - Getting issue details... STATUS
		As a Business Owner
		
		I Want a metric called **'% Rehab Screening Closed < 8 calendar days'**
		
		So that I can measure compliance with activity type as R ehab Standard C1 (Rehab Screening).
			To track and measure compliance for activities related to Rehab Standard C1 (rehab screening)
			
			All "rehab screening" tasks completed within SLA
			
			Therefore, the metric logic is:
			
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Rehab Screening' and
			    ◦ difference between creation date and close date <= 8 calendar days
			    ◦ and close date month = reporting month
			• divided by
			• # of ACTIVITIES where
			    ◦ activity name starts with 'Rehab Screening' and
			    ◦ close date month = reporting month

<table>
<tr>
<td>BR. MVP2.72</td>
<td>ACT Frontline Performance DB - IMA

PITPDET-2350 - Getting issue details... STATUS</td>
<td>As a Business Owner

I Want a metric called '# Claims that achieve Stable and Stationary this month'

So that I can measure how many claims achieved stable and stationary this month</td>
<td>

Track volume of claims that are achieving 'Stable and Stationary' in this reporting month
Not restricting to open claims to ensure if a claim achieves stable this month and then closes - it will still count

Therefore, the metric logic is:

# of CLAIMS where

there is a 'stabilisation date' = reporting month\year
Unlike QLD, there is no 'Has injury stabilised' value , so the claims with stabilisation date becomes the key indicator here

The Teams Dimension needs to be attached to enable level 2 (Teams) and Level 1 (Claims Advisor) based filtering
</td>
</tr>
<tr>
<td>BR. MVP2.73</td>
<td>ACT Frontline Performance DB - IMA

PITPDET-2343 - Getting issue details... STATUS</td>
<td>As a Business Owner

I Want a metric called '% total claims achieving stable and stationary outcome (by severity) '

So that I can measure how many claims achieved stable and stationary outcome per injury severity</td>
<td>

To measure the expected duration to achieve maximum medical improvement (Time for claimants to achieve stable and stationary outcome)
We communicate the expected duration to achieve maximum medical improvement by looking at the average time it took for existing claims that a

So the metric logic is:

For all OPEN claims
For all claims where there is a stabilisation date
and stabilisation date month\year = reporting month\year
Calculate the average days between claim creation and stabilisation date

The Teams Dimension needs to be attached to enable level 2 (Teams) and Level 1 (Claims Advisor) based filtering

The Severity Dimension needs to be attached

Targets to be done as, for example:

Low severity: - 50% within 6 months
- 70% within 12 months
- 90% within 18 months
- 100% within 18+ months
Mid/High Severity:

80% within 18 months
90% within 24 months
100% within 24+ months

Note:

% list is just targets
Calculate from claim notification date

</td>
</tr>
<tr>
<td>BR. MVP2.74</td>
<td>ACT Frontline Performance DB - IMA

PITPDET-2340 - Getting issue details... STATUS</td>
<td>As a Business Owner

I Want a metric called 'Variance to Annualised Average Claim Cost for Rehabilitation'

So that I can measure the Avg claim cost for rehabilitation and compare against the rolling last 12 months.</td>
<td>

To maintain stable pre-approved rehabilitation and medical costs (Rolling annual monthly average of pre-approved spend (Rehabilitation HOD) wi as measured on CATT)
This metric is almost a duplicate of the Average Claim Cost metric with filtering based on the Head of Damages Dimension.
Head Of Damages = 'Rehabilitation'.
Value returned needs to be compared with average of same metric from rolling last 12 months.
For open claims with accepted liability as 'yes'

Defined Benefits
Date Acknowledgement Letter Sent: 20/04/2022
Acknowledgement Type: Compliant claim
Liability Status: Accepted
Liability Status Determination Date: 20/04/2022
Claim Status: In Progress
Common Law

Logic would be:

Avg Claim Cost for Rehabilitation in 'July' month (MINUS) Average of Avg Claim Cost for Prior 'July to June' .... divided by Average of Avg Claim C

i.e. for example, if its $130 for this July, $90 for avg across prior 12 months

(130-90) / 90
40 / 90
0.44 or 44% - targeting 15% To provide reporting month level overview

Note:

For first month it would just be the average, since nothing to compare to
Refer to 'total paid' amount in CC only against rehabilitation
Collate a total of rehab paid at the end of the month (this is a rolling amount for open claims not a total per month)
Calculate av. rehab paid for that month = rolling total amount paid on open claims/total number of open claims with liability accepted where rehab

</td>
</tr>
</table>

BR. MVP2.75	ACT Frontline Performance DB - IMA **PITPDET-2334** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'# of IMA Strategic Actions'** **So that** I can report on claims with no Strategic Actions due within 12 weeks, claims with overdue strategic actions or claims with a strategic action due within next 12 weeks using this metric with the related Dimension	This metric begins as a count of OPEN claims The Strategic Actions IMA dimension needs to be attached **Claims should have Risk Screening outcome as "" (TBA)** This enables the metric to be displayed showing values as defined by the Strategic Actions IMA dimension: • Bucket 1 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **within next** 12 weeks of the target date (Trending down is good) • Bucket 2 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **after** 12 weeks of the target date categ down is good) • Bucket 3 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **within** past 2 weeks of the target date ((Trending down is good) • Bucket 4 - # of OPEN claims with rehab indicator as 'Required' with 'Strategic Actions - IMA' activities due **within** past >2 weeks of the target date (Trending down is good) 'Strategic Actions - IMA' actions are defined by a name starting with 'Strategic Actions - IMA'
BR. MVP2.76	ACT Frontline Performance DB - IMA **PITPDET-2348** - Getting issue details... STATUS	**As a** Business Owner **I Want** a metric called **'Estimated time to complete a funding requests'** **So that** I can report on claims with activities as funding requests and to calculate the estimated time it takes to complete a funding requests and if falls under target date	To calculate estimated time it takes for activities associated with 'funding requests' to complete a funding request **Target**: From when the document is received from the provider to the decision provided date, a total of 10 Calendar days (target) given to complete the r **Note**: Currently not tracking on when the document is received but only when it gets referred to IMA **Metric logic can be:** 1. Whenever we have specific activity type that has word '**TRAC**'. Time calculated for estimation can be, from when the CA reviews and attaches the records the document created date stamp up. **Note**: Currently not tracking on when the document is received but only when it gets referred to IMA
			DRILL THRU
BR. MVP2.77	ACT Frontline Performance DB - IMA **PITPDET-2346** - Getting issue details... STATUS	**As a** Business Owner **I Want** a Drill Thru Report associated with the metrics with compliance requirements **So that** Frontline workers can specifically target claims falling outside acceptable parameters.	This Drill Thru Report is associated with the metrics: 1. **'% Funding Requests Closed < 3 calendar days'** 2. **'% Perform Rehab Screening Closed < 8 Calendar days'** 3. **'% Specialist Intervention - IMA Closed < 8 Calendar days'** 4. **% Rehab Screening Closed < 8 Calendar days'** This report should show reporting columns to identify the Claim Number, Claimant name and Claim Handler, Claim Handler Team, the compliance type a activity was created. 1. **'% Funding Requests Closed < 3 calendar days'** The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Funding Requests' where Funding Request activity ago 2. **% Perform Rehab Screening Closed < 8 Calendar days'** The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Perform Rehab Screening' where Perform Rehab S 8 calendar days ago 3. **'% Specialist Intervention - IMA Closed < 8 Calendar days'** The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Specialist Intervention - IMA' where Specialist Inte date > 8 calendar days ago 4. **% Rehab Screening Closed < 8 Calendar days'** The report should include all OPEN Claims with an OPEN Activity name attached starting with 'Rehab Screening' where Rehab Screening activity ago **Note:** First group and sort should be on team
BR. MVP2.78	ACT Frontline Performance DB - IMA **PITPDET-2321** - Getting issue details... STATUS	**As a** Business Owner **I Want** a Drill Thru report associated with '**Estimate time to complete a funding requests'** **So that** frontline workers can specifically target claims falling outside acceptable parameters.	Drill thru report associated with 'Estimate time to complete a funding request metric' This report should show reporting columns to identify the Claim Number, Claimant name and Team Name, Claim Advisor. IMA Owner, Document create funding requests as duration With highest number on top for funding requests

BR.2.79	ACT Frontline Performance DB - IMA	**As a** Business Owner **I Want** a Drill Thru report associated with '**# of strategic actions'** **So that** frontline workers can look for strategic actions claims in all the 4 buckets	Drill thru reports associated with '# of Strategic actions' for each of the category listed below: 1. No Strategic actions 2. Overdue 3. Grace Period 4. Next 12 weeks 5. >12 weeks These report should show reporting columns to identify the Claim Number, Activity id, Claimant name, Team Name, Claim Advisor, IMA Owner, Risk pro

4.3.2 Non-Functional Business Requirements - MVP 2

REF# / JIRA#	Project Level Business Requirement	Reporting Solution	Description	Priority (MoSCoW)	Acceptance Criteria
NFR. WP1.1	4 (JIRA 732) 5 (JIRA 1228)	NSW Estimate Data (Cognos) ACT Estimate Data (Cognos)	All NFRs are as per the original report and should not change.	M	Updated reports can be run as prior with the same data lag, data grain and other specifics.

4.4 - MVP1 - ODG Medical Dashboards - In Progress

REF# / JIRA#	Project Level Business Requirement	Reporting Solution	Description	Additional Detail
BR. MVP4.01		ODG Medical Dashboard	**As a** Business Owner **I Want** a comprehensive reporting solution **So that** we are able track the business process improvement outcomes coming from the ODG Implementation in Claim Centre.	This dashboard is to be delivered on Tableau latest version. The schemes to be displayed on are - CTP> NSW, ACT and SA , WC > WA, ACT, TAS
				HIERARCHIES/DIMENSIONS
BR. MVP4.02	PITPDET-1891 - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a Hierarchy\Dimension for ODG Applied **So that** metrics can be displayed as 'All Exposures' or filtered by ODG applied or not applied.	Level 1 maps to the ODG Applied/Not Applied being implemented for each claim\exposure

ODG Applied		
Level 1	Level 2	Level 3
ODG Not Applied *No ODG data*	All Exposures	NA
ODG Applied *ODG Data exists*		

<table>
<tr>
<td>BR.
MVP4.03</td>
<td>PITPDET-1892 - Getting issue details...
STATUS</td>
<td>ODG Medical Dashboard</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for ODG Available/Not Available

So that metrics can be displayed as 'All Exposures' or filtered by ODG available or not available</td>
<td>Level 1 maps to the ODG available/Not available being implemented for each claim/exposure.
<table>
<tr><th colspan="2">ODG Available</th></tr>
<tr><th>Level 1</th><th>Level 2</th></tr>
<tr><td>ODG Not Available
Claim Exclusions – no ODG Applied: CTP = Catastrophic, children, Lifetime care, CTP care
CTP = Fatality
WI = Fatality
Early notifications only (no medical treatment and time loss)
TAS – loss details > claims details (accept status, pending)
ACT – loss details > claims details (accept status, pending)
WI - loss details > claims details (accept status, pending)</td><td>All Exposures</td></tr>
<tr><td>ODG Available
All others</td><td></td></tr>
</table>
</td>
</tr>
<tr>
<td>BR.
MVP4.04</td>
<td>PITPDET-1894 - Getting issue details...
STATUS</td>
<td>ODG Medical Dashboard</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Injury Severity

So that metrics can be displayed according to their severity</td>
<td></td>
</tr>
<tr>
<td>BR.
MVP4.05</td>
<td>PITPDET-1895 - Getting issue details...
STATUS</td>
<td>ODG Medical Dashboard</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for claims segmentation fields

So that metrics can be displayed as 'All Exposures' or filtered by a value in this segmentation field.</td>
<td>Level 1 maps to the field for Segmentation field being implemented for each claim\exposure. This dimension is o
<table>
<tr><th colspan="3">Segmentation Fields</th></tr>
<tr><th>Level 1</th><th>Level 2</th><th>Level 3</th></tr>
<tr><td>Minor</td><td>All Exposures</td><td>NA</td></tr>
<tr><td>Non Minor</td><td></td><td></td></tr>
<tr><td>Treatment</td><td></td><td></td></tr>
<tr><td>Weeklies</td><td></td><td></td></tr>
<tr><td>Manage</td><td></td><td></td></tr>
<tr><td>Monitor</td><td></td><td></td></tr>
<tr><td>Intervene</td><td></td><td></td></tr>
<tr><td>Unmec</td><td></td><td></td></tr>
<tr><td>NOMO</td><td></td><td></td></tr>
<tr><td>STA</td><td></td><td></td></tr>
<tr><td>+78 Weeks</td><td></td><td></td></tr>
<tr><td>Severe and Cat</td><td></td><td></td></tr>
<tr><td>Common Law</td><td></td><td></td></tr>
<tr><td>Funeral</td><td></td><td></td></tr>
</table>
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</tr>
</table>

BR. MVP4.06	**PITPDET-1896** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a Hierarchy\Dimension for Type of Claim **So that** metrics can be displayed as Direct Claimant or Legal Representation.	Claims have a list of Parties Involved that includes the claimant. Legally represented cases include a party with t The only schemes involved here are NSW CTP and SA CTP **Type of Claim** Level 1 | Level 2 | Level 3 Direct | All | All Legal Representation **Direct** Legal Rep has a part role of Plai Direct is Parties Involved Name | Roles Lyndal McNeilly | Claimant Suncoast Medical Centre | Hospital - Medical Center **Legally Rep** Name | Roles Cassandra Jones | Claimar Your Haven Realty | Employ Bundall Medical Centre | Payee, S Turner Freeman Lawyers | Plaintiff
BR. MVP4.07	**PITPDET-1897** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a Hierarchy\Dimension for Claim Status **So that** metrics can be displayed according To their status as Open/Closed	Level 1 maps to the field for Claim Status being implemented for each claim\exposure **Claim Status** Level 1 | Level 2 | Level 3 Open | All Exposures | NA Closed
BR. MVP4.08	**PITPDET-1898** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a Hierarchy\Dimension for different schemes **So that** metrics can be displayed according to their schemes	Level 1 maps to the different schemes that the claims/exposure belong to. The policy type table will give informa used. **Schemes** Level 1 | Level 2 | Level 3 NSW CTP | All Exposures | NA SA CTP ACT CTP WA WI ACT WI TAS WI
BR. MVP4.09	**PITPDET-1899** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a Hierarchy\Dimension for Medical providers **So that** metrics can be displayed according to the provider names	Level 1 maps to the different providers that the claims/exposure are associated with **Provider** Level 1 | Level 2 | Level 3 Provider Trading Name | All Exposures – new topic | NA

BR. MVP4.10	**PITPDET-1900** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a Hierarchy\Dimension for Claimant age, Claimant Gender, Report Year, Report Month **So that** metrics can be displayed according to the claimant age, Gender, Report Year and Report Month	Following Hierarchies/dimensions are required. 1. **Claimant Gender** - Level 1 will have Male, Female and Other, Level 2 is all. Default is All. 2. **Claimant Age** - Level 1 will have 5 year buckets like All, , 0-5 years, 6-10 years, 11-15 years etc. 3. **Report Year** - Level 1 will have the year of the claim reported. 4. **Report Month** - Level 1 will have the claim reported month
BR. MVP4.11	**PITPDET-1901** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a Hierarchy\Dimension for Injury types **So that** metrics can be displayed according to their injury type	Primary (example - Whiplash and secondary – Head pain) - Think about grouping together, check AIS codes in them, we need to group them and do a high level grouping. Example - For Accident injury there are around 776 different type of Injury types. We need to consolidate these. CC does not store any injury type data and is directly obtained from ODG.
BR. MVP4.12	**PITPDET-1902** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a Hierarchy\Dimension for Job Type **So that** metrics can be displayed according to the claimant's Job Type (Occupation code)	Job Class details to be shown here. **Job Class** Level 1 | Level 2 | Level 3 No Employment | All | NA Sedentary Light Medium Heavy Very heavy Check if this is correct with Sam.

<table>
<tr>
<td>BR.
MVP4.13</td>
<td>PITPDET-1903 - Getting issue details...
STATUS</td>
<td>ODG Medical Dashboard</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Claims Teams

So that metrics can be displayed as 'All Exposures', uniquely by Claims Advisor or groups by each Claims Team</td>
<td>Level 1 is a list of all claims advisors in schemes and links to the Claims Advisor responsible for the Claims or Ex
CA to Teams relationship in Claim Centre that can be used for implementing level 2 grouping.

<table>
<tr><th colspan="3">Teams</th></tr>
<tr><td>Level 1</td><td>Level 2</td><td>Level 3</td></tr>
<tr><td>Claims Advisors</td><td>Team Name</td><td>All</td></tr>
</table>
Team H
Claim

<u>Team names</u> -

ACT - Team 2

TAS - All Claim Advisors

WI - Team 1, Team 2, Team 3, Team 4 and Team 5</td>
</tr>
<tr>
<td>BR.
MVP4.14</td>
<td>PITPDET-1904 - Getting issue details...
STATUS</td>
<td>ODG Medical Dashboard</td>
<td>As a Business Owner

I Want a Hierarchy\Dimension for Confounding Factors

So that metrics can be displayed as according to their confounding factors.</td>
<td>Level 1 is the list of all Confounding factors against a claim/exposure. Level 2 is all.

<table>
<tr><th colspan="3">Confounding Factors</th></tr>
<tr><td>Level 1</td><td>Level 2</td><td>L</td></tr>
<tr><td>Depression/PTSD/ Psychosocial</td><td>All</td><td>N</td></tr>
<tr><td>Diabetes</td><td></td><td></td></tr>
<tr><td>Hypertension</td><td></td><td></td></tr>
<tr><td>Legal Representation</td><td></td><td></td></tr>
<tr><td>Obesity</td><td></td><td></td></tr>
<tr><td>Opioids</td><td></td><td></td></tr>
<tr><td>Smoker</td><td></td><td></td></tr>
<tr><td>Substance Abuse</td><td></td><td></td></tr>
<tr><td>Surgery or Hospital Stay</td><td></td><td></td></tr>
</table></td>
</tr>
<tr>
<td colspan="5">METRICS</td>
</tr>
<tr>
<td>BR.
MVP4.15</td>
<td>PITPDET-1905 - Getting issue details...
STATUS</td>
<td>ODG Medical Dashboard</td>
<td>As a Business Owner

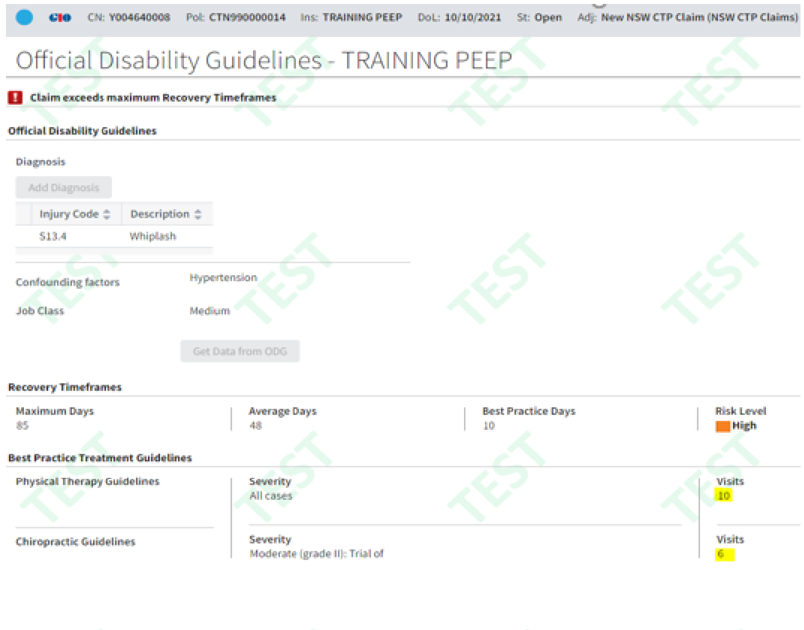
I Want a metric called 'ODG Recommended sessions vs Actual sessions'</td>
<td></td>
</tr>
</table>

So that I can monitor claims where there is a mismatch between ODG Recommended session and Actual sessions attended by the claimant

This metric is intended to allow the business owner to monitor claims where the actual sessions are more or less recommended sessions.

ODG recommended sessions can be found in the CC as shown below.

It is the total of the number of visits of the treatment types (Physio, Chiropractic)



The actual treatment sessions is basically the count of the number of invoices made for the treatments attended

For WI,

Actual treatment sessions = Count of number of invoices

where transaction type = Payment

and Minor Type = Medical Treatment

and Minor Subtype = Exercise Physiology, Chiropractic, Physiotherapy, Osteopath, Remedial Massage, Psychol Psychiatrist, Counselling

Financials (Total Incurred: $13,229.49): Transactions

Type	Transaction Date	Transaction Number	Date From	Date To	Name	Cost Type	Minor Type	Minor Subtype
Payment	23/11/2020	cc:183299267	19/11/2020	19/11/2020	Active Recovery	Non Comp	Medical Treatment	Physiotherapy
Payment	23/11/2020	cc:183310057	13/11/2020	13/11/2020	Ornika Shilpakar	Non Comp	Reimbursement	GP/Doctor/Specialist
Payment	23/11/2020	cc:183310059	13/11/2020	13/11/2020	Ornika Shilpakar	Non Comp	Reimbursement	Professional Medical - Medic Certificate
Payment	23/11/2020	cc:183310067	15/11/2020	15/11/2020	Ornika Shilpakar	Non Comp	Reimbursement	Pharmaceutical
Payment	23/11/2020	cc:183325854	19/11/2020	19/11/2020	Marketplace Medical Centre Gungahlin	Non Comp	Medical Treatment	GP/Doctor/Specialist
Payment	26/11/2020	cc:183504568	26/11/2020	26/11/2020	Active Recovery	Non Comp	Medical Treatment	Physiotherapy
Payment	02/12/2020	cc:183707951	30/11/2020	30/11/2020	Active Recovery	Non Comp	Medical Treatment	Physiotherapy
Payment	04/12/2020	cc:183800910	03/12/2020	03/12/2020	Active Recovery	Non Comp	Medical Treatment	Physiotherapy
Payment	07/12/2020	cc:183853503	20/11/2020	20/11/2020	Marketplace Medical Centre Gungahlin	Non Comp	Medical Treatment	GP/Doctor/Specialist
Payment	11/12/2020	cc:184098050	10/12/2020	10/12/2020	Active Recovery	Non Comp	Medical Treatment	Physiotherapy
Payment	13/12/2020	cc:184143774	11/12/2020	11/12/2020	Marketplace Medical Centre Gungahlin	Non Comp	Medical Treatment	GP/Doctor/Specialist
Payment	17/12/2020	cc:184349420	16/12/2020	16/12/2020	Active Recovery	Non Comp	Medical Treatment	Physiotherapy
Payment	11/01/2021	cc:184974415	08/01/2021	08/01/2021	Marketplace Medical Centre Gungahlin	Non Comp	Medical Treatment	GP/Doctor/Specialist
Payment	13/01/2021	cc:185076740	12/01/2021	12/01/2021	Active Recovery	Non Comp	Medical Treatment	Physiotherapy
Payment	20/01/2021	cc:185361669	19/01/2021	19/01/2021	Active Recovery	Non Comp	Medical Treatment	Physiotherapy

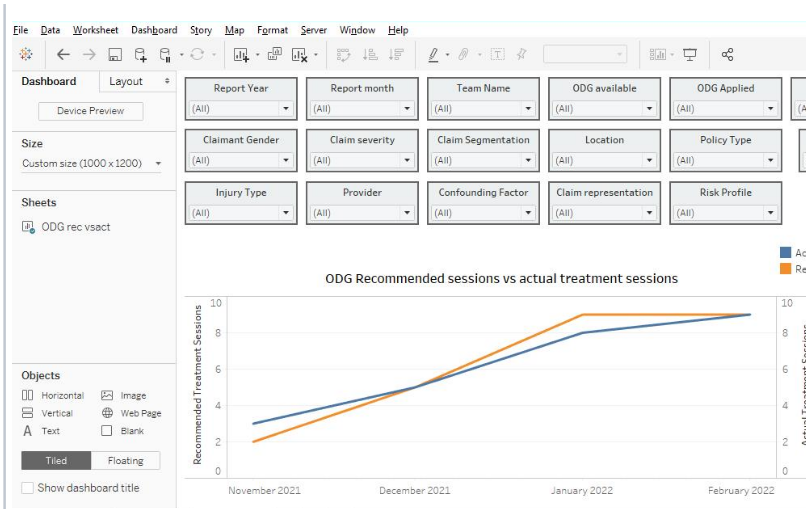
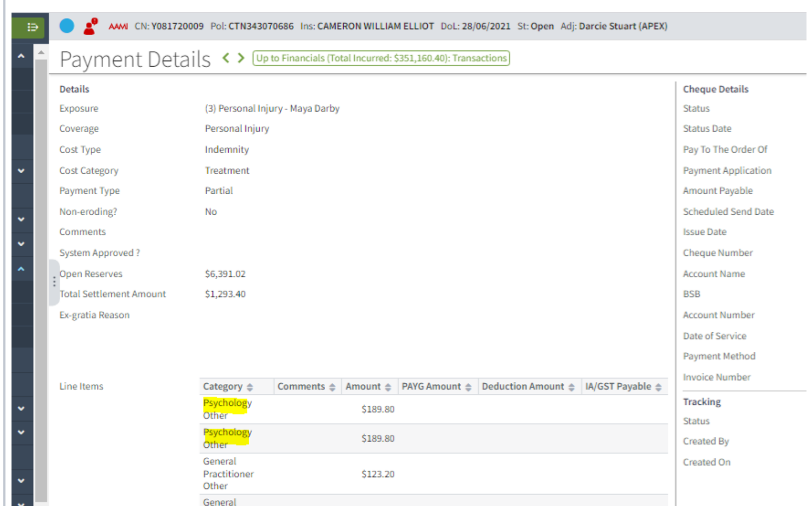
For CTP,

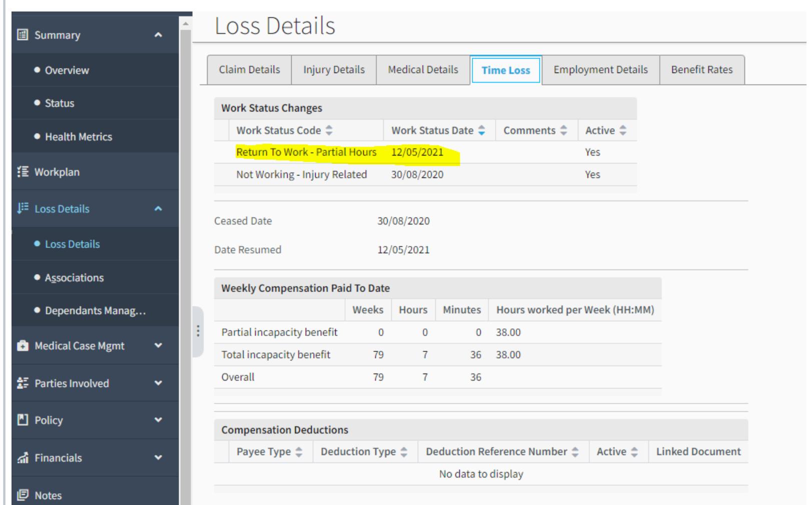
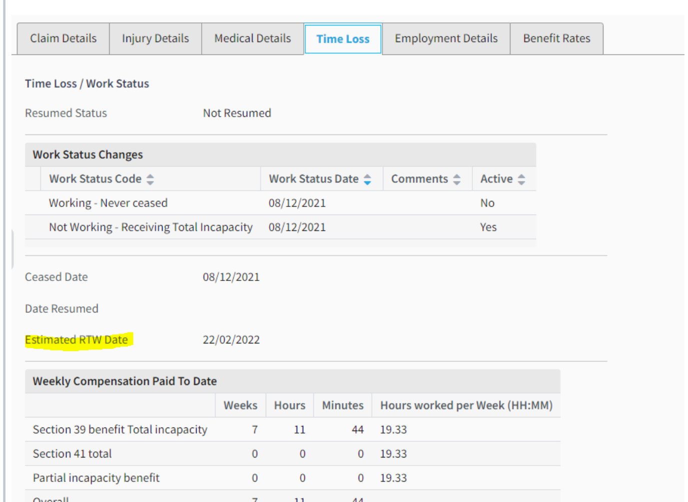
Actual treatment sessions = Count of number of transaction line times

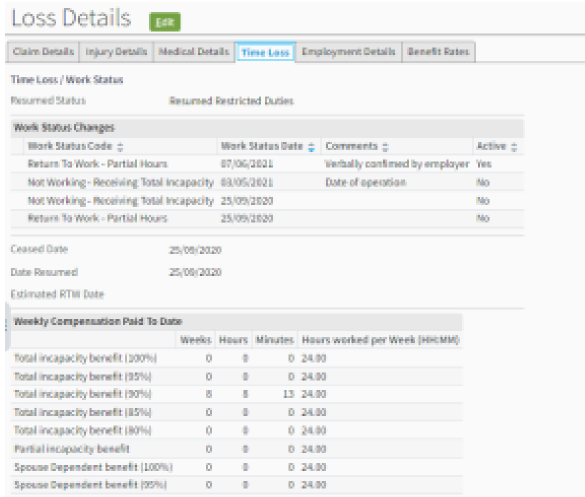
where transaction type = Payment and category = Exercise Physiology, Chiropractic, Physiotherapy, Osteopath, Psychology, Psychiatrist, Counselling

Average treatment sessions - ?

Prototype -

				 A drill thru report is required for this metric.
BR. MVP4.16	**PITPDET-1906** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a metric called **'% of Recommended treatment type vs Actual treatment type'** **So that** I can monitor claims where there is a mismatch between ODG Recommended treatment type and Actual treatments undertaken by the claimant	This metric calculates the percentage of claims where Actual treatments undertaken by the claimant is more or le treatment type. ODG recommended treatment types are Physio and Chiro while the actual treatment sessions can be found in 2 For CTP - Transaction line item of each treatment Cost category where category type = Exercise Physiology, Chiropractic, Physiotherapy, Osteopath, Remedial Massage, Psycho Psychiatrist, Counselling  For WI - You can find the actual treatment types within the transaction item where Minor Type = Medical Treatment and Minor Subtype = Exercise Physiology, Chiropractic, Physiotherapy, Osteopath, Remedial Massage, Psychol Psychiatrist, Counselling A drill thru is required for this metric.

BR. MVP4.17	**PITPDET-1907** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a metric called **'Avg Duration Accident Date to RTH'** **So that** I can measure the average number of days between the 'Accident date ' and the 'Date of Service Field' on the last payment record where 'Head of Damages' is 'Treatment' or 'Rehabilitation'	Measures FROM - Claim\Exposure Accident date Measures TO - 'Date of Service field on LAST payment for this exposure where the field 'Head of Damages' is in 'Rehabilitation')
BR. MVP4.18	**PITPDET-1908** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a metric called **'Average Duration of RTW'** **So that** I can measure the average number of days spent in each RTW Status or Medical status across the life of open or closed this month exposures.	For CTP, the average duration to RTW is the same as the one implemented for NSW CTP dashboard. For WI, it measures from Date of Accident measures to - For WA WI - Date resumed or date when Work Status code = Return to Work%  For ACT WI - Expected RTW date if Work Status code != Return to Work%  For TAS WI - Date resumed or date when Work Status code = Return to Work%

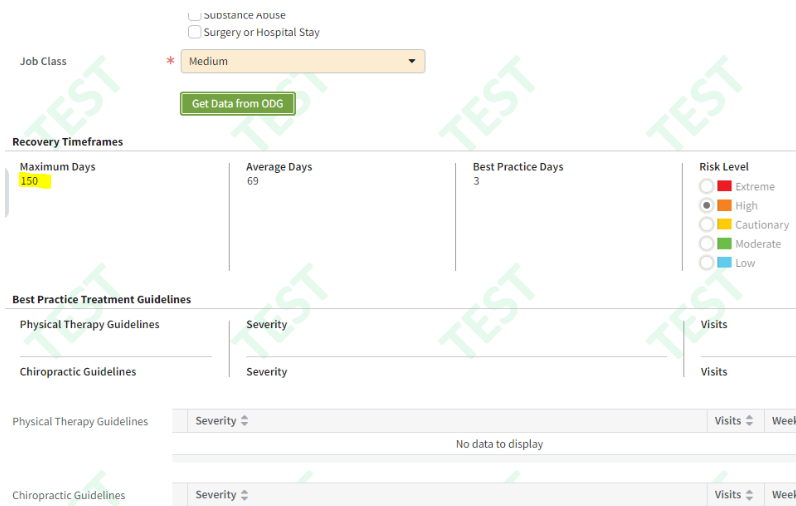
<table>
<tr><td></td><td></td><td></td><td></td><td>

Drill thru report is required.</td></tr>
<tr><td>BR. MVP4.19</td><td>PITPDET-1909 - Getting issue details...
STATUS</td><td>ODG Medical Dashboard</td><td>As a Business Owner

I Want a metric called '% of Claims beyond Maximum Days'

So that I can monitor claims which are going beyond Maximum number of days</td><td>This metric tells us the % of claims which have gone beyond their ODG recommended Maximum Days in a mont

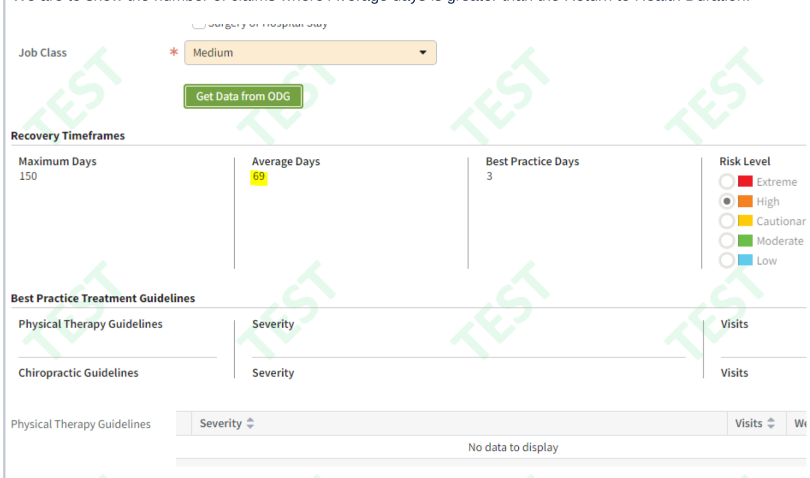
The baseline is Return to Health Time. See RTH metric for that duration.

We are to show the number of claims where Maximum days is greater than the Return to Health Duration.

</td></tr>
<tr><td>BR. MVP4.20</td><td>PITPDET-1910 - Getting issue details...
STATUS</td><td>ODG Medical Dashboard</td><td>As a Business Owner

I Want a metric called '% of Claims beyond Average Days'

So that I can monitor claims which are going beyond Maximum number of days</td><td>This metric tells us the % of claims which have gone beyond their ODG recommended Average Days in a month

The baseline is Return to Health Time. See RTH metric for that duration.

We are to show the number of claims where Average days is greater than the Return to Health Duration.

</td></tr>
</table>

BR. MVP4.21	**PITPDET-1911** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a metric called **'% of Claims beyond Best Practice Days'** **So that** I can monitor claims which are going beyond Maximum number of days	This metric tells us the % of claims which have gone beyond their ODG recommended Best Practice Days in a m  The baseline is Return to Health Time. See RTH metric for that duration. We are to show the number of claims where Best Practice days is greater than the Return to Health Duration.
BR. MVP4.22	**PITPDET-1912** - Getting issue details... STATUS	ODG Medical Dashboard	**As a** Business Owner **I Want** a metric called **'% of Claims with Confounding factors'** **So that** I can monitor claims which have one or more confounding factors.	This metric shows the percentage of claims with one or more confounding factors. The dimension for confoundin filter claims/exposures. A drill thru report with the number of claims that have no CF, 1 CF and more than 1 CF should be shown.

4.99 De-scoped Requirements

These requirements have been removed from scope.

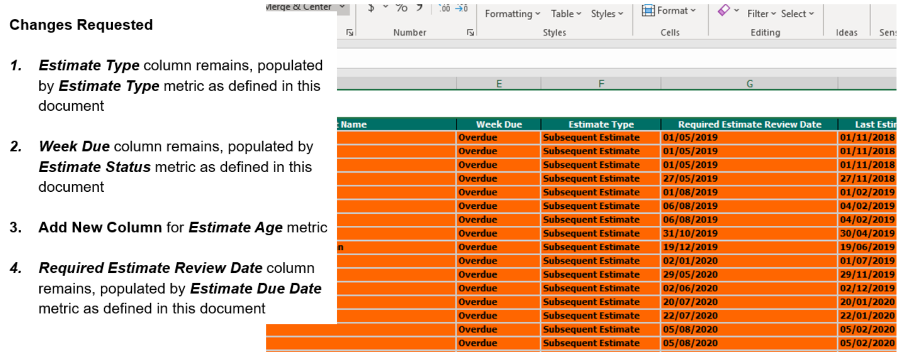
1. Epic - Estimating Report updates for NSW and ACT schemas. The Business Requirements collection slidepack is stored here and is referred to by the following business requirements <Link

4.99.1 De-SCOPED Functional Business Requirements

WP1. Req No.	Project Level Business Requirement	Reporting Solution	Description	Additional Detail
BR. WP2.1	**4 (JIRA 732)** **5 (JIRA 1228)**	**NSW Estimate Data (Cognos)** **ACT Estimate Data (Cognos)**	**EPIC LEVEL CARD** **Estimating Report Updates for NSW and ACT Schemas**	**Slide 5**

<table>
<tr><td>BR.WP2.
2</td><td>4 (JIRA 732)</td><td>NSW Estimate Data (Cognos)</td><td>As a Business Owner

I Want update the structure of my NSW Estimation report.

So that I can highlight new types of estimations and better support meeting KPIs.</td><td>Slide 7


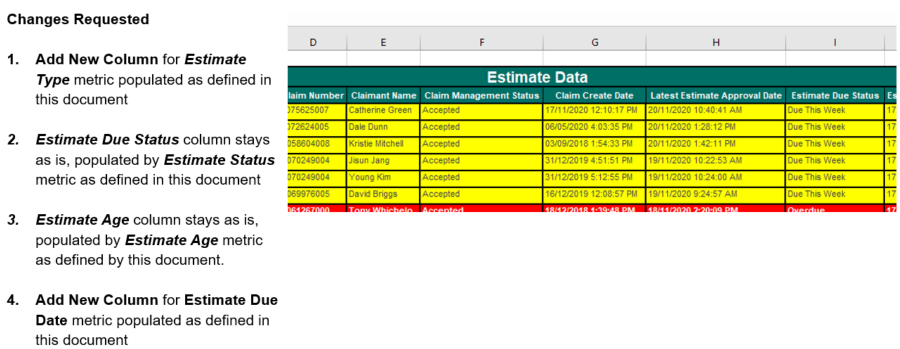
1.Estimate Type column remains, populated by Estimate Type metric as defined in this document

2.Week Due column remains, populated by Estimate Status metric as defined in this document

3.Add New Report Column for Estimate Age metric

4.Required Estimate Review Date column remains, populated by Estimate Due Date metric as defined in this document</td></tr>
<tr><td>BR.WP2.
3</td><td>5 (JIRA 1228)</td><td>ACT Estimate Data (Cognos)</td><td>As a Business Owner

I Want update the structure of my ACT Estimation report.

So that I can highlight new types of estimations and better support meeting KPIs.</td><td>Slide 8


1.Add New Column for Estimate Type metric populated as defined in this document

2.Estimate Due Status column stays as is, populated by Estimate Status metric as defined in this document

3.Estimate Age column stays as is, populated by Estimate Age metric as defined by this document.

4.Add New Report Column for Estimate Due Date metric populated as defined in this document</td></tr>
<tr><td>BR.WP2.
4</td><td>4 (JIRA 732)

5 (JIRA 1228)</td><td>NSW Estimate Data (Cognos)

ACT Estimate Data (Cognos)</td><td>As a Business Owner

I Want a field that identifies Estimation Type

So that I can identify 3 different types of estimation compliance requirement</td><td><table><tr><th>ACT Report column name</th><th>NSW Report column name</th><th>Metric</th><th>Notes</th></tr><tr><td>New Field</td><td>Estimate Type</td><td>Estimate Type</td><td>Business rules on following slides
Possible Values:
• "Initial Estimate"
• "Compliance Estimate"
• "Ongoing Estimate"
Value is fixed based on the type of estimate shown on row.
Logic is included already for Initial and Ongoing
Logic for defining compliance estimate is required</td></tr></table>
Compliance Estimate should read "Post Liability Estimate Review"

Initial Estimate and Ongoing Estimate types are pre-existing and logic for determining these eist do not need to change.

A Post Liability Estimate Review obligation is triggered by the Compliance date using similar logic to what exists for Initial Estim</td></tr>
<tr><td>BR.WP2.
5</td><td>4 (JIRA 732)

5 (JIRA 1228)</td><td>NSW Estimate Data (Cognos)

ACT Estimate Data (Cognos)</td><td>As a Business Owner

I Want a field that identifies Estimation Due Date

So that I see the due date of the estimation based on the compliance requirement for the estimation type</td><td><table><tr><td>New Field</td><td>-</td><td>Estimate Due Date</td><td>• Used in the calculation of Estimate Due Status
• Rules differ per estimate type.
• Compliance Estimates have different rules between ACT and</td></tr></table></td></tr>
</table>

<table>
<tr><td>BR.WP2.6</td><td>4 (JIRA 732)

5 (JIRA 1228)</td><td>NSW Estimate Data (Cognos)

ACT Estimate Data (Cognos)</td><td>As a Business Owner

I Want a field that identifies Estimation Age

So that I am aware of how many days since the estimation requirement was triggered.</td><td><table><tr><td>Estimate Age</td><td>New Field</td><td>Estimate Age</td><td>Business rules on following slides
Possible Values:
• Numeric whole number
• 0 – no maximum
Rules are the same for each estimate type but count from differ
origin dates</td></tr></table></td></tr>
<tr><td>BR.WP2.7</td><td>4 (JIRA 732)

5 (JIRA 1228)</td><td>NSW Estimate Data (Cognos)

ACT Estimate Data (Cognos)</td><td>As a Business Owner

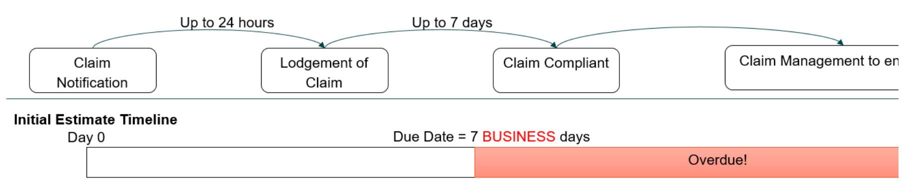
I Want a field that identifies Estimation Status

So that I can differentiate between estimates due in 2 weeks, this week or that are overdue</td><td><table><tr><td>Estimate Due Status</td><td>Week Due</td><td>Estimate Status</td><td>Business rules on following slides
Possible Values:
• “Due Shortly”
• “Due This Week”
• “Overdue”
Rules are the same for each estimate type.</td></tr></table></td></tr>
<tr><td>BR.WP2.8</td><td>4 (JIRA 732)

5 (JIRA 1228)</td><td>NSW Estimate Data (Cognos)

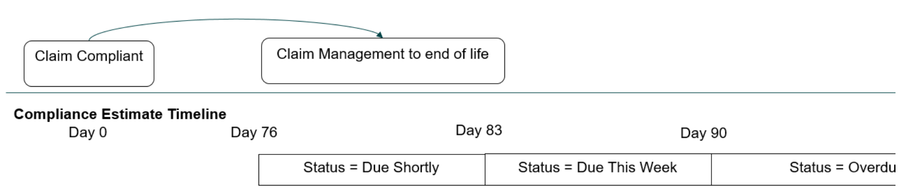
ACT Estimate Data (Cognos)</td><td>As a Business Owner

I Want a the fields requested to be populated as described here for Initial Estimates

So that the report correctly displays data for Initial Estimates</td><td>Process Excerpt – Claim lifecycle
For Initial Estimates – ACT & NSW


Initial Estimates are due within 7 <u>business</u> days of Claim Notification
<table>
<tr><th>Metric Name</th><th>Business Rule</th><th></th></tr>
<tr><td>Estimate Type</td><td>Value = “Initial Estimate”</td><td></td></tr>
<tr><td>Estimate Age</td><td>Integer</td><td>Number of calendar days since Claim Notification Date</td></tr>
<tr><td>Estimate Due Date</td><td>Date</td><td>Estimate Due Date = Claim Notification Date + 7 business days</td></tr>
<tr><td>Estimate Status</td><td>“Due Shortly”</td><td>If TODAY is 7-13 days prior to Estimate Due Date</td></tr>
<tr><td></td><td>“Due this week”</td><td>If TODAY is 0-6 days prior to Estimate Due Date</td></tr>
<tr><td></td><td>“Overdue”</td><td>If TODAY is after Estimate Due Date</td></tr>
</table>
Data Capture</td></tr>
<tr><td>BR.WP2.9</td><td>4 (JIRA 732)</td><td>NSW Estimate Data (Cognos)</td><td>As a Business Owner

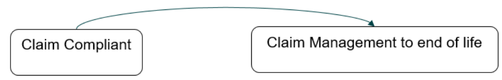
I Want a the fields requested to be populated as described here for Compliance Estimates in NSW only.

So that the report correctly displays data for Compliance Estimates in NSW</td><td>Process Excerpt – Claim lifecycle
For Compliance Estimates – NSW c


Compliance Estimates are due within 90 calendar days of Claim Compliance Date
<table>
<tr><th>Metric Name</th><th>Business Rule</th><th></th></tr>
<tr><td>Estimate Type</td><td>Value = “Compliance Estimate”</td><td></td></tr>
<tr><td>Estimate Age</td><td>Integer</td><td>Number of calendar days since Claim Compliance Date</td></tr>
<tr><td>Estimate Due Date</td><td>Date</td><td>Estimate Due Date = Claim Complian Date + 90 days</td></tr>
<tr><td>Estimate Status</td><td>“Due Shortly”</td><td>If TODAY is 7-13 days prior to Estimate Date</td></tr>
<tr><td></td><td>“Due this week”</td><td>If TODAY is 0-6 days prior to Estimate I Date</td></tr>
<tr><td></td><td>“Overdue”</td><td>If TODAY is after Estimate Due Date</td></tr>
</table>
Data Capture</td></tr>
</table>

<table>
<tr>
<td>BR.WP2.
10</td>
<td>5 (JIRA 1228)</td>
<td>ACT Estimate Data (Cognos)</td>
<td>As a Business Owner

I Want a the fields requested to be populated as described here for Compliance Estimates in ACT only.

So that the report correctly displays data for Compliance Estimates in ACT only</td>
<td>
Process Excerpt – Claim lifecycle
For Compliance Estimates – ACT o


Compliance Estimate Timeline
Day 0 | Day 14 | Day 21 | Day 28
Status = Due Shortly | Status = Due This Week | Status = Overdue

Compliance Estimates are due within 28 calendar days of Claim Compliance Date

<table>
<tr><th>Metric Name</th><th>Business Rule</th><th></th></tr>
<tr><td>Estimate Type</td><td>Value = "Compliance Estimate"</td><td></td></tr>
<tr><td>Estimate Age</td><td>Integer</td><td>Number of calendar days since Claim Compliance Date</td></tr>
<tr><td>Estimate Due Date</td><td>Date</td><td>Estimate Due Date = Claim Complianc Date + 28 days</td></tr>
<tr><td>Estimate Status</td><td>"Due Shortly"</td><td>If TODAY is 7-13 days prior to Estimate Date</td></tr>
<tr><td></td><td>"Due this week"</td><td>If TODAY is 0-6 days prior to Estimate D Date</td></tr>
<tr><td></td><td>"Overdue"</td><td>If TODAY is after Estimate Due Date</td></tr>
</table>
Data Capture
</td>
</tr>
<tr>
<td>BR.WP2.
11</td>
<td>4 (JIRA 732)

5 (JIRA 1228)</td>
<td>NSW Estimate Data (Cognos)

ACT Estimate Data (Cognos)</td>
<td>As a Business Owner

I Want a the fields requested to be populated as described here for Ongoing Estimates.

So that the report correctly displays data for Ongoing Estimates</td>
<td>
Process Excerpt – Claim lifecycle
For Ongoing Estimates – ACT & NSW


Ongoing Estimate Timeline
Day 0 | Day 76 | Day 83 | Day 90
Status = Due Shortly | Status = Due This Week | Status = Overdue

Ongoing Estimates are due within 90 calendar days of Estimate Last Updated date

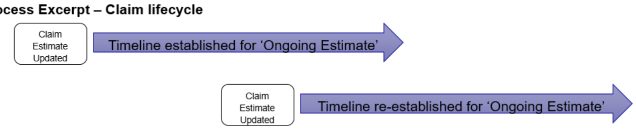
<table>
<tr><th>Metric Name</th><th>Business Rule</th><th></th></tr>
<tr><td>Estimate Type</td><td>Value = "Ongoing Estimate"</td><td></td></tr>
<tr><td>Estimate Age</td><td>Integer</td><td>Number of calendar days since Estimate Last Updated Date</td></tr>
<tr><td>Estimate Due Date</td><td>Date</td><td>Estimate Due Date = Estimate Last Updated Date + 90 days</td></tr>
<tr><td>Estimate Status</td><td>"Due Shortly"</td><td>If TODAY is 7-13 days prior to Estimate Date</td></tr>
<tr><td></td><td>"Due this week"</td><td>If TODAY is 0-6 days prior to Estimate D Date</td></tr>
<tr><td></td><td>"Overdue"</td><td>If TODAY is after Estimate Due Date</td></tr>
</table>
Data Capture
</td>
</tr>
<tr>
<td>BR.WP2.
12</td>
<td>4 (JIRA 732)

5 (JIRA 1228)</td>
<td>NSW Estimate Data (Cognos)

ACT Estimate Data (Cognos)</td>
<td>As a Business Owner

I Want ongoing estimates to reset on any update of the claim estimate

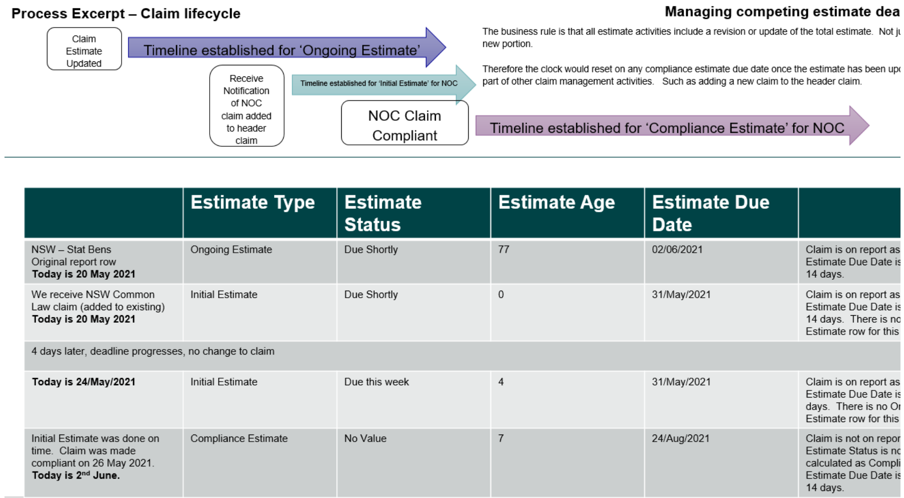
So that the report correctly identifies the appropriate estimate type and due date.</td>
<td>
Business Requirements Capture – Improve Estimating Procedure (ACT & NSW)

Process Excerpt – Claim lifecycle


The 'Ongoing Estimate' compliance obligation is for an estimate update to occur within 90 days of the last update.

If the Estimate is updated for any reason, regardless of status of Claim Centre Activities, the compliance obligation resets to 90 days from the Last Update Date.

<table>
<tr><th></th><th>Estimate Type</th><th>Estimate Status</th><th>Estimate Age</th><th>Estimate Due Date</th><th>Filter Comment</th></tr>
<tr><td>NSW – Stat Bens Original report row Today is 20 May 2021</td><td>Ongoing Estimate</td><td>Due Shortly</td><td>77</td><td>02/06/2021</td><td>Claim is on report as Ongoing Estimate D Date is within 14 day</td></tr>
<tr><td>The 'Ongoing Estimate Activity' isn't changed or addressed however due to a different process, the Claim Estimate is updated. Today is 20 May 2021</td><td>Ongoing Estimate</td><td>--</td><td>0</td><td>18/Aug/2021</td><td>Claim is not on repo and Estimate Status not calculated as Ongoing Estimate D Date is above 14 day</td></tr>
</table>
Data Capture
</td>
</tr>
</table>

BR.WP2.13	4 (JIRA 732) 5 (JIRA 1228)	NSW Estimate Data (Cognos) ACT Estimate Data (Cognos)	**As a** Business Owner **I Want** claim activities to trigger an update of the estimate type that applied and all other fields update as relevant **So that** the report correctly identifies the appropriate estimate type and due date.	

	Estimate Type	Estimate Status	Estimate Age	Estimate Due Date	
NSW – Stat Bens Original report row **Today is 20 May 2021**	Ongoing Estimate	Due Shortly	77	02/06/2021	Claim is on report as Estimate Due Date is 14 days.
We receive NSW Common Law claim (added to existing) **Today is 20 May 2021**	Initial Estimate	Due Shortly	0	31/May/2021	Claim is on report as Estimate Due Date is 14 days. There is no Estimate row for this
4 days later, deadline progresses, no change to claim					
Today is 24/May/2021	Initial Estimate	Due this week	4	31/May/2021	Claim is on report as Estimate Due Date is days. There is no O Estimate row for this
Initial Estimate was done on time. Claim was made compliant on 26 May 2021. **Today is 2nd June.**	Compliance Estimate	No Value	7	24/Aug/2021	Claim is not on repor Estimate Status is no calculated as Compli Estimate Due Date is 14 days.

4.99.2 DESCOPED - Non-Functional Business Requirements

REF# / JIRA#	Project Level Business Requirement	Reporting Solution	Description	Priority (MoSCoW)	Acceptance Criteria
NFR. WP2.1	4 (JIRA 732) 5 (JIRA 1228)	NSW Estimate Data (Cognos) ACT Estimate Data (Cognos)	All NFRs are as per the original report and should not change.	M	Updated reports can be run as prior with the same data lag, data grain and other specifices.

4.99.3 DESCOPED - Testing/Acceptance Criteria

Test No.	Test Name	Test Steps	Expected Outcome
AC. WP 2.1	Initial Estimate Creation	1.Perform 'Claim Notification' business process in Claim Centre 2.Wait 1 day 3.Run **Estimation Report**	**Outcome 1** – Report shows claim with an Initial Estimate due 7 business days after creation, Age = 1, Status = 'Due Shortly'
AC. WP 2.2	Initial Estimate Progression	1.Set 'System Date' + 5 days 2.Run **Estimation Report** 3.Set 'System Date' + 16 additional days 4.Run **Estimation Report** 5.Perform 'Initial Estimate' process in Claim Centre 6.Wait 1 day 7.Run **Estimation Report** 8.Set System Date + 80 additional days 9.Run **Estimation Report**	**Outcome 1** – Report shows claim with an Initial Estimate due 7 business days after creation, Age = 6, Status = 'Due This Week' **Outcome 2** – Report shows claim with an Initial Estimate due 7 business days after creation, Age = 22, Status = 'Overdue' **Outcome 3** – Not on report (Ongoing Estimate due 90 calendar days after estimate update date, Age = 1, Status = NA) **Outcome 4** - Report shows claim with an Ongoing Estimate due 90 calendar days after creation, Age = 81, Status = 'Due Shortly' Note – Compliance step did not feature in this test

AC. WP 2.3	Compliance Estimate Creation (ACT)	1.Perform ‘Claim Compliance’ business process in Claim Centre 2.Wait 1 day 3.Run **Estimation Report** 4.Set ‘System Date’ + 16 additional days 5.Run **Estimation Report**	**Outcome 1** – Not on report (Compliance Estimate due 28 calendar days after Compliance date, Age = 1, Status = NA) **Outcome 2** - Report shows claim with an Compliance Estimate due 28 calendar days after Compliance date, Age = 17, Status = ‘Due Shortly’
AC. WP 2.4	Compliance Estimate Creation (NSW)	1.Perform ‘Claim Compliance’ business process in Claim Centre 2.Wait 1 day 3.Run **Estimation Report** 4.Set ‘System Date’ + 80 additional days 5.Run **Estimation Report**	**Outcome 1** – Not on report (Compliance Estimate due 90 calendar days after Compliance date, Age = 1, Status = NA) **Outcome 2** - Report shows claim with an Compliance Estimate due 90 calendar days after Compliance date, Age = 81, Status = ‘Due Shortly’
AC. WP 2.5	Compliance Estimate Progression (ACT)	1.Set ‘System Date’ + x days to be 5 days prior to test Compliance Estimate due date 2.Run **Estimation Report** 3.Set ‘System Date’ + 10 additional days 4.Run **Estimation Report** 5.Perform ‘Compliance Estimate’ process in Claim Centre 6.Wait 1 day 7.Run **Estimation Report** 8.Set System Date + 80 additional days 9.Run **Estimation Report**	**Outcome 1** – Report shows claim with an Compliance Estimate due 28 days after Compliance Date, Age = 23, Status = ‘Due This Week’ **Outcome 2** – Report shows claim with an Compliance Estimate due 28 days after Compliance Date, Age = 33, Status = ‘Overdue’ **Outcome 3** – Not on report (Ongoing Estimate due 90 calendar days after estimate update date, Age = 1, Status = NA) **Outcome 4** - Report shows claim with an Ongoing Estimate due 90 calendar days after estimate update date, Age = 81, Status = ‘Due Shortly’
AC. WP 2.6	Compliance Estimate Progression (NSW)	1.Set ‘System Date’ + x days to be 5 days prior to test Compliance Estimate due date 2.Run **Estimation Report** 3.Set ‘System Date’ + 10 additional days 4.Run **Estimation Report** 5.Perform ‘Compliance Estimate’ process in Claim Centre 6.Wait 1 day 7.Run **Estimation Report** 8.Set System Date + 80 additional days 9.Run **Estimation Report**	**Outcome 1** – Report shows claim with an Compliance Estimate due 90 days after Compliance Date, Age = 85, Status = ‘Due This Week’ **Outcome 2** – Report shows claim with an Compliance Estimate due 90 days after Compliance Date, Age = 95, Status = ‘Overdue’ **Outcome 3** – Not on report (Ongoing Estimate due 90 calendar days after estimate update date, Age = 1, Status = NA) **Outcome 4** - Report shows claim with an Ongoing Estimate due 90 calendar days after estimate update date, Age = 81, Status = ‘Due Shortly’
AC. WP 2.7	Ongoing Estimate Creation	See Test No. 2, 5, 6	Tests 2, 5, 6 test the progression of Initial and Compliance estimates including the creation of the ongoing estimate after completing the Initial or Compliance estimates.
AC. WP 2.8	Ongoing Estimate Progression	See Test No. 2, 5, 6	Tests 2, 5, 6 test the progression of Initial and Compliance estimates including the creation of the ongoing estimate after completing the Initial or Compliance estimates.
AC. WP 2.9	Estimate Updated	1.Select a claim reported with an Ongoing Estimate ‘Due Shortly’ 2.Update Estimate in Claim Centre 3.Wait 1 day 4.Run **Estimation Report** 5.Set ‘System Date’ + 80 days 6.Run **Estimation Report**	**Outcome 1** – Not on report (Ongoing Estimate due 90 calendar days after estimate update date, Age = 1, Status = NA) **Outcome 2** - Report shows claim with an Ongoing Estimate due 90 calendar days after estimate update date, Age = 81, Status = ‘Due Shortly’

Guidance questions for Non-Functional Business Requirements

- *User*
  - *Number (or range) of business Users - Report users ?*
  - *Number (or range) of business users – Analyst users ?*
- *Usage*
  - *Peak Time period for the report usage =?*
  - *Estimated number of concurrent Report users at a given time =?*
- *SLA on Report refresh*
  - *Data Refresh Frequency (date & Time) =?, likely month*
  - *Expected report interactive refresh time = ?*
- *Data Access Security:*
  - *Any requirement on the Data access security to users (business) (eg: group of users should have access to specific metrics, not others..) =?*
  - *No other business users/Tech users should have read access to this data? = ?*
- *Data Retention:*
  - *How long the reporting data need to be available for reporting*
  - *Can the data older than required age been archived & purged?*
- *Application Criticality:*

  How long business can accept a down time in accessing the application / reports in the below events.
    - *Batch Failure*
    - *Application module failure (underlying platform)*
    - *Disaster*
- *Application Support*
    - *24x7 / business hours*