

## Integrated Database Checklist

The following table summarizes data sources that can be included in an integrated database and the recommended variables to collect. All data sources need an employee identifier (common field) that is consistent across all sources to join all data into integrated reports and metrics. A minimum of three years of history is recommended for all sources to establish a reliable baseline. Three years of information provides enough data and measurement points to trend the data accurately as well as to assess the current state compared to historical levels. History is valuable for payroll and demographic/organization sources to accurately categorize claims and lost-time costs for trending purposes.

DATA SOURCE	ASSOCIATED VARIABLES
<b>Claim Sources</b>	
Short-term disability	Claim summary level: cost, lost days, illness date/type, location, pay percentage
Workers' compensation	Claim summary level: cost, lost days, injury date/type, location
Long-term disability	Claim summary level: claimant, cost, lost days, illness date/type, location, pay percentage
Group health	Service detail level for employees and dependents: service date, cost, place of service, diagnosis, procedure codes, employer and employee paid amounts
Prescription drug	Prescription detail level for employees and dependents: service date, drug name and code, dosage, days supplied, employer and employee paid amounts
<b>Lost-Time Sources</b>	
Family medical leave	Lost days, reason, leave type, dates
Paid time off	Lost days, reason, cost, dates
<b>Integration/Grouping Sources</b>	
Payroll	Compensation types/dates
Demographic/Organization	Hire date, termination date, birth date, organizational structure, work locations

The following table summarizes an ideal base set of metrics to produce from the integrated database. All of these metrics should include current measurement against a baseline value, trending, and period-over-period comparisons.

METRIC	EXPLANATION
<b>Integrated</b>	
Pareto group	Analysis of top cost drivers; subpopulation that is incurring the majority of claim cost
Integrated total absence	Historical trend and/or predictive analysis for claim incidence, duration, and cost
Overlap	Analysis of individuals utilizing multiple benefits in a time period (i.e., incurring both STD and WC claims)
Risk identification	Populations of claims that incur the most cost; locations/populations that have higher-than-average costs
<b>Disability Benefits</b>	
Top conditions	Top 10 conditions based on diagnosis (most frequent and most costly)
Average cost	Cost per claim/employee
Reporting lag	Time lags in the claim reporting and handling process

<b>METRIC</b>	<b>EXPLANATION</b>
Average lost days	Lost days per claim/employee
<b>Workers' Compensation</b>	
Injury type	Top 10 injuries (most frequent and most costly)
Repeater claims	Multiple use of benefit during the measurement period
Reporting lag	Gap between incurring the injury and reporting the claim; gaps in claim process
Average cost	Cost per claim/employee
Average lost days	Lost days per claim/employee
<b>FMLA Leave</b>	
Type of use	Tracking of personal versus family use
Concurrent claims	Number of FML claims that are also disability- or WC-related
Average time used	Time used in days per claim/employee
<b>Group Health/Prescription Drug</b>	
Average cost	Cost per employee/member
Cost comparison	Place of service comparison (e.g., cost for inpatient versus outpatient or in-network versus out-of-network)
Top conditions	Top conditions based on diagnosis (most frequent, most costly)
Top drug therapy	Top drug therapies based on national drug code (most frequent, most costly)