

Key Takeaways

- Remember the Three-Step Process
- Use Your Resources
- Use Detailed Explanations

Chapter 1: Understanding Validation Edits

What Are Validation Edits?

- Validation edits are intended to further improve the quality of data used in state loss cost and rate filings as well as in the production of experience ratings
- Each validation edit is assigned a Type Code, a unique identifier that leads with a letter:
 - o "E" for exposure validation edits (e.g., E133)
 - o "L" for loss validation edits (e.g., L108)
 - o "C" for combined edits (e.g., C821)
 - o "A" for all header validation edits
- Each validation edit is assigned a Data Grade 2 (Suspect)

Validation Edit Types

- Submission
 - o Automatically identifies suspect data upon receipt
- Post-Submission
 - NCCI validators identify suspect data while reviewing Unit Data that has already been received

Identifying Validation Edits

Use these reports to find and manage your validation edits.

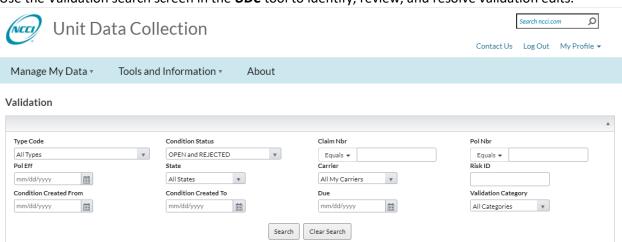
Report or Alert	Submission	Post-Submission
Unit Submission Results Report	√	
Unit Daily Submission Results Report	√	
Outstanding Suspect Conditions Report	√	✓
Rejected Suspect Condition Explanations	✓	✓
Post-Submission Suspect Conditions Report		✓

- You can find the Unit Submission Results Report and the Unit Daily Submission Results Report in the Unit Data Collection (UDC) tool
- NCCI sends the Outstanding Suspect Conditions Report and Rejected Suspect Condition Explanations by email to the unit contact every Friday morning
- NCCI sends the Post-Submission Suspect Conditions Report out nightly when new edits are created



Where to Address Validation Edits

Use the Validation search screen in the **UDC** tool to identify, review, and resolve validation edits.





Chapter 2: 3-Step Process to Address Unit Validation Edits

Identify Your Validation Edits

- Use the Validation Search in **UDC** as your starting point.
- Use these key fields to prioritize your edits:
 - Condition Status.
 - Due Date.

Research Validation Edits

- Select the Details option via the Validation Search in UDC.
- Review the suspect data on the unit to determine if it needs a correction.

Resolve Validation Edits

Resolve the edit by:

- Correcting the data, or
- Providing a detailed explanation using the Explanation Journal option.

Validation Submission Edit Workflow

- 1. Identify—You can use any of these options to identify the edits.
 - a. Data Reports.
 - b. **UDC** Validation screen.
 - c. Data Manager Dashboard.
- 2. Research—Follow these steps to determine the cause of the issue.
 - a. Review your source system to verify that the data is accurate.
 - b. For edits that look across multiple report levels, view the history of the claim in *UDC* to see what changed.
 - c. Refer to the *Statistical Plan* and *Unit Statistical Reporting Guidebook* for clarification and examples of the reporting rules.
 - d. Check the Edit and Validation Matrix for additional information pertaining to the edit.
- 3. Resolve—Resolve the edit using the applicable option.
 - a. Correct inaccurate data at the appropriate report levels. You can use UDC or Data Transfer via the Internet (DTVI).
 - b. Respond with a detailed explanation on the *UDC* Validation screen if the data is correct.

Notes:

- You may need to provide both corrections and a detailed explanation. In these circumstances, submit the corrections first and then add explanations.
- Research a unit again if your validator requests additional information.

Chapter 3: Validation Edit L306

Edit Message

A Claim Review Across Multiple Report Levels Is Required for Suspect Indemnity Development and Injury Type Coding From Permanent Partial to Temporary Total Disability

Identify

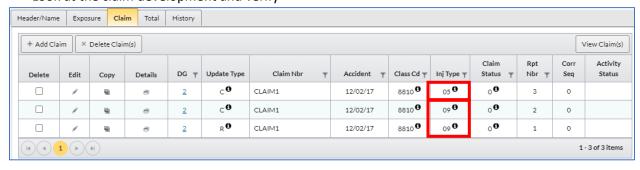
• Identify the edit using the Validation screen in **UDC**



• Note that the edit spans all report levels

Research

- Find the claim in **UDC**
- Look at the claim development and verify



- o Injury Type 09 (Permanent Partial) reported at 1st and 2nd level
- o Injury Type 05 (Temporary Total or Temporary Partial) reported at 3rd report
- Additional research in the source system determines:
 - Permanent partial disability reserves set up initially for possible surgery
 - Claimant opted for physical therapy and no longer required surgery
 - Later, claimant opted out of surgery, and injury was determined to be less severe than anticipated
- Determination—The loss development is correct as reported

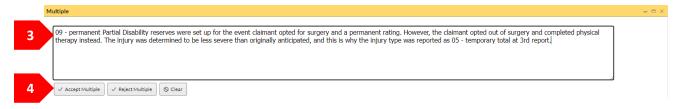


Resolve

- Add a detailed explanation and copy for all report levels
- First, find your unit by searching for Condition Status "Open and Rejected"
- Next, search for and select L306 in the Type Code drop-down menu



- 1. Select all three report levels the edit is open on
- 2. Click Apply Response to Selected



- 3. Enter your detailed explanation
- 4. Click the Save Multiple button
- The NCCI validator will either accept or reject the explanation
 - o In this scenario, the validator accepts the detailed explanation
 - The edit is resolved for all report levels

	Go To	P	ol Nbr		Pol Eff	State	Rpt	Nbr 🍸	Corr Seq	Open Claim 🍸	DG	Status 1	Days Remain
	=	L306EXAMPLE 12/03/2017 LA-17 3		3	0	Υ	2	CURR					
4		Insured DI	NP			Can	rier 45	5856	Risk	ID	FEIN 0	00000000	
	Record DG	Int/Ext	Record Type 🍸	Rpt Nbr	Corr Seq	Field Name	T	Edit Nbr/Typ e Code 🍸	Ed	lit Msg/Validation De	esc.	Reported Value	Defaulted Value
	2	E	Ľ	1	0	VALIDATION LOSS CONDITIONS Status: OPEN		L741	CLAIMS REPORTE SETTLEMENT COL	1 Accident: 12/03/17 ID WITH A LOSS CON DE OF 00, A LUMP SUNITY AMOUNTS TH. IFICANTLY	IDITION IM FLAG OF Y,	Pd Indem 000115222	
	2	E	Ŀ	3	0	VALIDATION LOSS CONDITIONS Status: OPEN		L245	OPEN INDEMNITY	1 Accident: 12/03/17 / CLAIMS ARE REPO R THE INCURRED AI		Claim Status 0	
	2	E	Ē	1	0	VALIDATION EXPOSURE CONDITIONS Status: OPEN		E134	Class Cd:8810 UNITS FOR DIFFEI DUPLICATES OF C	RENT POLICIES APP	EAR TO BE	Match Nbr 8451	
	0	1	H	1	0	MISCELLANEOUS LINK EDI	ITS	9900-01	UNIT REPORT DA	TA DOES NOT MATO	H POLICY DATA	L306EXAMPLE	

- Note that Edit L306 has been removed from the view since the edit was accepted
- o It will show as Accepted in the Validation screen

Chapter 4: Validation Edit L804

Edit Message

Part of Body Coding Is Inconsistent Across Report Levels

Identify

- Identify the edit using the Validation screen in *UDC*.
- Click the Details button to view the Claim details for more information.



- A different Part of Body Code was used at 2nd report.
- Note that the edit was flagged on three report levels.

Research

- Which Part of Body is correct? Check source system for accuracy.
- Assume that the correct Part of Body Code is 10. Which report level needs to be changed?
 [Enter answer here]

Resolve

- Submit correction—Change Part of Body from 13 to 10.
- Example: Revising the code in UDC.



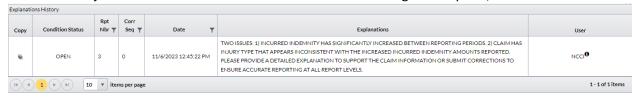
Chapter 5: Validation Edit L183

Edit Message

Maximum Aggregate/Large Losses

Identify

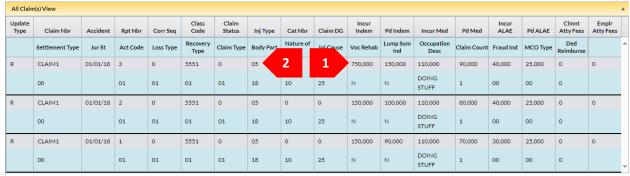
- Identify the edit using the Validation screen in UDC
- Check the journal for more details as to what the L183 is asking to verify and/or correct



• Click the Details button to view the Claim details for more information

Research

Look at the claim development in **UDC** and verify.



- 1. Incurred indemnity significantly increased at 3rd report
- 2. The injury type 05 temporary total appears unusual vs. 750K incurred indemnity

Resolve

1. Corrected the injury type at 3rd report after reviewing source system



- Provide a detailed verification for the increase in incurred indemnity in the Explanation Journal
- In this scenario, NCCI reviews and accepts the corrections and explanations

Chapter 6: Validation Edit L253

Edit Message

Claims With the Same Accident Date Are Not Reported With a Catastrophe Number

Identify

Identify the edit using the Validation screen in UDC



Edit flagged on CLAIM4, CLAIM5, and CLAIM6

Research

Keep the catastrophe reporting rules in mind.

- A catastrophe is an accident resulting in two or more reportable claims
- Report with Catastrophe Numbers 01 to 10
- Increase the Catastrophe Number by 1 for each new catastrophe

Look closer at the data.

• Three claims have the same Accident Date and no Catastrophe Number

Claim Nbr	Accident Date	Catastrophe Nbr
CLAIM4	02/01/08	0
CLAIM5	02/01/08	0
CLAIM6	02/01/08	0

• Check source system to determine if these claims should be a catastrophe

Resolve

Possible actions:

If	Then
Claims are from one catastrophe	[Enter action to take]
Accident Dates are incorrect	[Enter action to take]
Claims are not a catastrophe and Accident	[Enter action to take]
Dates are correct	

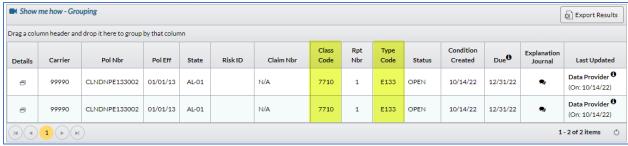
Chapter 7: Validation Edit E133

Edit Message

Duplicate Exposure Is Reported in Uneven Experience Modification and/or Rate Effective Date Periods

Identify

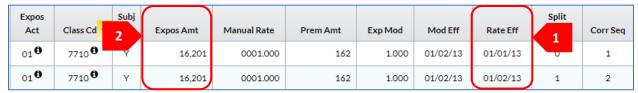
• Identify the edit using the Validation screen in **UDC**



Edit flagged on Class Code 7710

Research

Look closer at the data.



- 1. Two different Rate Effective Date periods
 - a. From 01/01/2013 to 01/02/2013
 - b. From 01/02/2013 to 01/01/2014
- 2. Exposure Amounts are the same

Check the source system to determine the correct Rate Effective Date and Exposure Amounts.

Resolve

Possible actions:

If	Then
A Rate Effective Date is incorrect	[Enter action to take]
An Exposure Amount is incorrect	[Enter action to take]
The Rate Effective Dates and Exposure	[Enter action to take]
Amounts are correct	

Chapter 8: Validation Edit C821

Edit Message

The Distribution of Claims Appears Suspect Compared to the Exposure Amount in the Class

Identify

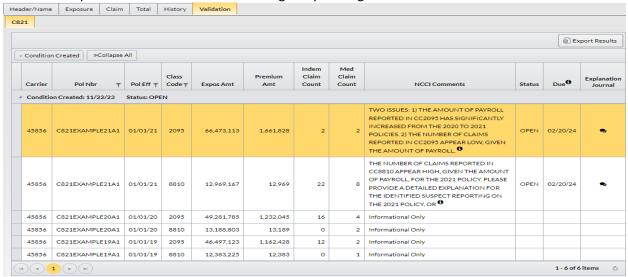
- Identify the edit using the Validation screen in **UDC**
- Click the Details button to view the Claim details for more information



Edit flagged on Class Codes 2095 and 8810

Research

Look deeper into what the C821 is referring to by visiting the Validation Tab on the unit



• In this scenario, check the source system or check with the carrier's audit department to verify payroll and claims reporting



Resolve

1. Reclassify the claims classified to CC8810 incorrectly

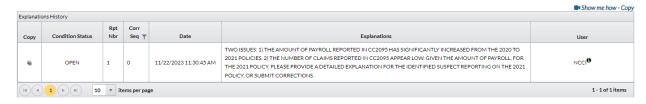
+ Add Clain	n × C	elete Claim(s)										View Claim(s)
Delete	Edit	Details	DG Ţ	Update Type	Claim Nbr 🔻	Accident 🔻	Class Cd ▼	Inj Type 🔻	Claim Status 🔻	Rpt Nbr 🔻	Corr Seq	Activity Status
	P	0	0	_R 0	CLAIM1	06/10/21	2095	05 €	10	1	0	
	P	0	0	_R 0	CLAIM2	11/24/21	2095	06 0	10	1	0	
	1	0	0	_R 0	CLAIM3	09/10/21	2095	05 €	10	1	0	
	P	6	0	R.O	CLAIM4	06/08/21	2095	06 €	10	1	0	
	P	0	0	_R 0	CLAIM5	02/25/21	8810	1	10	1	0	
	P	0	0	_R ⊕	CLAIM6	06/23/21	8810	06 0	10	1	0	
	P	0	0	_R ⊕	CLAIM7	11/02/21	8810	06 €	10	1	0	
	P	6	0	_R ⊕	CLAIM8	03/15/21	8810	05 €	10	1	0	
	P	6	0	_R 0	CLAIM9	04/20/21	8810 0	06 €	₁ 0	1	0	
	P	0	0	_R 0	CLAIM10	08/19/21	8810	06	₁ 0	1	0	

2. Provide a detailed verification for the payroll increase after corrections are submitted:

The payroll increase reported in CC2095 was on an account of an acquisition in 2021. The acquisition added more payroll in CC2095 in particular.

2







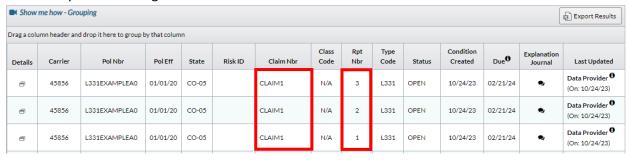
Chapter 9: Validation Edit L331

Edit Message

Claim Is Reported With Type of Recovery Code and Net Incurred Loss Lower Than Gross Incurred Losses in Prior Report Levels

Identify

Identify the edit using the Validation screen in UDC



Edit flagged for CLAIM1 on report levels 1 to 3

Research

Look closer at the data.

Claim Nbr	Accident	Rpt Nbr	Corr Seq	Class Code	Claim Status	Inj Type	Cat Nbr	Claim DG	Incur Indem	Pd Indem	Incur Med	Pd Med
Settlement Type	Jur St	Act Code	Loss Type	Recovery Type	Claim Type	Body Part	Nature of Inj	Inj Cause	Voc Rehab	Lump Sum Ind	Occupation Desc	Claim Count
CLAIM1	01/01/20	3	1	8831	1	05	0	2	5,000	5,000	10,000	10,000
00		01	2	03	01	10	10	10	N	N	DOING STUFF	1
CLAIM1	01/01/20	2	0	8831	0	05	0	2	20,000	15,000	20,000	10,000
00		01	01	01	01	10	10	10	N	N	DOING STUFF	1
CLAIM1	01/01/20	1	0	8831	0	05	0	2	20,000	10,000	20,000	5,000
00		01	01	01	01	10	10	10	N	N	DOING STUFF	1

Notice that at 3rd report level:

- 1. Gross incurred losses are lower, and
- 2. There is a Recovery Type Code

We will need to check with the carrier's claims department to determine if the recovery is accurate.



Resolve

Assume that the claims department verifies that the recovery is correct. We need to submit corrections to the 1st and 2nd reports to:

- 1. Reduce the incurred and paid losses to their appropriate values, and
- 2. Add Recovery Code 03

Claim Nbr	Accident	Rpt Nbr	Corr Seq	Class Code	Claim Status	Inj Type	Cat Nbr	Claim DG	Incur Indem	Pd Indem	Incur Med	Pd Med
Settlement Type	Jur St	Act Code	Loss Type	Recovery Type	Claim Type	Body Part	Nature of Inj	Inj Cause	Voc Rehab	Lump Sum Ind	Occupation Desc	Claim Count
CLAIM1	01/01/20	3	1	8831	1	05	0	0	5,000	5,000	10,000	10,000
00		01	01	03	01	10	10	10	N	N	DOING STUFF	1
CLAIM1	01/01/20	2	1	8831	0	05	0	0	5,000	5,000	10,000	10,000
00		01	2	03	01	10	10	10	N	N	DOING STUFF	1
CLAIM1	01/01/20	1	1	8831	0	05	0	0	5,000	5,000	10,000	5,000
00		01	2	03	01	10	10	10	N	N	DOING STUFF	1

Circular Information for the L331

To find more information on this edit, please refer to Circular FYI-DQ-2023-01. Highlights of this circular include:

- Implementation of new Unit Statistical validation edit—L331
- Plans for:
 - Evaluating previously reported data affected by L331
 - o Data Grade changes for edits 0015-04 and 0015-05
 - o Q2 2024 Data Grade changes for L331
- Resources for reporting subrogation recoveries and special fund reimbursements

Reporting Rules and Additional Resources for Subrogation Reporting

For complete NCCI **Statistical Plan** rules, refer to:

- Part 4-A-1-a—Subrogation
- Part 4-A-1-b—Assessments and Special Funds
- State exceptions to above listed parts

For additional details, refer to the *Unit Statistical Reporting Guidebook* and review:

- Part 5—Loss and Expense Information and Examples of reporting subrogation recovery claims
- Part 12—Edit and Validation Matrices for details of the upcoming edit changes outlined in the Unit Statistical Reporting Guidebook

In Q1 2024, the *Unit Statistical Reporting Guidebook* will be updated with additional instructions and examples on this topic.