



Complex Medical Data Call Reporting Concepts


Presented by:
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Objectives

- 


Usage Discuss NCCI's need for high-quality Medical Call data to perform legislative pricing and research studies.
- 

Data Quality Understand the common data quality concerns and the changes that have been made to improve quality.
- 

MIP Learn the details of the **Medical Incentive Program** compliance criteria and how to monitor your reporting performance using the **Medical Data Collection** tool.

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Agenda

MEDICAL CENTER

NAME _____ AGE _____
ADDRESS _____ DATE _____

R

- Purpose of the Medical Call
- Data Quality and Guidebook Changes
- Data Exclusions
- Medical Data Call Compliance
- **Medical Incentive Program**
- Completeness Component
- Quality Component

LABEL _____ SIGNATURE _____

REFILL 0 1 2 3 4 5 PRN NR

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**Purpose of the
Medical Call**

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Legislative Pricings—2014

90+ legislative pricings analyses

- Changes to physician fee schedules
- Inpatient hospital—comparing different Medicare-based scenarios
- Outpatient hospital and ASC (Ambulatory Surgical Center)—changes to reimbursement rates
- Drug and supply reimbursements—e.g., repackaged drugs and physician dispensed

Post-reform rate filings validation

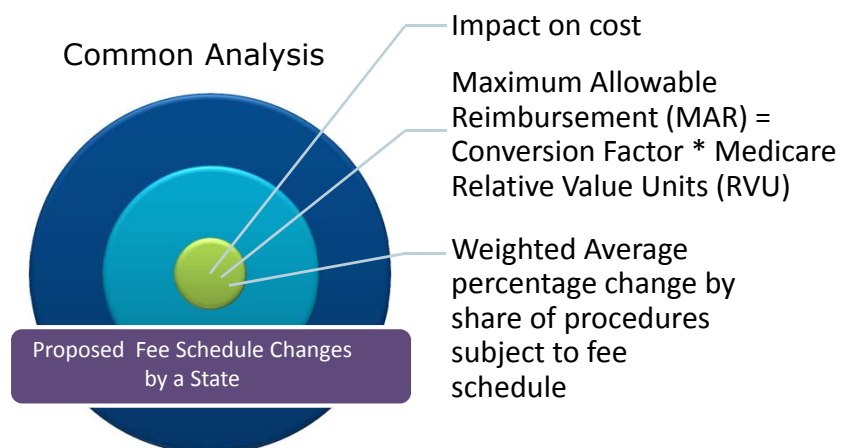
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Legislative Pricings



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Research Projects

Medical Data Call Research Committee



Approved Projects

WC demographics in relation to Medicare Set-Asides (MSA)

Payment distributions for medical services in workers compensation compared to group health

Prescription repackaged and compound drugs

Treatments on selected injuries

Treatments on joint injuries

Medical services, age of claim, and claimant demographics



Research Projects

Prescription costs per claim continue to grow

Physician-dispensed share of Rx costs continues to increase



Narcotics is 25% of drug costs in Service Year 2011

47% of narcotics costs are for drugs with Oxycodone HCL as an active ingredient



The graphic features a central blue box with the title "Data Quality and Guidebook Changes". To the left, there are three overlapping gears in blue, orange, and green, with a person icon in the center. Above the gears are three colored squares: teal with the NCCI logo, orange, and purple with the text "Working together toward data reporting success". A large blue box at the bottom right contains the title. The NCCI logo is also in the bottom right corner.

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Data Quality—Key Data Elements

Data Quality Paradigm

Edit Strategy

- Rejection of Files
- Aggregate Quality Review

Data Quality Processes

Key Data Elements

- Carrier Code
- Claim Number
- Policy Number
- Policy Effective Date
 - Creation of Claim ID

Key Data Elements must be consistent on a per claimant basis from all submitters.

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Incorrect Reporting of Key Data Elements

Transactional data = No key field change process



- 1 Suspend future data submissions
- 2 Correct historical data
- 3 Validate next submission
- 4 Allow future data submissions

Consult with NCCI

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Data Quality—Duplicate Billing

Additional Reimbursements



Amount Charged = \$75
Amount Paid = \$50

Additional Reimbursement = \$10
Cumulative Amount = \$60

- Submit a **replacement** record
 - Same key fields including Bill ID and Bill Line ID
 - Current cumulative value (\$60 not \$10)
- Submit a **cancellation** record and a new original
 - Same key fields on cancellation
 - Current key fields and cumulative value on new original
 - Bill ID and Bill Line ID may be unique

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Additional Reimbursements— Replacement Example

Claim Number	Transaction Code	Bill ID	Line ID	Paid Procedure Code	Amount Charged by Provider	Paid Amount
12345	01	101	1	99201	00000007500	00000005000
12345	03	101	1	99201	00000007500	00000006000

- Original must be in the same submission or on NCCI database (Quality Validation Edit 0519-04)
- Transaction Date of the replacement record is the date that the additional reimbursement was made in the payer's system
 - Must be \geq Transaction Date on the record being replaced (Return Record Edit 0519-03)

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Additional Reimbursements— Cancellation Example

Claim Number	Transaction Code	Transaction Date	Bill ID	Line ID	Paid Procedure Code	Amount Charged by Provider	Paid Amount
12345	01	20130112	101	1	99201	00000007500	00000005000
12345	02	20130219	101	1	99201	00000007500	00000005000
12345	01	20130219	102	1	99201	00000007500	00000006000

- Original must be in the same submission or on NCCI database (Return Record Edit 0519-02)
- Transaction Date of the cancellation and new original records is the date that the additional reimbursement was made in the payer's system
- New key fields reported on the new original record

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Data Quality—Duplicate Billing

Mirror Duplicates



Three options:

- Do not submit the second record
- If both records are created in the same quarter and the first has not been reported, submit the second record only
- Submit a cancellation record and a new original record

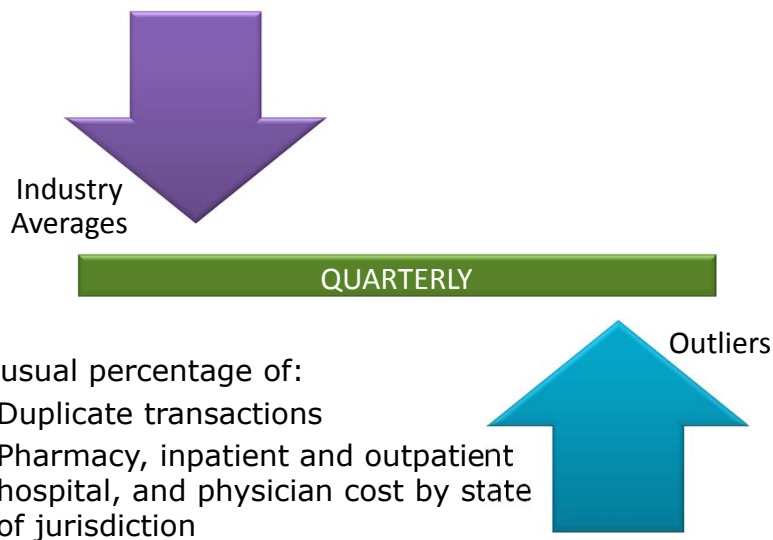
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Data Quality—Trending



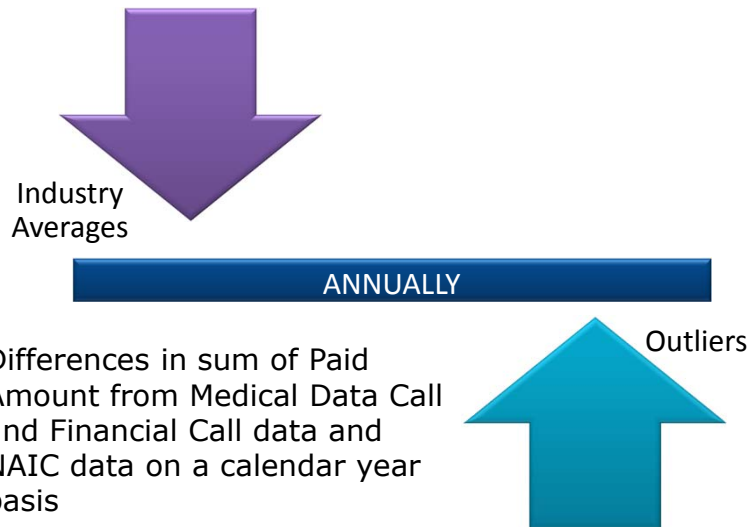
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Data Quality—Trending



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Data Quality—Outreach



Example: Use of Diagnostic Related Group (DRG) Code 999 "ungroupable" instead of specific DRG codes or the "per-diem" code

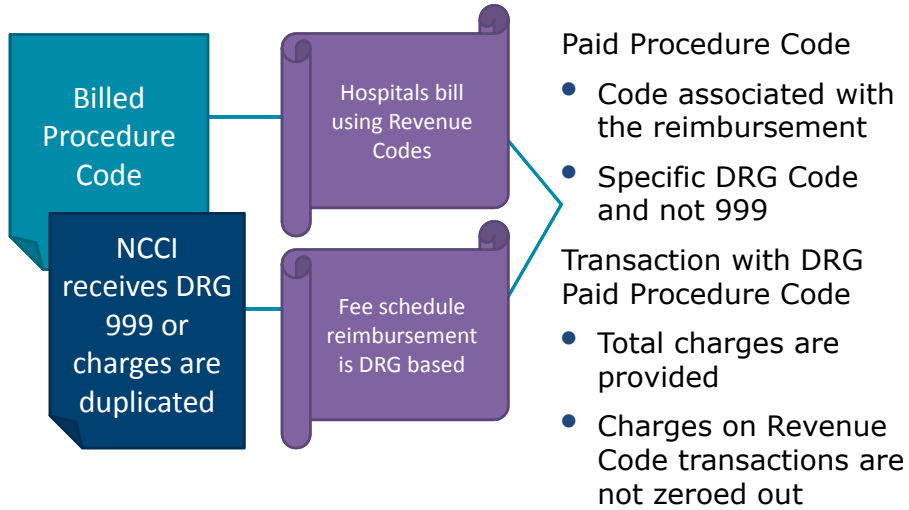
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Data Quality—Outreach Inpatient Hospital Bills



Guidebook Changes—ICD-10

- Required on billing effective October 1, 2015
- Primary/Secondary ICD-9 Diagnostic Code fields renamed as Primary/Secondary Diagnostic Code

Medical Data Call Record Layout						
Field No.	Field Title/Description	Class	Position	Bytes	Header/Detail	Source
20	Primary ICD Diagnostic Code	AN	208–221	14	H/D	CMS 21A (D) UB 67 (H)
21	Secondary ICD Diagnostic Code	AN	222–235	14	H/D	CMS 21B (D) UB 67A (H)

- Report the code provided by the medical/service provider
- NCCI edits consider both valid for all dates of service and was implemented in Q1 2014



Guidebook Changes—ICD-10

- Required on billing eff
- Primary/Secondary ICD-9 renamed as Primary/S

Field No.	Field Title/Description	Class	Position	Bytes
20	PRIMARY ICD-9 DIAGNOSTIC CODE Report the NCHS (National Center for Health Statistics) or CMS (Centers for Medicare & Medicaid Services) ICD-9 code that identifies the primary diagnosis associated with the medical service rendered. Refer to NCHS (www.cdc.gov/nchs/about/otheract/icd9/ablc09.htm) or CMS (www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/) for the ICD-9 Diagnostic Code listing.	(AN)	208-221	14
21	SECONDARY ICD-9 DIAGNOSTIC CODE Report the NCHS (National Center for Health Statistics) or CMS (Centers for Medicare & Medicaid Services) ICD-9 code that identifies the secondary diagnosis associated with the medical service rendered. Refer to NCHS (www.cdc.gov/nchs/about/otheract/icd9/ablc09.htm) or CMS (www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/) for the ICD-9 Diagnostic Code listing.	(AN)	222-235	14

Field No.	Field Title/Description	Class	Position	Bytes	H/D	Code
20	Primary ICD Diagnostic Code		208-221			
21	Secondary ICD Diagnostic Code	AN	222-235	14	H/D	CMS 21B (D) UB 67A (H)

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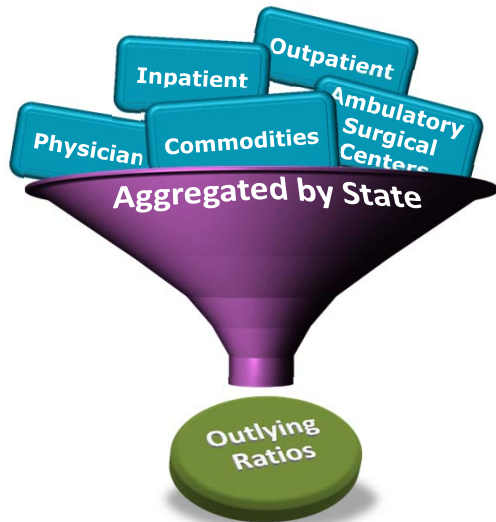
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Data Exclusions

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Data Exclusions



Groups with substantial issues may be excluded from pricings or studies

Examples of issues leading to exclusion:

- High percentage of duplicated transactions
- Incorrect formatting of Paid Procedure Codes or Taxonomy Codes that impacts the ratios

Recap

- 1 Medical Data—What is it used for?
- 2 Data Quality Issues—Impact to usage of the data
- 3 NCCI ready for ICD-10
- 4 Data Exclusions

Questions



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A graphic design for 'Medical Data Call Compliance'. It features several gears of different colors (blue, orange, green, purple) and sizes, some with a person icon inside. The NCCI logo is in the top left. The text 'Working together toward data reporting success' is in a purple box. The main title 'Medical Data Call Compliance' is in a large blue box at the bottom right.

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Compliance Programs

- **Medical Incentive Program**
 - Quarterly
 - Monetary assessments for failure to meet minimum expectations
- **Carrier Data Quality Report Program (Report Card) Medical Addendum**
 - Annual
 - Pass/fail summarized grade of category results from the **Medical Incentive Program**



Applicability

- All coverage provider groups required to report the Medical Data Call in all NCCI states
- Independent bureau states are not subject to the incentive program

Alabama	Florida	Kentucky	Nebraska	South Carolina
Alaska	Georgia	Louisiana	Nevada	South Dakota
Arizona	Hawaii	Maine	New Hampshire	Tennessee
Arkansas	Idaho	Maryland	New Mexico	Utah
Colorado	Illinois	Mississippi	Oklahoma	Vermont
Connecticut	Iowa	Missouri	Oregon	Virginia
District of Columbia	Kansas	Montana	Rhode Island	West Virginia



Evaluation Timing

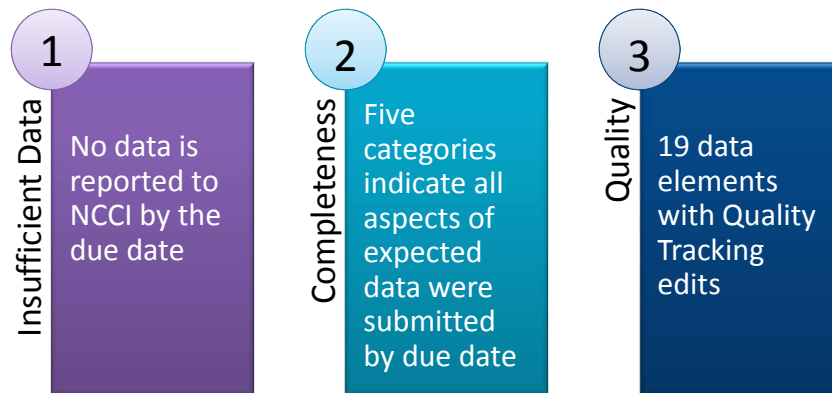
- Evaluate each reporting group quarterly
 - Data received as of due date

Transaction Quarter	Due Date
Q1	June 30
Q2	September 30
Q3	December 31
Q4	March 31

- Assessments are billed in the second month following the due date



Incentive Program Components



Each category within a component is judged pass/fail based on an individually determined threshold.

Refer to *Medical Incentive Program* on ncci.com for details



Incentive Program Results

During the Due Quarter, the Quarter End Validation and Incentive Program results in the **Medical Data Collection** tool update as each file processes.



Review results after the final submission for a quarter has processed.

Don't wait until the end of the Due Quarter!

Early review allows time to respond to issues.

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Assessment Levels

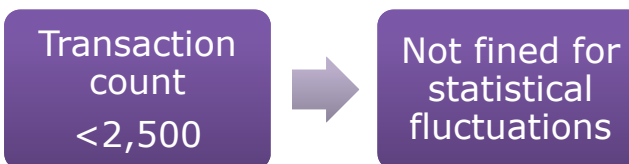
Assessment amounts are based on market share tiers:

Assessment Level	Market Share Range
1	0.00%–0.25%
2	> 0.25%–1.50%
3	> 1.50%



Volume Eligibility

- Statistical inferences are less reliable for low transaction volumes



- Applies to:
 - Service Date and Medical Service Completeness categories
 - All quality data elements

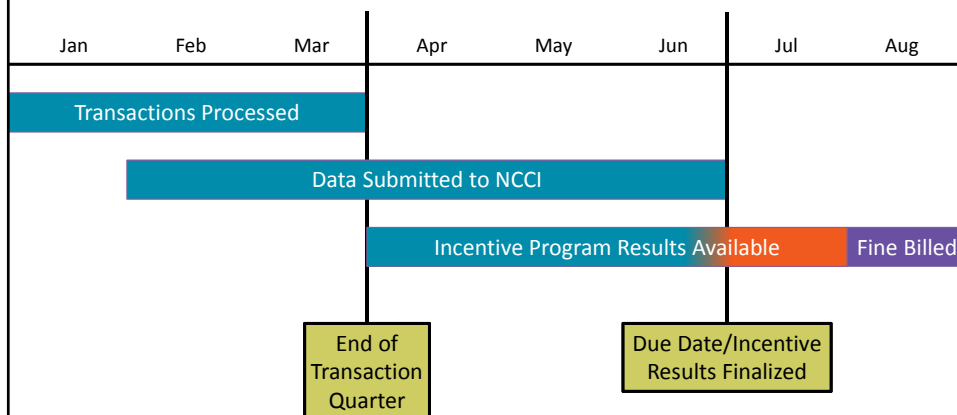


Group 45856—NCCI Training Company

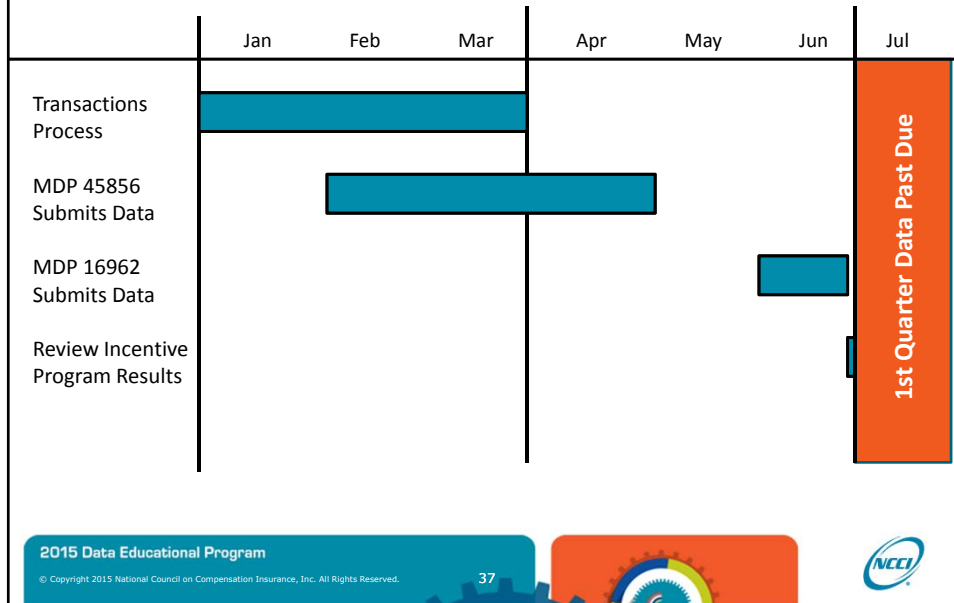
- Small-Sized Regional Carrier
- Provides Coverage in FL and GA
- Two Carriers in the Group
- Each Carrier is Their Own Medical Data Provider (MDP)
 - Carrier/MDP 45856 reports monthly
 - Carrier/MDP 16962 reports quarterly



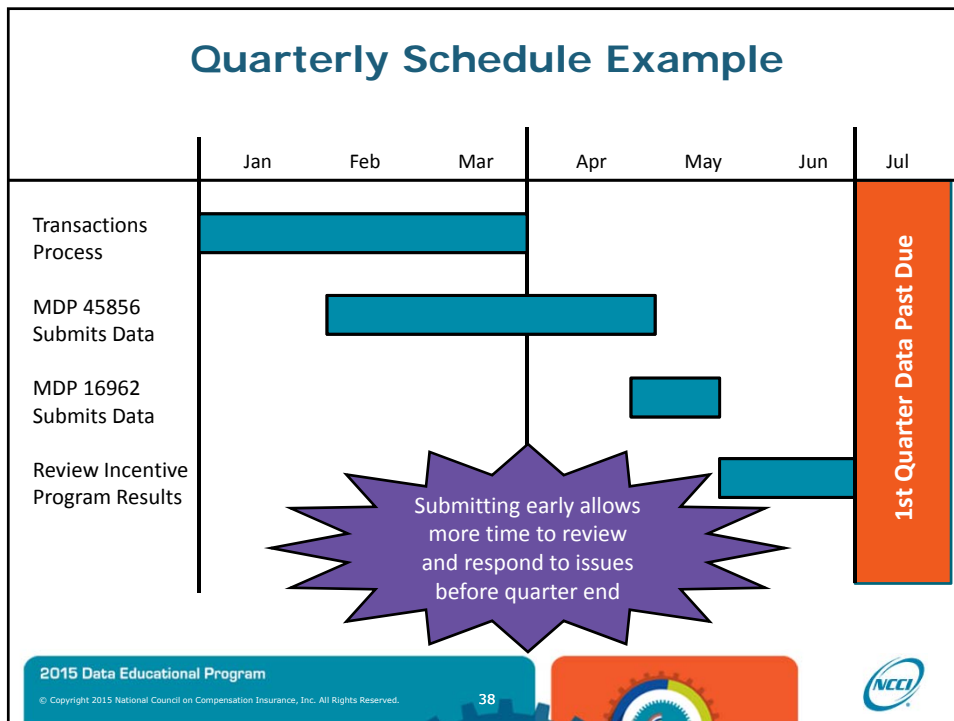
1st Quarter Timeline



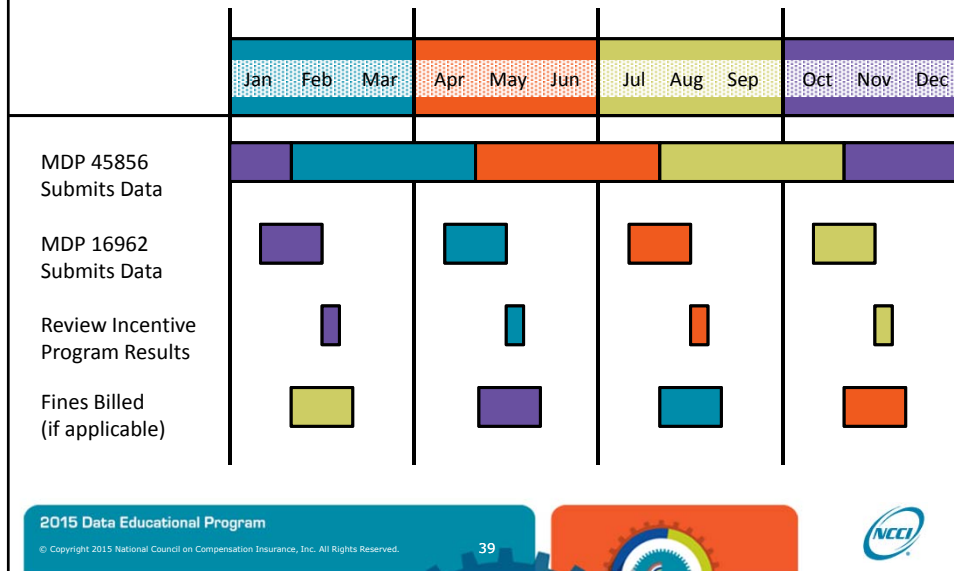
Quarterly Schedule Example



Quarterly Schedule Example



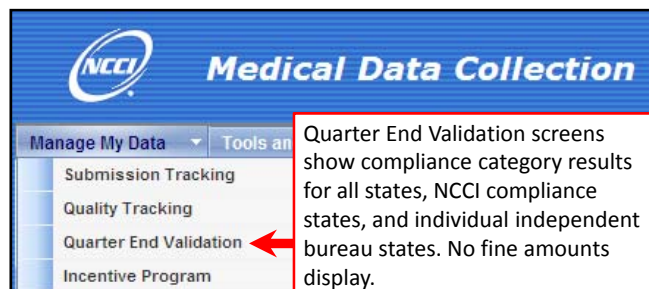
Quarterly Schedule Example



Medical Data Collection

Compliance Results Available in **Medical Data Collection** tool

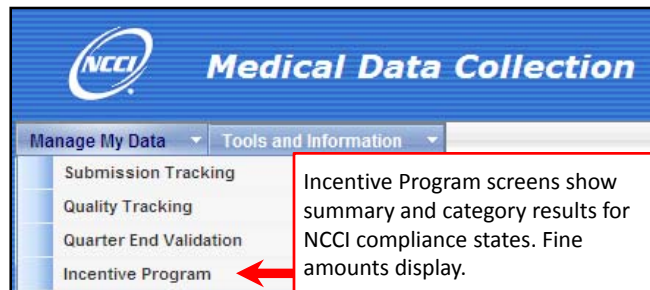
- Quarter End Validation
- Incentive Program



Quarter End Validation screens show compliance category results for all states, NCCI compliance states, and individual independent bureau states. No fine amounts display.

Medical Data Collection

The compliance information contained in the two sections is similar. We will focus on the Incentive Program screens.



Incentive Results Screen


- Search results by reporting quarter, i.e., transaction dates

- View the highest level of results:
 - Which components are failing?
 - How much is the fine amount?

Insufficient Data Assessment

- Group Is Noncompliant for the Quarter
- No Data Submitted by Due Date

 Insufficient Data Assessment

 Completeness Assessment

 Quality Assessment



Incentive Results—Insufficient Data


Incentive Program

Incentive Results | Completeness Results | Quality Results

[Hide Search Criteria](#)

Incentive Program Filter
 To view Incentive Program Results, enter a Coverage Provider Group ID, select a Quarter/Year and then click 'Refresh Data'.

Coverage Provider Group ID: Quarter/Year: / (Current Qtr/Year - 4 Qtr/2014)

Data as of: 12/01/2014 **45856 - NCCI TRAINING COMPANY** Quarter/Year: 2 Qtr/2013 

Due Date: 09/30/2013

Incentive Results [View Incentive Fine Parameters](#)

Countrywide Market Share: 0.25%

TOTAL FINE: \$3,750

TOTAL BILLED FINE: \$3,750

Insufficient Data Received	Fine Amount
Base Fine Amount	\$3,750
Fine Multiplier	x 1.00
Total Fine	\$3,750



Submission Tracking

Submission Tracking [Hide Search Criteria](#)

Submission Tracking Filter

To view **Submission Tracking Results**, enter a Provider ID, select a timeframe, a Submission Status, and then click 'Refresh Data'

Provider ID: Reporting Qtr/Year: / (Current Qtr/Year - 4 Qtr/2014)

Received Date(s) (mm/dd/ccyy): / / Thru / / Submission Status:

Data as of: 12/01/2014 **45856 - NCCI TRAINING COMPANY** Quarter/Year: 2 Qtr/2013
Submission Status: All

#	Med Data Provider ID	Reporting Qtr/Yr	Submission Status	Transmission Type	File Type	Receive Date/Time	Process Date/Time	Unique File Identifier	Filename	User ID	NCCI Tracking Number
No Data Found for Selected Criteria.											



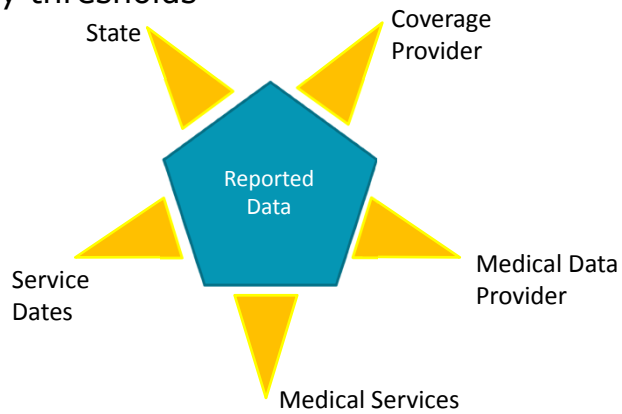
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Completeness Component

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Completeness

- Ensures full scope of data received on time
- Five categories are evaluated against **minimum** quarterly thresholds



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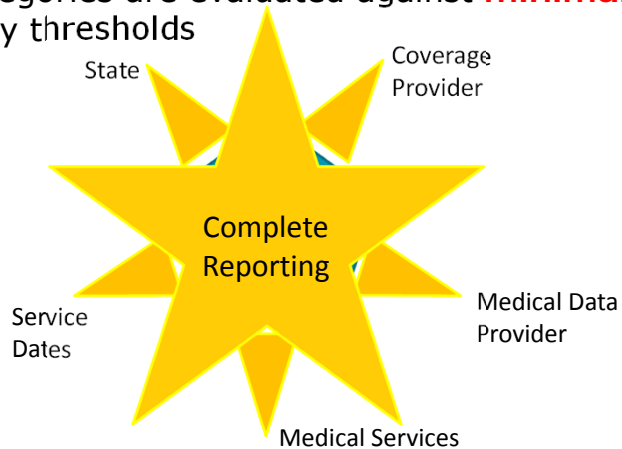
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Completeness

- Ensures full scope of data received on time
- Five categories are evaluated against **minimum** quarterly thresholds



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State

Verify that transactions are received for each expected state.

Medical Paid Amount	Paid Loss	Assumption
Approximately one transaction per \$500 in medical paid amount	At least \$1,000,000 NAIC Paid Loss in the state	Medical Indemnity split assumption: 55%

Minimum transaction threshold based on group's NAIC Paid Loss in that state



Coverage Provider

Verify that transactions are received for each expected coverage provider.

Medical Paid Amount	Paid Loss	Assumption
Approximately one transaction per \$500 in medical paid amount	At least \$1,000,000 NAIC Paid Loss for a coverage provider	Medical Indemnity split assumption: 55%

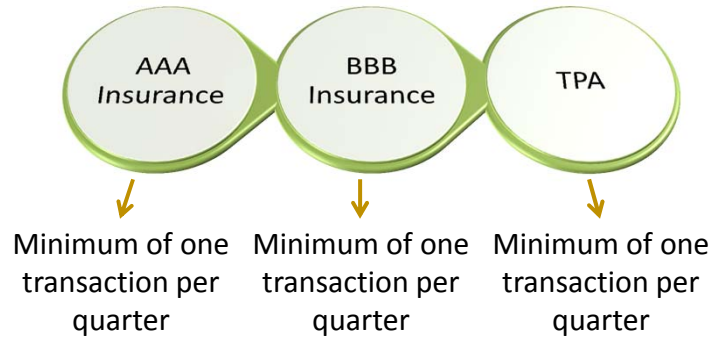
Minimum transaction threshold based on coverage provider's NAIC Paid Loss in all NCCI compliance states



Medical Data Provider

Verify that transactions are received for each expected medical data provider.

Group 45856



Medical Service

Presently only verifies that pharmacy data has been included in the quarterly data.

Number of transactions with pharmacy place of service or pharmacy-related provider taxonomy

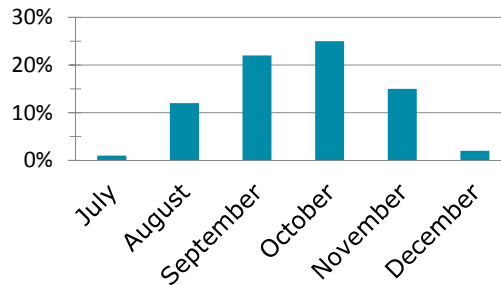
At least 4% of transactions

Number of transactions reported for the quarter

Service Date Distribution

The most recent six service months must have three consecutive months each containing more than 12% of the transactions submitted for the quarter.

Service Month—Q4 Transactions



Incentive Results—Completeness

Incentive Program

Incentive Results | **Completeness Results** | Quality Results

[Hide Search Criteria](#)

Incentive Program Filter
 To view Incentive Program Results, enter a Coverage Provider Group ID, select a Quarter/Year and then click 'Refresh Data'.

Coverage Provider Group ID: Quarter/Year: / (Current Qtr/Year - 4 Qtr/2014)

Data as of: 12/01/2014 **45856 - NCCI TRAINING COMPANY** Quarter/Year: 4 Qtr/2013

Due Date: 03/31/2014

Incentive Results [View Incentive Fine Parameters](#)

Countrywide Market Share: 0.25%

TOTAL FINE: \$1,594

TOTAL BILLED FINE: \$1,594

Completeness	Fine Amount	Quality	Out of Range	Fine Amount
Categories Not Complete On Time	2	Critical Data Elements	0	\$0
		Priority Data Elements	0	\$0
		Low Data Elements	1	\$25
Base Fine Amount	\$1,250	Base Fine Amount		\$25
Fine Multiplier	x 1.25	Fine Multiplier		x 1.25
Total Completeness Fine	\$1,563	Total Quality Fine		\$31



Completeness Results

Incentive Program

Incentive Results | **Completeness Results** | **Quality Results**

Incentive Completeness Filter [Hide Search Criteria](#)

To view **Completeness Results**, enter a Coverage Provider Group ID, select a Quarter/Year and then click 'Refresh Data'.

Coverage Provider Group ID: 45856 Quarter/Year: 4 Qtr / 2013 (Current Qtr/Year - 4 Qtr/2014)

Refresh Data Reset

Data as of: 12/01/2014 **45856 - NCCI TRAINING COMPANY** Quarter/Year: 4 Qtr/2013

Due Date: 03/31/2014

Completeness Results

Completeness Category	Completion Date	Complete on Time	Override
State		No	<input type="checkbox"/>
Coverage Provider	01/15/2014	Yes	<input type="checkbox"/>
Medical Data Provider	01/15/2014	Yes	<input type="checkbox"/>
Medical Service		No	<input type="checkbox"/>
Service Date Distribution	01/15/2014	Yes	<input type="checkbox"/>



Trending Within a Category

Completeness Results

Completeness Category	Completion Date	Complete on Time
State	03/28/2012	No
State	Threshold	Actual Transactions
AZ	384	872
CT	936	13,194
IA	2,880	5,428
IL	5,040	1,694
	Completion Date	Complete on Time
	03/28/2012	Yes
	03/28/2012	Yes
	03/28/2012	Yes
		No

Review reasonability of results for each state

- IL Not Complete
- CT Complete, but May Be Overreported

Research Jurisdiction State Code mapping in medical billing system/extract program.

Talk to NCCI



Trending Across Quarters

Review results compared to prior quarter

- Noticeable Decrease for Data Provider 45856

3rd Qtr 2011
4th Qtr 2011

Completeness Results					
Completeness Category	Completion Date	Complete on Time			
State	12/18/2011	Yes			
Coverage Provider	12/18/2011	Yes			
Medical Data Provider	12/18/2011	Yes			
Medical Data Provider	Threshold	Actual Transactions	Completion Date	Complete on Time	
16962	1	4,800	12/18/2011	Yes	
45856	1	41,000	12/18/2011	Yes	
Medical Service	12/18/2011	Yes			
Medical Service	Threshold	Actual Percent	Completion Date	Complete on Time	
Pharmacy	4.0%	0.0%		No	
Service Date Distribution			03/28/2012	Yes	

Review files in Submission Tracking

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Research File Submissions

Med Data Provider ID	Reporting Qtr/Yr	Submission Status	Transmission Type	File Type	Receive Date/Time	Process Date/Time	Unique File Identifier	Filename
1 45856	4Q - 2011	Completed	Production	Original	03/28/2012 17:31:21	03/29/2012 09:32:15	Group45856_DEC2011	medical.
2 45856	4Q - 2011	Completed	Production	Original	03/28/2012 17:18:15	03/28/2012 17:30:18	Group45856_NOV2011	medical.
3 45856	4Q - 2011	Completed	Production	Original	03/28/2012 17:11:26	03/28/2012 17:21:29	Group45856_OCT2011	medical.
4 45856	4Q - 2011	Completed	Production	Original	03/28/2012 16:00:02	03/28/2012 16:07:59	45856_4Q2011	medical.
5 45856	4Q - 2011	Rejected	Production	Original	03/28/2012 15:56:08	03/28/2012 15:57:13	45856_MDP_Pharmacy4Q11	medical.

Review file submission results

- Rejected File Was Not Resubmitted

Research cause of reject, make necessary corrections, and resubmit data.



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Service Date Trending

Completeness Results		
Completeness Category	Completion Date	Complete on Time
State	01/31/2012	Yes
Coverage Provider	01/31/2012	Yes
Medical Data Provider	01/31/2012	Yes
Medical Service	01/31/2012	Yes
Service Date Distribution		No

Service Month	Actual Percent
Jul-11	0.0%
Aug-11	0.7%
Sep-11	31.6%
Oct-11	10.1%
Nov-11	36.4%
Dec-11	5.2%

In order to qualify for Complete On Time, a minimum of three consecutive service months must be greater than or equal to the 12.0% threshold.

Identify the gap in service dates

- Very Few Transactions for October

Review file submissions for missing monthly file(s).
Contact bill review vendors for any major changes to the timing of payments.

Talk
to
NCCI



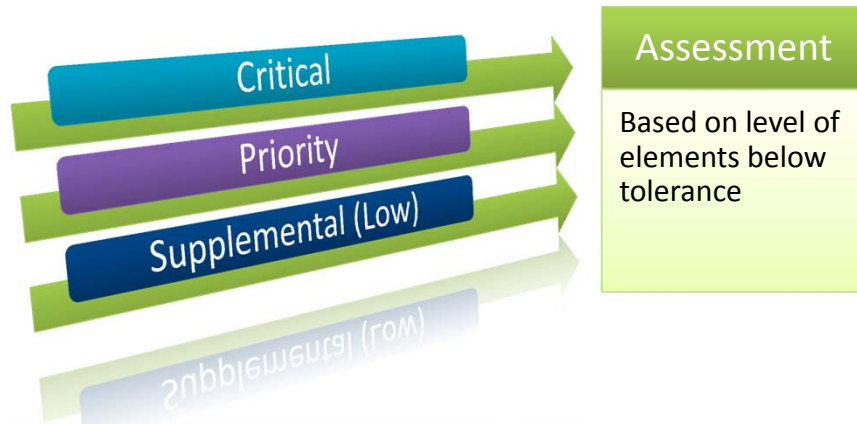
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Quality
Component



Quality

Evaluate quality by data element.



Critical Elements

Elements necessary for a transaction to have value:

Element	Tolerance %
Accident Date	95
Amount Charged by Provider	95
Jurisdiction State Code	95
Paid Amount	95
Service Dates	95



Priority Elements

Elements needed for legislative analysis:

Element	Tolerance %
Network Service Code	95
Provider Identification Number	95
Provider Postal Zip Code	95
Quantity	95
Paid Procedure Code	90
Place of Service Code	80
Provider Taxonomy Code	80
Primary ICD Diagnostic Code	70
First Paid Procedure Code Modifier	5



Supplemental Elements

Elements used in specialized studies:

Element	Tolerance %
Second Paid Procedure Code Modifier	95
Birth Year	80
Claimant Gender Code	80
Secondary ICD Diagnostic Code	10
Secondary Procedure Code	0



Incentive Results—Quality

Incentive Program

Incentive Results | Completeness Results | **Quality Results** [Hide Search Criteria](#)

Incentive Program Filter
 To view **Incentive Program Results**, enter a Coverage Provider Group ID, select a Quarter/Year and then click 'Refresh Data'.

Coverage Provider Group ID: Quarter/Year: / (Current Qtr/Year - 4 Qtr/2014)

Data as of: 12/01/2014 **45856 - NCCI TRAINING COMPANY** Quarter/Year: 4 Qtr/2013

Due Date: 03/31/2014

Incentive Results [View Incentive Fine Parameters](#)

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Quality Results

Incentive Program

Incentive Results | Completeness Results | **Quality Results** [Hide Search Criteria](#)

Incentive Quality Filter
 To view **Quality Results**, enter a Coverage Provider Group ID, select a Quarter/Year and then click 'Refresh Data'.

Coverage Provider Group ID: Quarter/Year: / (Current Qtr/Year - 4 Qtr/2014)

Data as of: 12/01/2014 **45856 - NCCI TRAINING COMPANY** Quarter/Year: 4 Qtr/2013

Due Date: 03/31/2014

Quality Results

Element Category	Element(s) Out of Range	Fine Per Element	Fine Amount	Override
<input checked="" type="checkbox"/> Critical	0 of 5	\$250	\$0	<input type="checkbox"/>
<input checked="" type="checkbox"/> Priority	0 of 9	\$125	\$0	<input type="checkbox"/>
<input checked="" type="checkbox"/> Low	1 of 5	\$25	\$25	<input type="checkbox"/>
TOTAL FINE AMOUNT:			\$25	



Review Edit Extracts

Request reports of failing reported values in the Quality Results tab on the Quarter End Validation or Incentive Program screens.

Element Category		Element(s) Out of Range				
Critical		0 of 5				
Priority		2 of 9				
Low		1 of 5				
Element	Threshold %	% Passing Edits	Edit Seq Nbr	Records that Failed Edits	Edit Description	
SECOND PAID PROCEDURE CODE MODIFIER	95.0%	100.0%				
BIRTH YEAR	80.0%	99.8%				
CLAIMANT GENDER CODE	80.0%	92.6%				
SECONDARY ICD DIAGNOSTIC CODE	10.0%	3.2%	0514-03	4,254	Secondary ICD diagnostic code is missing.	
SECONDARY PROCEDURE CODE	0.0%	0.0%				

Click on Edit Seq Nbr link to request report



Review Edit Extracts

Request reports of failing reported values in the Quality Results tab on the Quarter End Validation or Incentive Program screens.

Element Category		Element(s) Out of Range				
Critical		0 of 5				
Priority		2 of 9				
Low		1 of 5				
Element	Threshold %	% Passing Edits	Edit Seq Nbr	Records that Failed Edits	Edit Description	
SECOND PAID PROCEDURE CODE MODIFIER	95.0%	100.0%				
BIRTH YEAR	80.0%	99.8%				
CLAIMANT GENDER CODE	80.0%	92.6%				
SECONDARY ICD DIAGNOSTIC CODE	10.0%	3.2%	0514-03	4,254	Secondary ICD diagnostic code is missing.	
SECONDARY PROCEDURE CODE	0.0%	0.0%				

Request Reported Failing Values Information

Request Report - Frequency listing of reported failing values for edit

Request Extract - Extract file details of reported failing values for edit

Request Both

Requested edit reports will be sent to your *DTVI* mailbox.



Requests for Failing Values

Delimited files provide information to help diagnose data quality issues.

Edit Frequency Report	Edit Detail Extract
Count of bill lines reporting invalid values	Key details of bill lines reporting invalid values
Identifies which reported values failed the edit	Allows investigation within source system



Review Process

Implement
corrective action

Research the
issue



If you don't know your assigned validator, call 800-NCCI-123 or email customer_service@ncci.com

Contact your validator to discuss your results



Talk to NCCI

When you discover that the issue **is** in your system or process:

Contact Your Validator



Implement Corrective Action



Determine plan for issue resolution:

- Correction of issue in future submissions
- Possible correction of historical data
- Testing system changes



Talk to NCCI

When the issue is **not** in your system or processes:

- Contact Your Validator

For these issues, your assigned validator may request additional information:

Completeness	<ul style="list-style-type: none">• Updated quarterly total medical paid losses• Updated business exclusion(s)• Details of any large losses being handled by a third party
Quality	<ul style="list-style-type: none">• Reference showing that edited values are valid industry-standard codes• Documentation of in-house codes for review



NCCI

Working together toward
data reporting
success

Questions

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Supplemental Information

Presenter Biographies

James Bonk is the director of NCCI's Medical and DCI Data Validation Department. Medical and DCI Data Validation encompasses the collection, editing, storage, and validation of data associated with NCCI's Medical Data Call and DCI Data Call, including the development and maintenance of NCCI's data compliance programs.

Since joining NCCI in 2003, James has held numerous management and technical positions. Previously, he worked for HNC Software as director of software development, where he invented MIRA, an automated case reserves software tool. Prior to that, James worked at Medata and CompReview, two leading medical bill review software companies.

James received a bachelor of science degree in computer science from Fullerton College in California.

John Foust is the medical data steward for NCCI's Medical Data Validation Department. Medical Data Validation encompasses collecting, editing, storing, and validating data that is associated with NCCI's Medical Data Call. He provides Medical Data Call systems support and project leadership as well as data quality review.

John has worked in various departments in NCCI's Data Resources Division over the past 10 years, including the Unit Data Collection and Validation teams and the Voluntary Data Services Department.