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# Data Manager Dashboard User's Guide

**2015 Data Educational Program**

January 27-30, 2015

Palm Beach County Convention Center  
West Palm Beach, FL

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## Data Manager Dashboard Overview

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- ❑ **Data Manager Dashboard** is a Web-based application.
- ❑ Those involved with data reporting (data reporters, management, etc.) can benefit from this tool.
- ❑ It allows you to view both summarized and detailed information on the data you report to NCCI for the following data types:
  - Policy
  - Unit Statistical
  - Detailed Claim Information (DCI)
  - Financial
  - Medical
  - Pool
- ❑ **Data Manager Dashboard** enables you to monitor your data reporting timeliness and quality performance for the above data types.
- ❑ **Data Manager Dashboard** is a read-only tool; therefore, no updates can be made to your data via this tool.

**Exception:** You can use this tool to update **Aggregate Data Quality Incentive Program (ADQIP)** appeals.

- ❑ The information displayed is refreshed on a daily basis, with the following exceptions:
  - **Data Quality Incentive Program (DQIP)**, **Regulator Exception Program**, and **Carrier Data Quality Report Program (Report Card)** are updated monthly
  - **ADQIP** is updated in real time
  - Medical Data Quarter End Validation Results are updated in real time
- ❑ This tool enables you to track your results for the Data Quality Compliance Results Programs.

## Benefits

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- ❑ **Data Manager Dashboard** is a valuable source of information because it provides a summarized view of data reporting performance—categorized by timeliness and quality.
- ❑ It enables you to manage your data reporting more efficiently by targeting areas that are in need of improvement.
- ❑ The data is refreshed on a daily basis (with exceptions noted above), so you can view the most up-to-date results of your data reporting timeliness and quality, and monitor the prior day's submission results.

## Key Features

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- ❑ You can view data reporting statistics on:
  - Data Availability
  - Reject and Error Information
  - Data Submission Tracking and Statistics
- ❑ You can view Data Quality Program Results for:
  - **Data Quality Incentive Program (DQIP)**—Policy, Unit, Notified Suspect Unit Data, and DCI
  - **Aggregate Data Quality Incentive Program (ADQIP)**—Financial
  - **Regulator Exception Program**—Unit
  - **Carrier Data Quality Report Program (Report Card)**—Financial, Unit, Policy, DCI, and Medical
- ❑ You can generate customized reports for Unit, DCI, and Medical data types, in addition to a report that enables you to view statistics on *who* within your company has access to specific online tools.
- ❑ The Policy data screens enable you to drill down to key field information directly from the screen.
- ❑ **Data Manager Dashboard** is FREE!

## Recent Enhancements

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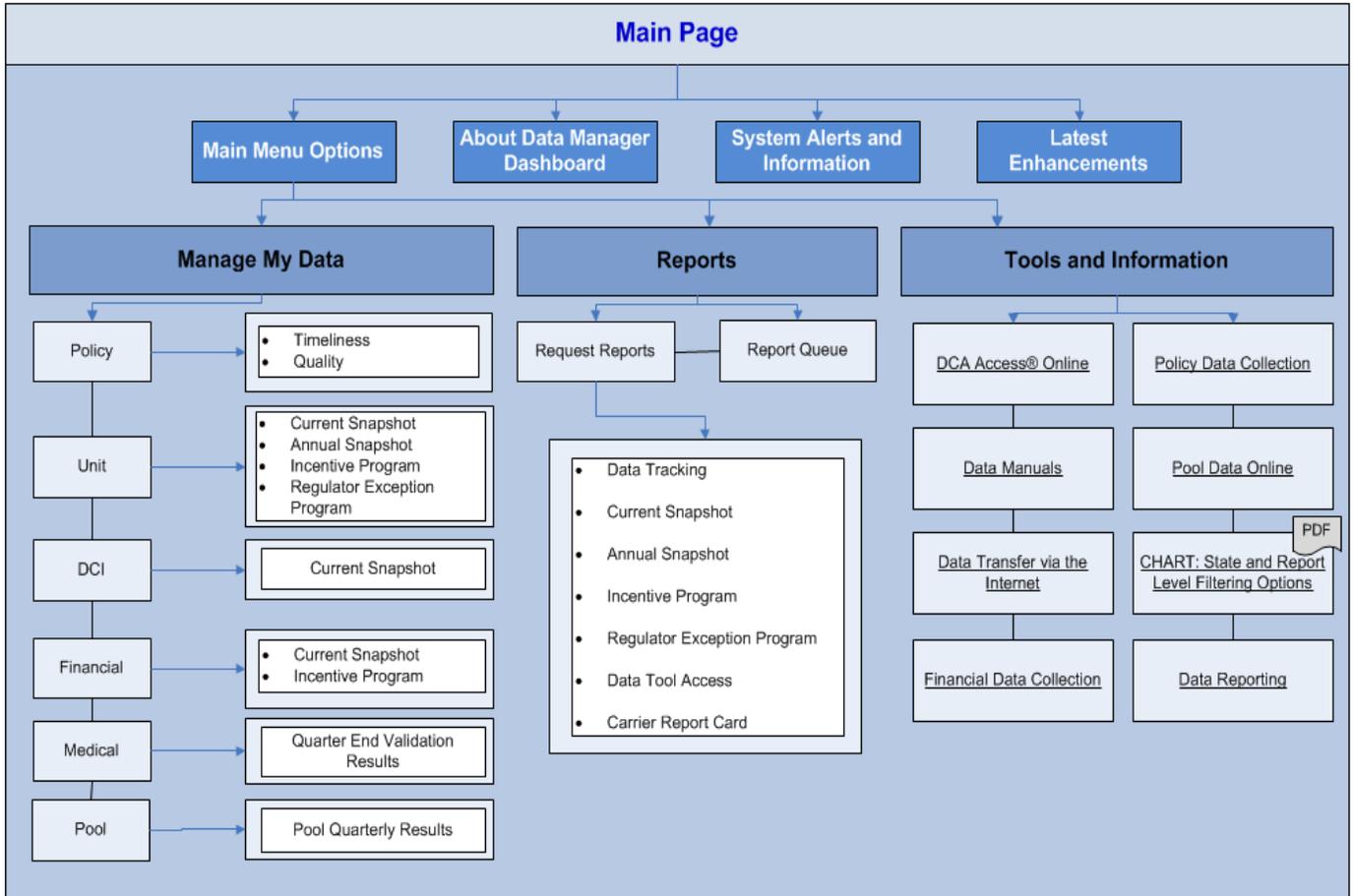
- ❑ **Policy Data Screens**—The following features and enhancements were added in July 2014:
  - Improved navigation
  - Enhanced look and feel
  - Increased time frame for trending data
  - Easier access to key field information directly from the screen
  - New view provided to compare daily results to **DQIP**

## Settings and Technical Specifications

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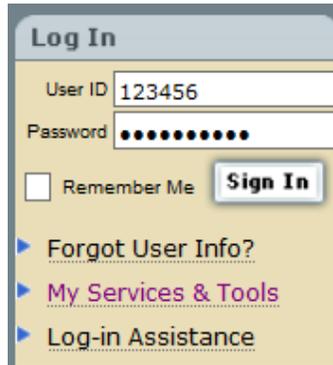
- ❑ Minimum required resolution is 1024 x 768 (compatible for tablet usage).
- ❑ **Data Manager Dashboard** has been developed to be compatible with Safari on the iPad tablet.

## Data Manager Dashboard Sitemap



## Logging In

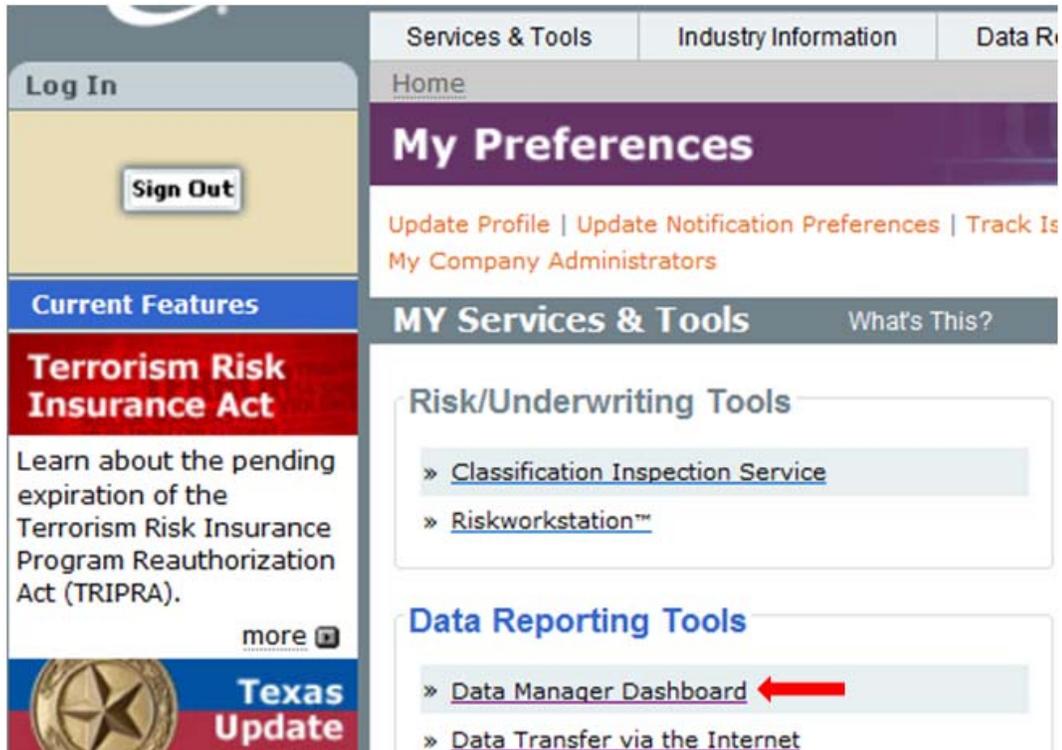
- ❑ To receive access, contact NCCI's Customer Service Center at 800-NCCI-123.
- ❑ Enter your **User ID** and **Password** in the NCCI **Log In** box via **ncci.com**.



The screenshot shows a 'Log In' form with the following elements:

- User ID** field: 123456
- Password** field: masked with 10 dots
- Remember Me
- Sign In** button
- Links: [Forgot User Info?](#), [My Services & Tools](#), [Log-in Assistance](#)

- ❑ Click the **Sign In** button.



The screenshot shows the NCCI Data Manager Dashboard with the following sections:

- Log In** section: **Sign Out** button
- Current Features** section: **Terrorism Risk Insurance Act** (Learn about the pending expiration of the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA). [more](#))
- Texas Update** section: 
- Services & Tools** section: **MY Services & Tools** (What's This?)
- Risk/Underwriting Tools** section: [Classification Inspection Service](#), [Riskworkstation™](#)
- Data Reporting Tools** section: [Data Manager Dashboard](#) (indicated by a red arrow), [Data Transfer via the Internet](#)

- ❑ Click the **Data Manager Dashboard** link.

## Main Page Features

The *Data Manager Dashboard* main page has important information for using the tool.

**Data Manager Dashboard**

Search ncci.com

Manage My Data | Reports | Tools and Information

### About Data Manager Dashboard

**Data Manager Dashboard** is a Web-based application that enables you to view summarized Policy, Unit Statistical, Detailed Claim Information, Financial, Medical, and Pool data reported to NCCI, in one centralized location. This tool is your single source that will enable you to monitor the timeliness and quality of your data reporting and produce detailed reports.

**Data Manager Dashboard** focuses on:

- Data Availability
- Reject and Error Information
- Data Tracking and Statistics
- Data Quality Incentive Program
- Regulator Exception Program
- Aggregate Data Quality Incentive Program
- Data Quality Compliance Results
- Data Tools Access

### Latest Enhancements

**As of 7/9/2014**

The policy screens within **Data Manager Dashboard** have been enhanced with the following updates:

- Increased data trending results-current year compared to prior years
- Expanded views of Timeliness and Quality statistics
- Added hyperlinks for policy details
- New views for monitoring cancellations, reinstatements, proof of coverage, state coverage, and noncompliance
- Improved reject and edit statistics-current and historical results

For additional information: [View Release Notes](#)

### System Alerts and Information

There are no system alerts at this time.

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- » Contact Us

**Quick Links**

- » DCA Access® Online
- » Data Transfer via the Internet
- » Data Reporting
- » Manuals Library
- » Data Manager Dashboard Webinar

**Legal**

- » Disclaimer

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## The Three Sections

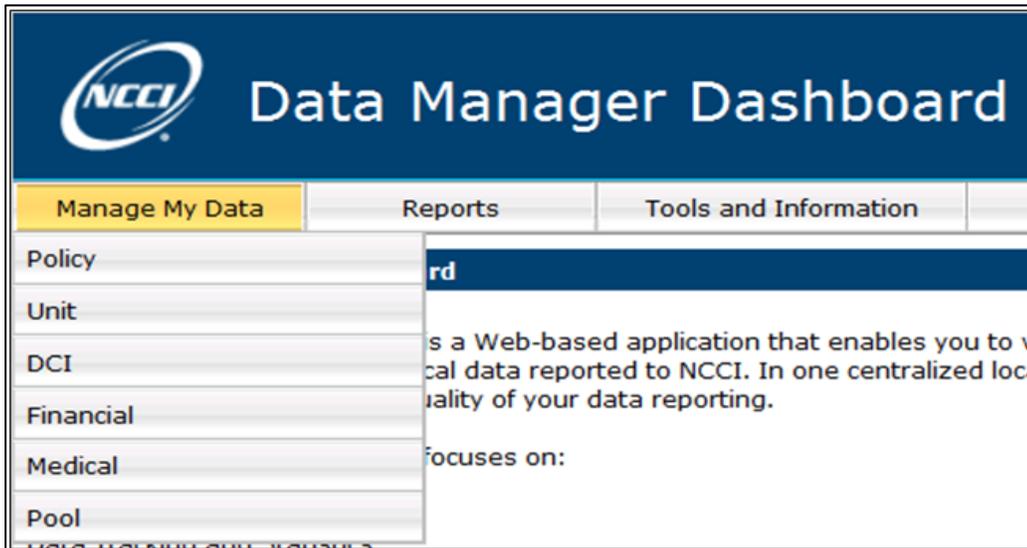
- ❑ The **About Data Manager Dashboard** section describes the various focus areas of *Data Manager Dashboard*.
- ❑ The **System Alerts and Information** section provides up-to-the-minute information on current system or data issues in *Data Manager Dashboard*.
- ❑ The **Latest Enhancements** section displays the latest updates made to *Data Manager Dashboard*.

## Useful Features

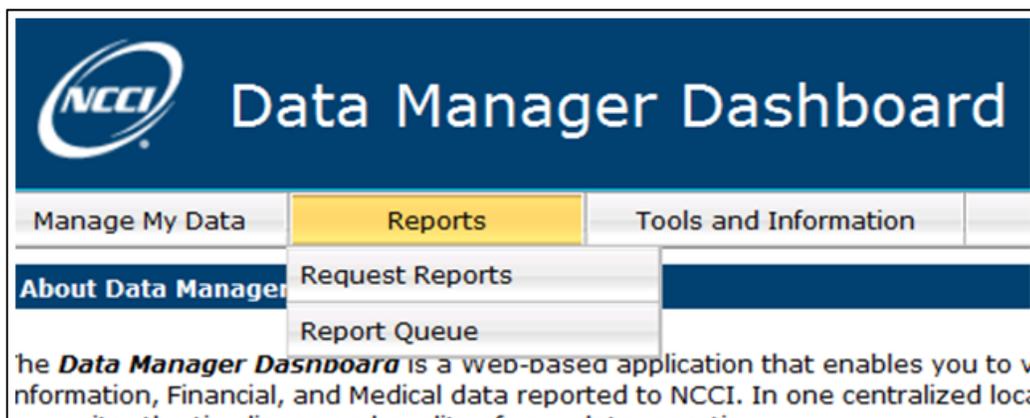
- ❑ At the top of the screen is the **NCCI** logo. Click this logo to go to the **My Preferences** section of **ncci.com**.
- ❑ If you want to go back to this main page, regardless of what screen you are on within the tool, click the white words **Data Manager Dashboard** next to the logo.
- ❑ To perform a search within **ncci.com**, type key words into the **Search ncci.com** text box at the top right of the screen; then click the **magnifying glass icon** next to it.

- Within the blue area at the bottom of the screen, there are three sections:
  - **NCCI**
    - **NCCI Homepage** link takes you to the My Preferences screen on **ncci.com**
    - **Contact Us** link enables you to contact the Customer Service Center
  - **Quick Links**
    - Access other data reporting tools
    - Link to useful information to assist you with data reporting
  - **Disclaimer**

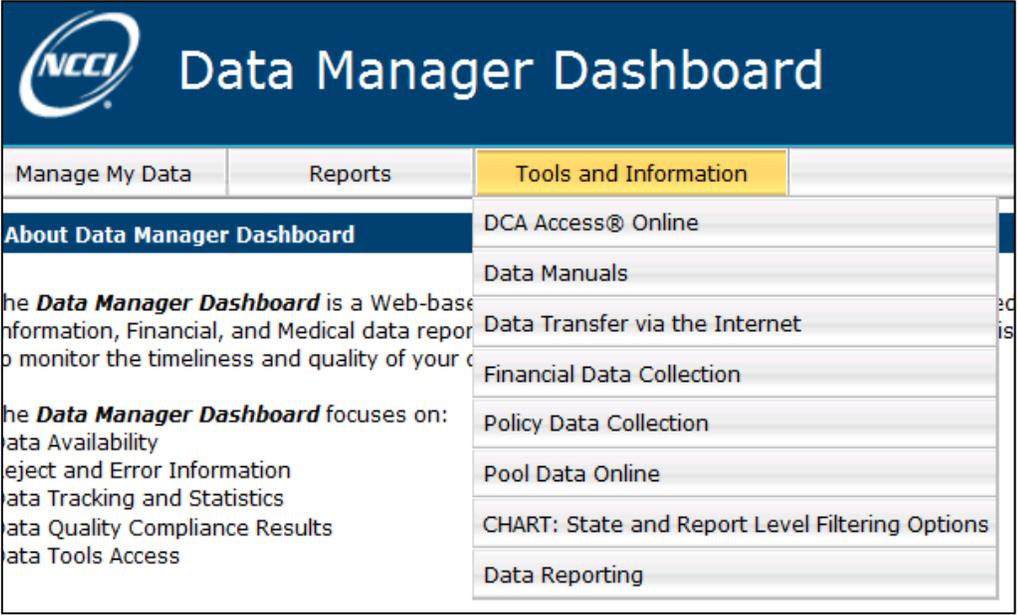
## Main Menu Features



- The **Manage My Data** tab allows you to select one of the six data types: Policy, Unit, DCI, Financial, Medical, or Pool.



- The **Reports** tab allows you to access:
  - **Request Reports** to generate a customized report
  - **Report Queue** to see the status of the report you have generated



- The **Tools and Information** tab provides additional links to tools and information to assist you with data reporting.

## Policy Overview

### Accessing Policy Data

- ❑ Hover over the **Manage My Data** menu option and click **Policy**.
- ❑ The Timeliness screen appears:

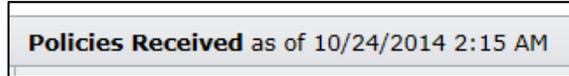
The screenshot displays the NCCI Data Manager Dashboard interface. At the top, there is a search bar and a navigation menu with options like Policy, Unit, DCI, Financial, Medical, Pool, Reports, Incentive Program, and Tools and Information. The main content area is titled "Policy - 12345 - NAME OF COMPANY" and includes a "Print" button. Below the title, there are tabs for "Timeliness" and "Quality". Under "Timeliness", there are sub-tabs for "Received", "State Coverage", "Cancellations", "Reinstatements", and "Nonrenewals". The "Received" tab is active, showing a "Policy View" dropdown set to "Voluntary and Assigned Risk". There are also options to "View detail by" (Month, Carrier) and "View as" (Count, Percent, Chart). A table titled "Policies Received as of 10/24/2014 2:15 AM" is displayed, showing data for the years 2012, 2013, and 2014, categorized by "Policy Effective Date" (Prior, 0-30 Days After, 31-60 Days After, >=61 Days After).

Year/Month	Total (Data Grades 0-7)	Policy Effective Date			
		Prior	0-30 Days After	31-60 Days After	>=61 Days After
▶ 2014	989	146	391	299	153
▶ 2013	92	1	4	0	87
▶ 2012	373	46	133	25	169

- ❑ There are two main folder options within the Policy section:
  - Timeliness
  - Quality

## General Screen Functionality

- ❑ All grids (i.e., charts) for Policy data display the date and time that the data was last refreshed. This information is viewable within the grid title:



- ❑ This refresh occurs on a daily basis, Monday through Sunday.

## Selection Options

<b>Policy View</b> Voluntary and Assigned Risk	<b>View detail by</b> <input checked="" type="radio"/> Month <input type="radio"/> Carrier	<b>View as</b> <input checked="" type="radio"/> Count <input type="radio"/> Percent <input type="radio"/> Chart
---	---	--

- ❑ **Policy View:** Select a Policy View from the filter. This could change the columns within the grid and/or associated data on your screen.
- ❑ **View detail by:** Select various ways to view your data. You could select options such as Month, Carrier, or State, depending on which grid you are viewing.
- ❑ **View as:** Select which format to view your data—Count (default), Percent, or Chart. Again, different options are available, depending on which grid you are viewing.
- ❑ **Expand/Collapse Functionality** (not available for all grids): Click the arrows on a summary row to view your data at a more detailed level. For example, you can expand upon a summary row for a year to see the data broken out by the associated months for that year. Or click the arrows again to view the data as a “collapsed” view with summarized yearly totals.

Click on the arrow to expand the view:

	Year/Month	Total (Data Grades 0-7)
▶	2014	989
▶	2013	92
▶	2012	373

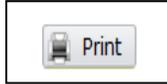


Expanded view for 2014:

	Year/Month	Total (Data Grades 0-7)
▶	<b>2014</b>	<b>989</b>
	Oct	369
	Sep	394
	Aug	131
	Jul	0
	Jun	0
	May	0
	Apr	0
	Mar	0
	Feb	95
	Jan	0
▶	<b>2013</b>	<b>92</b>
▶	<b>2012</b>	<b>373</b>

## How to Print Data on Your Screen

- ❑ The **Print** button enables you to print all viewable data on the screen into an HTML document:



## How to Drill Down to Detailed/Key Field Data

Policy Effective Date			
Prior	0-30 Days After	31-60 Days After	>=61 Days After
146	<a href="#">391</a>	<a href="#">299</a>	<a href="#">153</a>
1	<a href="#">4</a>	0	<a href="#">87</a>
46	<a href="#">133</a>	<a href="#">25</a>	<a href="#">169</a>

- ❑ Click a hyperlink value within a grid to access detailed/key information.
- ❑ For values < 1,000, options provided are:
  - View a list of data on your screen (this list will display the same number of rows as the value you clicked on)
  - Sort the data within this list
  - Print the data within this list
  - Download the data within the list directly to a CSV file
- ❑ For values >= 1,000, options provided are:
  - View a partial list of data containing the first 1,000 rows of data
    - Sort the data within this partial list
    - Print the 1,000 rows of data
    - Download the entire data set directly to a CSV file
  - Download the entire data set directly to a CSV file (the number of rows of data displayed in the CSV file will match the value you clicked on in the grid)
  - Cancel and return to the screen you were on

## Timeliness

- ❑ Once you have hovered over the Manage My Data menu option and clicked Policy, you will arrive at the Timeliness screen.
- ❑ The Timeliness section has five subfolder options:
  - Received (default subfolder highlighted in orange)
  - State Coverage
  - Cancellations
  - Reinstatements
  - Nonrenewals

## Policies Received

### Policy View

- ❑ There are four different views to select from:
  - Voluntary and Assigned Risk (default)
  - Voluntary
  - Assigned Risk
  - Policies Subject to DQIP

### Policy View—Voluntary and Assigned Risk

Policies Received as of 10/17/2014 2:15 AM						
Year/Month	Total (Data Grades 0-7)	Policy Effective Date				
		Prior	0-30 Days After	31-60 Days After	>=61 Days After	
▶ 2014	5,570	3,391	<a href="#">1,436</a>	<a href="#">627</a>	<a href="#">116</a>	
▶ 2013	1,316	55	<a href="#">129</a>	<a href="#">78</a>	<a href="#">1,054</a>	
▶ 2012	937	386	<a href="#">385</a>	<a href="#">92</a>	<a href="#">74</a>	

- ❑ This grid shows you the timeliness of policies received in relation to their **Policy Effective Date**.
- ❑ The results are allocated to one of the following categories:
  - Prior
  - 0-30 Days After
  - 31-60 Days After
  - >=61 Days After
- ❑ Detailed key information is available by clicking any value with a hyperlink in the following columns:
  - 0-30 Days After
  - 31-60 Days After
  - >=61 Days After
- ❑ Monitoring policy timeliness will assist you in measuring your performance for:

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- Proof of Coverage (POC) reporting purposes, and the
- **Carrier Data Quality Report Program (Report Card)**, which, for Policy data, evaluates reporting performance based on policies received the prior year, and calculates the percent of those policies received within 60 days of the Policy Effective Date. If  $\geq 95\%$  are received within this time frame, you will receive a Grade A.

**Data Included—Voluntary and Assigned Risk Views**

- ❑ Data is aggregated at the Carrier Group level; however, you can view performance by individual Carrier, using the **View Detail by** “Carrier” option.
- ❑ Counts include data for establishing transactions only and include Coverage Notice/Binders (CNBs) received. Note: The received date of a CNB will be used in the timeliness calculation if it was received prior to the policy it matches to.
- ❑ This grid captures policies received for the current year-to-date and two prior years.
- ❑ Only those policies that have one or more NCCI Data Collection and/or Assigned Risk Plan states on them are included in the grid.
- ❑ Counts exclude policies or CNBs cancelled flat.
- ❑ To calculate the timeliness for an establishing Assigned Risk policy, the later date of the binder assignment date or the Policy Effective Date is used to compare to the received date of the policy.

**Policy View—Policies Subject to DQIP**

Timeliness		Quality					
Received	State Coverage	Cancellations	Reinstatements	Nonrenewals			
Policy View		View detail by		View as			
Policies Subject to DQIP		<input checked="" type="radio"/> Month	<input type="radio"/> Carrier	<input checked="" type="radio"/> Count	<input type="radio"/> Percent	<input type="radio"/> Chart	
Policies Received as of 10/17/2014 2:15 AM							
Year/Month	Total (Data Grades 0-7)	Available (Data Grades 0-4)					Not Available (Data Grades 6 & 7)
		Total	Policy Effective Date				
			Prior	0-30 Days After	31-59 Days After	$\geq 60$ Days After	
2014	3,649	3,125	2,186	717	166	56	524
2013	763	174	24	48	9	93	589
2012	691	641	262	303	44	32	50

- ❑ This grid shows you the timeliness of policies received in relation to their **Policy Effective Date**.
- ❑ The results are allocated to one of the following categories:
  - Available (Data Grades 0-4):
    - Prior
    - 0-30 Days After
    - 31-59 Days After (different criteria from the Voluntary and Assigned Risk columns)
    - $\geq 60$  Days After (different criteria from the Voluntary and Assigned Risk columns)

- Not Available (Data Grades 6 and 7)
- ❑ Detailed key information is available by clicking any value with a hyperlink in the following columns:
  - 0-30 Days After
  - 31-59 Days After
  - >=60 Days After
  - Not Available (Data Grades 6 and 7)
- ❑ Monitoring policy timeliness for Policies Subject to DQIP assists you as follows:
  - **DQIP** includes only **available** policies. These are policies that have a Data Grade 0-4. This grid provides those policies **not available** (Data Grades 6 and 7) so that users can drill down to the details and edit their data using the **Policy Data Collection** tool to eliminate these Data Grades.
  - **DQIP** refreshes on a monthly basis, so this grid will assist you in monitoring your performance on a daily basis to report **available** policies **early** to help receive a credit **DQIP** factor. If >=80% of policies are received and available prior to their effective date, you can receive a 5% credit to your incentive factor.

#### **Data Included—Policies Subject to DQIP**

- ❑ Data is displayed at the Carrier Group level.
- ❑ This grid captures policies received for the current year-to-date and two prior years.
- ❑ Only those policies with states that are included in **DQIP** are included in this grid.
- ❑ Counts include Voluntary policies only.
- ❑ This grid includes counts for policies cancelled flat, pro rata, or short-term.

## State Coverage

Timeliness		Quality		
Received	<b>State Coverage</b>	Cancellations	Reinstatements	Nonrenewals
View as				
<input checked="" type="radio"/> Count <input type="radio"/> Percent <input type="radio"/> Chart				
Transactions Received as of 10/17/2014 2:15 AM				
	Month/State	Total	State Effective Date	
			<=30 Days After	>30 Days After
▶	Oct 2014	981	808	173
▶	Sep 2014	4,297	3,529	768
▶	Aug 2014	191	129	62
	Jul 2014	0	0	0
▶	Jun 2014	226	0	226
	May 2014	0	0	0
	Apr 2014	0	0	0
▶	Mar 2014	20	0	20
▶	Feb 2014	1,783	1,685	98
▶	Jan 2014	84	2	82
	Dec 2013	0	0	0
	Nov 2013	0	0	0

- ❑ This grid shows you how timely state coverage is added by comparing the received date of the transaction adding coverage to the **State Effective Date**.
- ❑ The results are allocated to one of the following timeliness categories:
  - <=30 Days After (State Effective Date)
  - >30 Days After (State Effective Date)
- ❑ Monitoring state coverage timeliness will assist you for POC reporting purposes.

### Data Included

- ❑ Data is aggregated at the Carrier Group level.
- ❑ Counts include only those transactions received that added state coverage in the current month and 11 prior months.
- ❑ To view the counts by State for each month, click the expand arrow:

Transactions Received as of 10/17/2014 2:15 AM				
	Month/State	Total	State Effective Date	
			<=30 Days After	>30 Days After
▶	Oct 2014	4	4	0
▲	Sep 2014	182	162	20
State View	AL-01	4	3	1
	AR-03	3	3	0
	FL-09	2	2	0
	GA-10	11	9	2
	IL-12	2	2	0
	IN-13	78	70	8

- ❑ Only those transactions adding coverage for a POC state will be included in the grid.
- ❑ Counts include transactions for both Assigned Risk and Voluntary policies.

## Cancellations

Timeliness		Quality		
Received	State Coverage	<b>Cancellations</b>	Reinstatements Nonrenewals	
View as				
<input checked="" type="radio"/> Count <input type="radio"/> Percent <input type="radio"/> Chart				
Cancellations Received as of 10/17/2014 2:15 AM				
Month	Total	Cancellations Effective Date		
		>30 Days Prior	0-30 Days Prior	>=1 Day After
<b>Total</b>	<b>104</b>	<b>4</b>	<b>19</b>	<b>81</b>
Oct 2014	2	0	2	0
Sep 2014	8	3	2	3
Aug 2014	90	0	14	76
Jul 2014	0	0	0	0
Jun 2014	2	1	1	0
May 2014	0	0	0	0
Apr 2014	0	0	0	0
Mar 2014	2	0	0	2
Feb 2014	0	0	0	0
Jan 2014	0	0	0	0
Dec 2013	0	0	0	0
Nov 2013	0	0	0	0

- ❑ This grid shows you how timely cancellation transactions are received by comparing the cancellation transaction's received date to the **Cancellation Effective Date**.

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- ❑ The results are allocated to one of the following categories:
  - >30 Days Prior
  - 0-30 Days Prior
  - >=1 Day After
- ❑ Detailed key information is available by clicking any value with a hyperlink in the following columns:
  - 0-30 Days Prior
  - >=1 Day After
- ❑ Monitoring cancellation timeliness will assist you for POC reporting purposes.

**Data Included**

- ❑ Data is aggregated at the Carrier Group level.
- ❑ Counts include only cancellation transactions for the current month and 11 prior months.
- ❑ Only those cancellation transactions for policies that have a POC state on them at the time of cancellation will be included in the grid.
- ❑ Transactions for both Assigned Risk and Voluntary policies are included.

**Reinstatements**

Timeliness		Quality		
Received	State Coverage	Cancellations	<b>Reinstatements</b>	Nonrenewals
View as				
<input checked="" type="radio"/> Count <input type="radio"/> Percent <input type="radio"/> Chart				
Reinstatements Received as of 10/17/2014 2:15 AM				
Month	Total	Reinstatement Effective Date		
		<= 10 Days After	> 10 Days After	
<b>Total</b>	<b>4</b>	<b>2</b>	<b>2</b>	
Oct 2014	0	0	0	
Sep 2014	0	0	0	
Aug 2014	0	0	0	
Jul 2014	0	0	0	
Jun 2014	2	1	1	
May 2014	0	0	0	
Apr 2014	0	0	0	
Mar 2014	2	1	1	
Feb 2014	0	0	0	
Jan 2014	0	0	0	
Dec 2013	0	0	0	
Nov 2013	0	0	0	

- ❑ This grid shows you how timely reinstatement transactions are received by comparing the reinstatement transaction's received date to the **Reinstatement Effective Date**.

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- ❑ The results are allocated to one of the following categories:
  - <=10 Days After
  - >10 Days After
- ❑ Detailed key information is available by clicking any value with a hyperlink in the column >10 Days After.
- ❑ Monitoring reinstatement timeliness will assist you for POC reporting purposes.

**Data Included**

- ❑ Data is aggregated at the Carrier Group level.
- ❑ Counts include only reinstatement transactions for the current month and 11 prior months.
- ❑ Only those reinstatement transactions for a policy that have a POC state on them at the time of reinstatement will be included in the grid.
- ❑ Transactions for both Assigned Risk and Voluntary policies are included.

**Nonrenewals**

Timeliness Quality

Received State Coverage Cancellations Reinstatements **Nonrenewals**

View as  
 Count  Percent  Chart

Nonrenewals Received as of 10/28/2014 2:15 AM				
Month	Total	Nonrenewal Effective Date		
		>60 Days Prior	0-60 Days Prior	>=1 Day After
<b>Total</b>	<b>15</b>	<b>3</b>	<b>8</b>	<b>4</b>
Oct 2014	1	0	0	1
Sep 2014	0	0	0	0
Aug 2014	0	0	0	0
Jul 2014	0	0	0	0
Jun 2014	0	0	0	0
May 2014	0	0	0	0
Apr 2014	1	0	0	1
Mar 2014	13	3	8	2
Feb 2014	0	0	0	0
Jan 2014	0	0	0	0
Dec 2013	0	0	0	0
Nov 2013	0	0	0	0

- ❑ This grid shows you how timely nonrenewal transactions are received by comparing the nonrenewal transaction's received date to the **Nonrenewal Effective Date**.

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- ❑ The results are allocated to one of the following categories:
  - >60 Days Prior
  - 0-60 Days Prior
  - >=1 Day After
  
- ❑ Detailed key information is available by clicking any value with a hyperlink in the following columns:
  - 0-60 Days Prior
  - >=1 Day After
  
- ❑ Monitoring nonrenewal timeliness will assist you for POC reporting purposes.

**Data Included**

- ❑ Data is aggregated at the Carrier Group level.
  
- ❑ Counts include only nonrenewal transactions for the current month and 11 prior months.
  
- ❑ Only those nonrenewal transactions for a policy that have a POC state on them at the time of nonrenewal will be included in the grid.
  
- ❑ Transactions for both Assigned Risk and Voluntary policies are included.

## Quality

- ❑ Once you have hovered over the Manage My Data menu option and clicked Policy, you will arrive at the Timeliness screen. Click the **Quality** tab that's next to the Timeliness tab.
- ❑ The Quality section has five subfolder options:
  - Rejects (defaulted subfolder highlighted in orange)
  - Edits
  - Proof of Coverage
  - Noncompliance
  - Assigned Risk Binders

## Outstanding Rejects

The screenshot shows the 'Quality' section of the dashboard. The 'Rejects' subfolder is selected. Under 'Rejects View', the 'Outstanding' view is chosen. A table titled 'Outstanding Rejects as of 10/17/2014 2:15 AM' displays the following data:

Outstanding Rejects as of 10/17/2014 2:15 AM	
Data Grade 8 (Single Record Rejects)	Data Grade 9 (Entire Transaction Rejects)
<a href="#">20,165</a>	<a href="#">17,588</a>

- ❑ This grid displays the number of outstanding Data Grade 8 (Single Record Rejects) and Data Grade 9 (Entire Transaction Rejects) on NCCI's database.
- ❑ The results are allocated into one column for Data Grade 8 counts and one column for Data Grade 9 counts.
- ❑ Detailed key information is available by clicking the value in each column if > 0.
- ❑ Monitoring outstanding rejects will assist you in taking corrective action to clear these rejects and improve your quality and availability of data.

## Data Included

- ❑ Data is aggregated at the Carrier Group level.
- ❑ Counts include data processed for the most recent 90 days for Data Grade 9s, and 8 days for Data Grade 8s.
- ❑ This grid includes a current (outstanding) view of data only. For example, if a Data Grade 8 or 9 has been deleted or cleared, this data is no longer deemed outstanding and will not be included in this grid.

## Historical Rejects

Timeliness		Quality								
Rejects		Edits	Proof Of Coverage	Noncompliance	Assigned Risk Binders					
Rejects View		View as								
Historical		<input checked="" type="radio"/> Count <input type="radio"/> Percent								
<b>Reject Edit Trending - Top 10 Historical Edits (Data Grades 8 and 9) as of 10/17/2014 2:15 AM</b>										
Month	0043-02	0179-12	0004-06	0026-07	0021-01	0179-03	0037-08	0002-01	0179-22	0236-04
<b>Total</b>	<b>949</b>	<b>397</b>	<b>385</b>	<b>266</b>	<b>240</b>	<b>86</b>	<b>71</b>	<b>66</b>	<b>51</b>	<b>48</b>
Oct 2014	1	0	0	1	0	1	20	0	21	0
Sep 2014	0	0	0	0	0	5	0	0	5	5
Aug 2014	0	0	0	218	220	1	0	0	0	0
Jul 2014	0	0	0	0	0	3	0	0	0	0
Jun 2014	528	0	0	0	0	0	0	0	0	0
May 2014	132	0	0	0	0	0	0	0	0	0
Apr 2014	48	0	0	0	0	0	0	1	0	0
Mar 2014	240	397	385	44	20	70	51	65	17	35
Feb 2014	0	0	0	0	0	0	0	0	0	0
Jan 2014	0	0	0	3	0	6	0	0	8	8
Dec 2013	0	0	0	0	0	0	0	0	0	0
Nov 2013	0	0	0	0	0	0	0	0	0	0

- ❑ This grid displays the top 10 edit numbers by highest volume (in descending order) for edits received—whether outstanding, corrected, deleted, or deactivated—for the current month and 11 prior months.
  - Between 1 and 10 edits will display, depending on how many unique edit numbers have been processed during the time frame of the grid
- ❑ Monitoring historical rejects can assist you in monitoring data reporting trends by identifying significantly high volumes of edit numbers for a specific month.
- ❑ Data is aggregated at the Carrier Group level.

## Outstanding Edits

Timeliness		Quality		
Rejects	Edits	Proof Of Coverage	Noncompliance	Assigned Risk Binders
Edits View		View as		
Outstanding		<input checked="" type="radio"/> Count <input type="radio"/> Percent		
Outstanding Edits as of 10/17/2014 2:15 AM				
Month	Data Grade 6 (POC Edits)	Data Grade 7 (IPOC Critical Edits)		
<b>Total</b>	<a href="#">38</a>	<a href="#">736</a>		
Oct 2014	<a href="#">1</a>	<a href="#">58</a>		
Sep 2014	<a href="#">24</a>	<a href="#">373</a>		
Aug 2014	0	<a href="#">10</a>		
Jul 2014	0	0		
Jun 2014	<a href="#">3</a>	<a href="#">20</a>		
May 2014	0	0		
Apr 2014	0	0		
Mar 2014	<a href="#">1</a>	0		
Feb 2014	<a href="#">9</a>	<a href="#">194</a>		
Jan 2014	0	<a href="#">80</a>		
Dec 2013	0	0		
Nov 2013	0	<a href="#">1</a>		

- ❑ This grid displays the number of outstanding Data Grade 6 (POC edits) and Data Grade 7 (IPOC critical edits) on NCCI's database.
- ❑ The results are allocated into one column for Data Grade 6 counts and one for Data Grade 7 counts.
- ❑ Detailed key information is available by clicking the value in each column, if > 0.
- ❑ Monitoring outstanding edits will assist you in taking corrective action to correct these edits and improve your quality and availability of data.

### Data Included

- ❑ Data is aggregated at the Carrier Group level.
- ❑ Counts include edits received for the current month and 11 prior months.
- ❑ This grid includes a current (outstanding) view of data only. For example, if a Data Grade 6 or 7 has been cleared, this data is no longer deemed outstanding and will not be included in this grid.
- ❑ Only those edits for policies that have one or more NCCI Data Collection states on them are included in the counts.
- ❑ Edits for both Assigned Risk and Voluntary policies are included.

## Historical Edits

Timeliness		Quality		
Rejects	<b>Edits</b>	Proof Of Coverage	Noncompliance	Assigned Risk Binders
<b>Edits View</b>		<b>View as</b>		
Historical		<input checked="" type="radio"/> Count <input type="radio"/> Percent		

Critical Edit Trending - Top 10 Historical Edits (Data Grades 6 and 7) as of 10/17/2014 2:15 AM										
Month	0234-02	0237-02	0242-03	0234-01	0004-02	0013-01	0043-01	0126-05	0007-02	0126-07
<b>Total</b>	<b>681</b>	<b>79</b>	<b>79</b>	<b>62</b>	<b>22</b>	<b>13</b>	<b>12</b>	<b>11</b>	<b>2</b>	<b>2</b>
Oct 2014	26	14	14	5	0	1	0	0	0	0
Sep 2014	276	38	38	22	20	5	0	0	0	2
Aug 2014	12	0	0	0	0	0	0	0	0	0
Jul 2014	0	0	0	0	0	0	0	0	0	0
Jun 2014	156	0	0	27	0	0	12	2	2	0
May 2014	0	0	0	0	0	0	0	0	0	0
Apr 2014	0	0	0	0	0	0	0	0	0	0
Mar 2014	0	0	0	0	0	0	0	0	0	0
Feb 2014	128	27	27	8	2	7	0	9	0	0
Jan 2014	80	0	0	0	0	0	0	0	0	0
Dec 2013	0	0	0	0	0	0	0	0	0	0
Nov 2013	3	0	0	0	0	0	0	0	0	0

- ❑ This grid displays the top 10 edit numbers by highest volume (in descending order) for edits received—whether outstanding, corrected, or deactivated—for the current month and 11 prior months.
  - Between 1 and 10 edits will display, depending on how many unique edit numbers have been processed during the time frame of the grid
- ❑ It can assist you in monitoring data reporting trends, by identifying significantly high volumes of edit numbers for a specific month.
- ❑ Data is aggregated at the Carrier Group level.

## Proof of Coverage—Reject Rates by State

Timeliness		Quality											
Rejects		Edits		Proof of Coverage				Noncompliance		Assigned Risk Binders			
POC View													
Reject Rates													
Data as of November 12, 2014 03:15:25 AM													
Average Reject Rates by State													
State	Average Reject Rate	Nov 2014	Oct 2014	Sep 2014	Aug 2014	Jul 2014	Jun 2014	May 2014	Apr 2014	Mar 2014	Feb 2014	Jan 2014	Dec 2013
AK-54	20.6%	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	N/A	0.0%	31.6%	N/A	16.5%
CO-05	27.8%	N/A	N/A	100.0%	N/A	N/A	N/A	100.0%	N/A	65.4%	39.7%	N/A	0.0%
FL-09	19.6%	N/A	N/A	0.0%	N/A	N/A	N/A	0.0%	N/A	23.9%	37.8%	N/A	17.8%
ID-11	0.0%	N/A	N/A	0.0%	N/A	N/A	N/A	0.0%	N/A	0.0%	0.0%	N/A	0.0%
KY-16	21.0%	N/A	N/A	100.0%	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	N/A	5.5%
ME-18	22.4%	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	N/A	N/A	44.4%	N/A	20.8%
MS-23	17.7%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	100.0%	N/A	0.0%
MT-25	16.2%	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	N/A	51.1%	34.0%	N/A	12.9%
NE-26	8.6%	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	N/A	N/A	100.0%	N/A	5.2%
NM-30	21.0%	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	N/A	0.0%	43.7%	N/A	18.4%
NY-31	9.5%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50.6%	100.0%	N/A	1.1%
OR-36	7.9%	N/A	N/A	N/A	N/A	N/A	N/A	0.0%	N/A	0.0%	53.9%	N/A	0.2%
RI-38	3.2%	N/A	N/A	N/A	N/A	N/A	N/A	50.0%	N/A	0.0%	100.0%	N/A	0.1%
SC-39	5.4%	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	N/A	0.0%	100.0%	N/A	0.1%
TN-41	2.3%	N/A	N/A	N/A	N/A	N/A	N/A	50.0%	N/A	0.0%	100.0%	N/A	0.2%
UT-43	28.0%	N/A	N/A	0.1%	N/A	N/A	N/A	N/A	N/A	0.0%	0.0%	N/A	41.1%

States displayed are those that receive data in the IAIABC POC format and return errors on the status of the data on their database.  
N/A - No data reported

- This grid is the default option for the **POC View** in the gray action bar.
- It displays the average reject rates by individual State to view reporting performance by state and potentially assist in identifying data reporting trends.
- If no data has been reported for a month, “N/A” displays in the field.
- If data has been reported for a month, however, and the state has no rejects, 0.0% displays.
- If rejects for a particular month and state  $\geq 20\%$ , they will be highlighted for informational purposes.

### Data Included

- Data is aggregated at the Carrier Group level.
- Counts include data for only those states that acknowledge.
- The transactions included are identified with an acknowledgement code of:
  - TR—rejected
  - TA—accepted
  - TE—accepted with errors
- The grid includes those transactions reported in the current month and 11 prior months.
- The Average Reject Rate Calculations are as follows:
  - To calculate the average reject rate **by state** for the entire year:

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- Summarize counts of all TA, TR, and TE transactions received for the entire year displayed in the grid, by state. Divide the number of TR transactions received for the same time frame by this sum to obtain the reject rate.  
Reject Rate = TR / (TA + TE + TR).
- To calculate the average reject rate by state **by month**:
  - Summarize counts of all TA, TR, and TE records for the applicable month, by state, displayed in the grid. Divide the number of TR records received by that sum for the same time frame to obtain the reject rate.  
Reject Rate = TR / (TA + TE + TR).

**Proof of Coverage—Unmatched Proof of Coverage Notices**

Unmatched Coverage Notice/Binders Received as of 10/17/2014 2:15 AM			
Month	Total	Matched	Unmatched
<b>Total</b>	<b>12</b>	<b>2</b>	<b>10</b>
Oct 2014	0	0	0
Sep 2014	0	0	0
Aug 2014	0	0	0
Jul 2014	0	0	0
Jun 2014	0	0	0
May 2014	0	0	0
Apr 2014	4	0	4
Mar 2014	8	2	6
Feb 2014	0	0	0
Jan 2014	0	0	0
Dec 2013	0	0	0
Nov 2013	0	0	0

- ❑ This grid can be accessed by selecting the second option (**Unmatched Cov Notice/Binders**) in the **POC View** on the gray action bar.
- ❑ It displays those Coverage Notice Binders (CNBs) received that remain unmatched to a policy.
- ❑ This assists data reporters in identifying whether they need to report the matching policy or make a key field change.
- ❑ The results are allocated to one of the following columns:
  - Total (sum of Matched and Unmatched)
  - Matched
  - Unmatched

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- ❑ Detailed key information is available by clicking any value with a hyperlink in the Unmatched column.

**Data Included**

- ❑ Data is aggregated at the Carrier Group level.
- ❑ Counts include data for POC states only.
- ❑ The grid includes data reported the current month and 11 prior months.
- ❑ The data displayed is current. It excludes CNBs cancelled flat.
- ❑ A **Matched** CNB has a corresponding policy on the database matching on the following key fields:
  - Carrier Code
  - Policy Number
  - Policy Effective Date
- ❑ An **Unmatched** CNB does not match on one or more of the above key fields.

**Outstanding Noncompliance Transactions**

Timeliness	<b>Quality</b>					
Rejects	Edits	Proof Of Coverage	<b>Noncompliance</b>	Assigned Risk Binders		
<b>Policy View</b>		<b>View as</b>				
Voluntary and Assigned Risk ▼		<input checked="" type="radio"/> Count <input type="radio"/> Percent <input type="radio"/> Chart				
Outstanding Noncompliance Transactions as of 10/17/2014 2:15 AM						
Reason Code	Description	Total	1 - 90 Days	91 - 180 Days	181 - 365 Days	>365 Days
	<b>Total</b>	<a href="#">375</a>	0	<a href="#">1</a>	<a href="#">2</a>	<a href="#">372</a>
04	Noncompliance - audit	<a href="#">178</a>	0	0	0	<a href="#">178</a>
01	Nonpayment of amount billed at final audit	<a href="#">165</a>	0	<a href="#">1</a>	0	<a href="#">164</a>
03	Nonpayment - default on payment plan i.e., deposit, installment or endorsement premium	<a href="#">15</a>	0	0	0	<a href="#">15</a>
02	Nonpayment - dispute resolved; debt not paid	<a href="#">6</a>	0	0	<a href="#">2</a>	<a href="#">4</a>
99	Noncompliance - other	<a href="#">6</a>	0	0	0	<a href="#">6</a>
05	Noncompliance - loss control or inspection(s)	<a href="#">5</a>	0	0	0	<a href="#">5</a>
98	Nonpayment - other e.g., nonpayment of claim deductible	0	0	0	0	0

- ❑ This grid displays transactions that are currently noncompliant so that you can take action to make them compliant (e.g., by paying outstanding premium due, complying with loss control audits).
- ❑ The results are allocated to one of the following categories (displaying the time frame the transaction has been in noncompliance):
  - Total
  - 1-90 Days

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- 91-180 Days
- 181-365 Days
- >365 Days

- ❑ Detailed key information is available by clicking any value with a hyperlink in all of the columns for which data exists.
- ❑ The grid displays the number of outstanding noncompliance transactions in order from the highest to lowest volume by reason code.
- ❑ The following reason codes are displayed, even if they have no associated transactions:
  - 01 – Nonpayment of amount billed at final audit
  - 02 – Nonpayment – dispute resolved; debt not paid
  - 03 – Nonpayment – default on payment plan, i.e. deposit, installment or endorsement premium
  - 04 – Noncompliance – audit
  - 05 – Noncompliance – loss control or inspection(s)
  - 98 – Nonpayment – other, e.g., nonpayment of claim deductible
  - 99 – Noncompliance – other

Note: Multiple reason codes can be included on one noncompliance transaction.

**Data Included**

- ❑ Data is aggregated at the Carrier Group level.
- ❑ Transactions that are in “noncompliance” are Transaction 17s with Record Type Code = Z1 and a Noncompliance/Compliance Notification Type Code = 1 (Notification of Noncompliance Reason(s)).
- ❑ Counts include transactions for both Voluntary and Assigned Risk policies, depending on which Policy View option was selected:
  - Voluntary and Assigned Risk (default option)
  - Voluntary
  - Assigned Risk
- ❑ Voluntary policies include NCCI Data Collection states. Assigned Risk policies include NCCI Plan Administered Residual Market states only.
- ❑ This grid excludes transactions for those policies currently cancelled flat.

## Assigned Risk Binder Tracking

Timeliness		Quality		
Rejects	Edits	Proof Of Coverage	Noncompliance	Assigned Risk Binders
View detail by		View as		
<input checked="" type="radio"/> Month <input type="radio"/> Carrier <input type="radio"/> State		<input checked="" type="radio"/> Count <input type="radio"/> Percent <input type="radio"/> Chart		

Assigned Risk Binder Tracking as of 10/17/2014 2:15 AM								
Assignment Year/Month	Total Assigned	Matched Within Assignment Date				Total	Unmatched	
		1-30 Days	31-60 Days	61-180 Days	>180 Days			
2014	149	0	0	0	0	0	<a href="#">149</a>	
2013	1,963	1	1	307	79	388	<a href="#">1,575</a>	
Dec	2	0	0	0	0	0	<a href="#">2</a>	
Nov	8	0	0	1	0	1	<a href="#">7</a>	
Oct	108	0	0	0	0	0	<a href="#">108</a>	
Sep	1,234	0	0	0	1	1	<a href="#">1,233</a>	
Aug	1	0	0	0	0	0	<a href="#">1</a>	
Jul	221	1	1	0	0	2	<a href="#">219</a>	
Jun	59	0	0	59	0	59	0	
May	252	0	0	247	0	247	<a href="#">5</a>	
Apr	0	0	0	0	0	0	0	
Mar	0	0	0	0	0	0	0	
Feb	8	0	0	0	8	8	0	
Jan	70	0	0	0	70	70	0	

- ❑ This grid displays the number of assigned risk binders that have been assigned, and whether they are matched or unmatched to a policy.
- ❑ It can assist you in identifying which policies need to be reported to match to associated binders, or which ones need to be updated (i.e., through a key field change) in order to match to a binder.
- ❑ There are three ways to view results using the **View detail by** options: Month, Carrier, or State.
- ❑ The results are allocated to the following categories:
  - Total Assigned
  - Matched Within Assignment Date:
    - 1-30 Days
    - 31-60 Days
    - 61-180 Days
    - > 180 Days
    - Total
  - Unmatched
- ❑ Detailed key information is available by clicking any value with a hyperlink in the Unmatched column.
- ❑ Binders are considered matched to a policy when the policy is reported with the assigned binder number and processes without errors.

## Unit Overview

### Accessing Unit Data

- ❑ Hover over the **Manage My Data** menu option and click **Unit**.
- ❑ The Current Snapshot screen appears:

**Data Availability (6 Month Snapshot)**

Due Month/Year	Policy Effective Month	Expected		Rec'd Available For Use		Rec'd Not Available For Use		Missing		Unmatched	
		Count	%	Count	%	Count	%	Count	%		
OCT-14	FEB	1,120	97.9%	1,096	0.0%	24	2.1%	1,093	97.6%		
SEP-14	JAN	2,748	96.4%	2,649	0.1%	97	3.5%	2,636	95.9%		
AUG-14	DEC	1,405	97.4%	1,368	0.0%	37	2.6%	1,365	97.2%		
JUL-14	NOV	1,210	98.4%	1,191	0.0%	19	1.6%	1,188	98.2%		
JUN-14	OCT	1,774	98.0%	1,739	0.1%	34	1.9%	1,734	97.7%		
MAY-14	SEP	1,425	98.3%	1,401	0.0%	24	1.7%	1,398	98.1%		

(Screen continues on next page)

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**Data Quality (6 Month Snapshot)**

1st Unit Reports Not Audited			
Due Month/Year	Total 1st Reports Received	1st Reports Not Audited	
	Count	Count	%
OCT-14	954	56	5.9 %
SEP-14	1,715	12	0.7 %
AUG-14	969	20	2.1 %
JUL-14	922	7	0.8 %
JUN-14	1,234	8	0.6 %
MAY-14	1,044	4	0.4 %

Top 5 Outstanding Unit Report Reject Reasons			
Edit Number	Description	Data Grade	Reject Count
9900-08	CORRECTION UNIT REPORT MUST MATCH CORRESPONDING MATCHING FIELDS ON THE DATABASE	9	1
9900-16	UNIT REPORT MUST MATCH TO A FIRST REPORT ON THE DATABASE	9	101
0183-03	CORRECTION SEQUENCE NUMBER RECEIVED OUT OF ORDER	9	4
0266-06	EXPOSURE RECORD IS DUPLICATE OR MISSING THE CORRESPONDING DELETE OR PREVIOUS EXPOSURE RECORD	9	1

Outstanding Rejected Units	
Number of Rejected Units	103

Top 5 Outstanding Critical Unit Report Errors			
Edit Number	Description	Data Grade	Error Count
0116-03	NONCOMP CLM INCONSISTENT ACROSS RPT LVLS	5	3

Outstanding Critical Errors	
Number of Units	3
Number of Records	3

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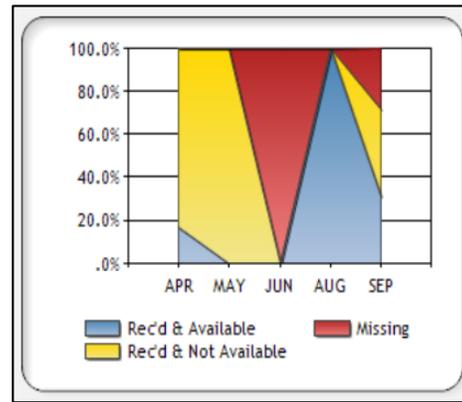
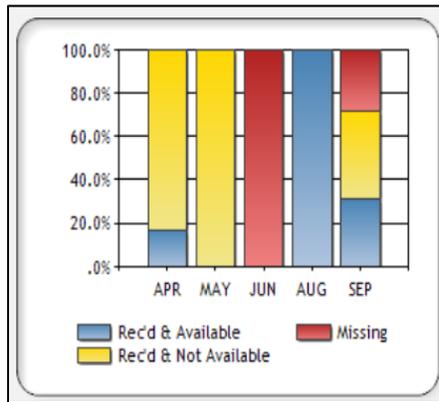
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- ❑ There are four main folder options within the Unit section:
  - Current Snapshot
  - Annual Snapshot
  - Incentive Program
  - Regulator Exception Program

## General Screen Functionality

- ❑ Screens will display the **Data as of** date that the data was refreshed. Screens display data received through the prior day.
- ❑ The **refresh** occurs on daily basis, Monday through Friday.
- ❑ **Hide or Display Filter link**—Click the words to hide or display the main filter options. This will provide more space on your screen for viewing data.
- ❑ **Filter options**—Select a view from the filter.
- ❑ **Graph Type**—Select either the column chart (default) or stacked area chart to view your data in a more visual format. Hover over areas within each graph to see values.

Examples: Column Chart (left) and Stacked Area Chart (right)



- **Print button**—Prints all data viewable on screen in a PDF document:



- **Generate Reports icon**—Click to go to the Reports screen and generate a report for the grid you were viewing:



- **Map icon** (not available on all data type screens)—Click to view state requirements:



## Current Snapshot

- ❑ Once you have hovered over the Manage My Data menu option and clicked Unit, you will arrive at the Current Snapshot screen.
- ❑ The Current Snapshot screen has two sections:
  - Data Availability (6-Month Snapshot)
  - Data Quality (6-Month Snapshot)

## Data Availability (6-Month Snapshot)

### Unit Data Availability Filter

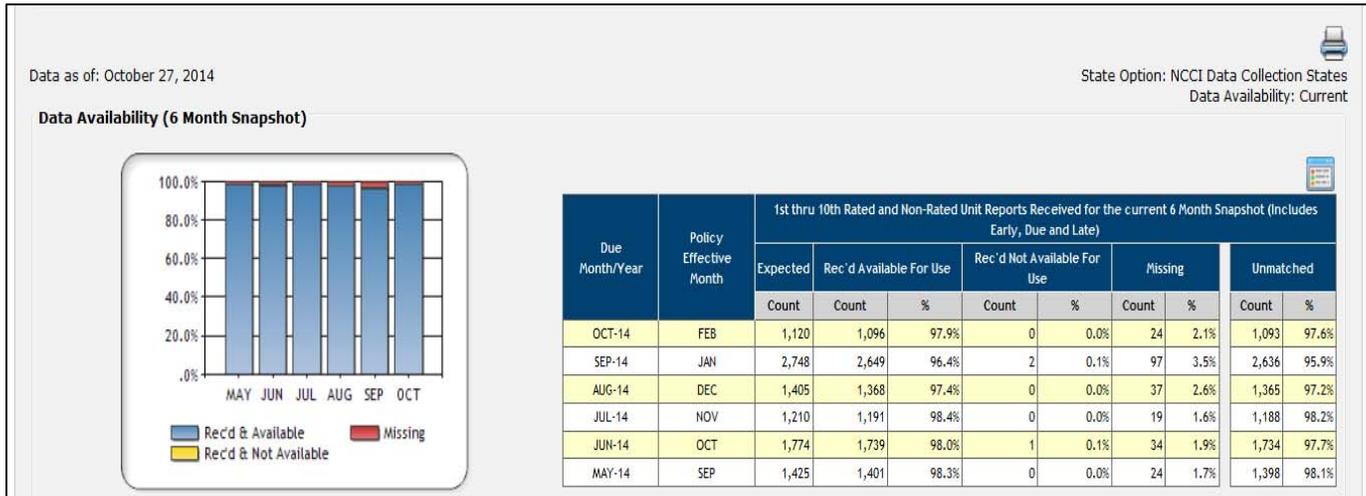
The screenshot shows the 'Current Snapshot' tab selected. Below it, the 'Data Availability Filter' section is visible. It includes a text box with instructions: 'To view the Current Snapshot, enter a Coverage Provider Group ID, select filter criteria for Data Availability, and click 'Refresh Data''. The 'Data Availability' dropdown is set to 'Current'. The 'State Option' dropdown is set to 'NCCI Data Collection States'. The 'Graph Type' dropdown is set to 'Column Chart'. There is a 'Refresh Data' button and a 'Map' icon.

- ❑ The **Data Availability** drop-down menu provides you with the following options to select from:
  - **Current** (default): Displays all unit reports expected, received, and missing, which could be early, on time, or late.
  - **By Due Month**: Displays all unit reports received by due month. For example, this is month 18, 19, or 20 after Policy Effective Date for a first report.
  - **1 Month Early**: Displays all unit reports received 1 month early. For example, this is month 18 or 19 after Policy Effective Date for a first report.
- ❑ There are two **State Options** available to select from:
  - **NCCI Data Collection States**: These are states where NCCI performs experience rating and/or ratemaking functions for the state.
  - **Supplemental States Requested for Interstate Rating**: NCCI expects to receive unit reports for the purpose of interstate rating. States include Massachusetts (MA), Minnesota (MN), New York (NY), North Carolina (NC) and Wisconsin (WI). The states are considered to be subject to experience rating if the policy is interstate-rated or NCCI intrastate-rated, or are part of a multistate policy with two or more active states participating in the NCCI Interstate Rating Plan. Note: North Carolina (NC) and Wisconsin (WI) are considered supplemental states if the data is submitted directly to North Carolina and/or Wisconsin by the data provider.

Use the **Map icon** to display this state information.

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- It is important to note that this filter only applies to the Data Availability section on this screen.



- This grid displays Unit Statistical data availability performance for the current month plus 5 prior months.
- It can be used to monitor daily reporting performance to ensure units are received on time (i.e., first reports must be received by month 20 after the Policy Effective Date to be considered on time) and also available for use in NCCI's products and services (i.e., units have received < Data Grade 5).
- For **DQIP**,  $\geq 98\%$  of units received and available 1 month early can receive a 10% credit toward the **DQIP** factor, so it's important to monitor your reporting performance to obtain this credit.
- For the **Report Card**, you can receive an A by reporting  $\geq 98\%$  of your units that are due both available and on time.
- The following columns are displayed in the grid:
  - Expected:** This count will not change based on the option selected. This displays the count of units expected for the given Due Month/Year.
  - Received and Available:** This column displays those units that are received with a Data Grade < 5; therefore, they can be used in NCCI's products and services (i.e., Experience Rating).
  - Received and Not Available:** This column displays those units that have been received with a Data Grade 5. These must be corrected to assist with improving your **DQIP** factor:
    - If >10% of units are reported Not Available Past Due, a 10% debit can be received toward your **DQIP** factor
    - If >3% of units are reported Not Available 3 Months Past Due, a 25% debit can be received toward your **DQIP** factor

**2015 Data Educational Program  
Data Manager Dashboard**

- **Missing:** These counts display those units expected but not yet received. These counts could include those units that rejected (units with a Data Grade 9).
- **Unmatched:** These counts display units that are received but do not match to a policy based on the Carrier ID, Policy Number, and/or Policy Effective Date.

**Note:** If a unit is received that is not expected, the expected count will still increase proportionately so the grid will never display >100%.

**Data Included**

- ❑ Data is aggregated at the Carrier Group level.
- ❑ Grid counts are at the unit report level (i.e., 1st report, 2nd report, etc.).
- ❑ This grid includes 1st–10th Rated and Non-Rated Unit Reports.

**Data Quality (6-Month Snapshot)**

1st Unit Reports Not Audited				
Due Month/Year	Total 1st Reports Received		1st Reports Not Audited	
	Count		Count	%
OCT-14	954		56	5.9 %
SEP-14	1,715		12	0.7 %
AUG-14	969		20	2.1 %
JUL-14	922		7	0.8 %
JUN-14	1,234		8	0.6 %
MAY-14	1,044		4	0.4 %

Top 5 Outstanding Unit Report Reject Reasons			
Edit Number	Description	Data Grade	Reject Count
9900-08	CORRECTION UNIT REPORT MUST MATCH CORRESPONDING MATCHING FIELDS ON THE DATABASE	9	1
9900-16	UNIT REPORT MUST MATCH TO A FIRST REPORT ON THE DATABASE	9	101
0183-03	CORRECTION SEQUENCE NUMBER RECEIVED OUT OF ORDER	9	4
0266-06	EXPOSURE RECORD IS DUPLICATE OR MISSING THE CORRESPONDING DELETE OR PREVIOUS EXPOSURE RECORD	9	1

Outstanding Rejected Units	
Number of Rejected Units	103

Top 5 Outstanding Critical Unit Report Errors			
Edit Number	Description	Data Grade	Error Count
0116-03	NONCOMP CLM INCONSISTENT ACROSS RPT LVLS	5	3

Outstanding Critical Errors	
Number of Units	3
Number of Records	3

- ❑ This grid can be used on a daily basis to monitor outstanding Data Grade 5s (unavailable units) and Data Grade 9s (rejected units) so corrective action can be taken. Units with a Data Grade 5 cannot be used in NCCI’s products and services.
- ❑ For **DQIP**, >= 98% of units received and **available** 1 month early can receive a 10% credit toward the **DQIP** factor, so it’s important to monitor the availability of your Unit data.
- ❑ For the **Report Card**, you can receive an A by reporting >=98% of your units that are due both **available** and on time.

- ❑ The grids in this section display Unit Statistical data quality performance for the current month plus 5 prior months.

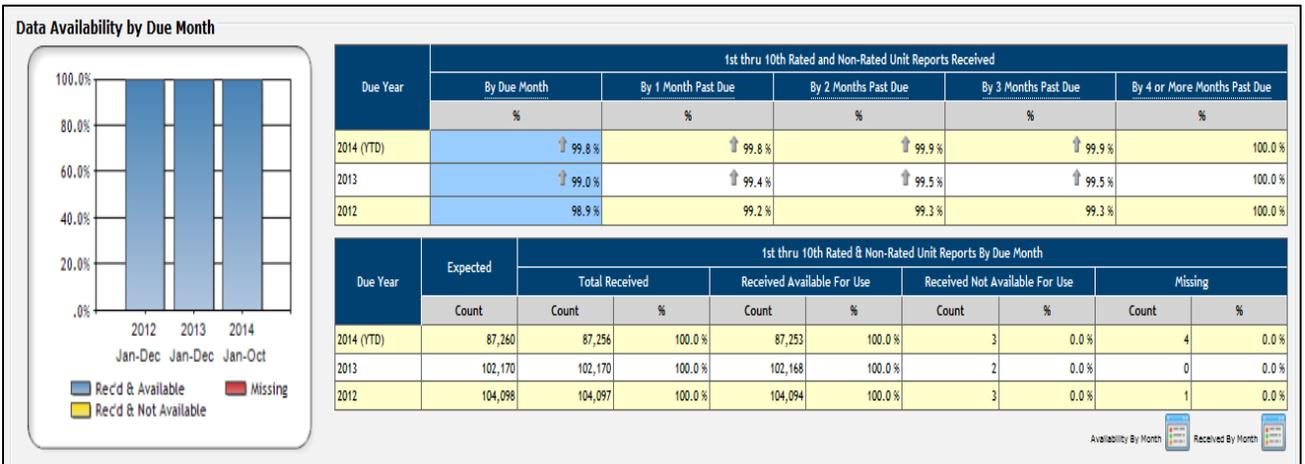
**Data Included**

- ❑ Data is aggregated at the Carrier Group level.
- ❑ Here is information on each grid within this section:
  - **1st Unit Reports Not Audited:** This grid displays those units, by Due Month/Year, that have not been audited. Unit reports must be audited by the 22nd month. If >10% of 1st Reports are not audited by the end of the 22nd month, you can receive a 10% debit toward your **DQIP** factor. Click the **Report icon** to generate a report with the key information so these units can be reviewed.
  - **Outstanding Rejected Units:** This grid displays those units that have a Data Grade 9 (reject) in NCCI's database and can still be cleared. Click the **Report icon** to generate a report with the key information so these units can be reviewed.
  - **Outstanding Critical Errors:** This grid displays those units that have a Data Grade 5 in NCCI's database, making them unavailable for use in NCCI's products and services. Click the **Report icon** to generate a report with the key information so these units can be reviewed.
  - **Top 5 Outstanding Unit Report Reject Reasons:** This grid displays the top 5 reject reasons for all units that are currently rejected that were received within the last 90 days. Note: The top 5 edit numbers and their associated reject reasons could change on a daily basis, based on the volume of each edit received the prior day. Click the **Report icon** to generate a report with the key detail information so these units can be reviewed.
  - **Top 5 Outstanding Critical Unit Report Errors:** This grid displays the top 5 critical edit numbers for units received within the last 6 months that exist in NCCI's database and have a Data Grade 5. Note: The top 5 edit numbers and their associated reasons could change on a daily basis, based on the volume of each edit received the prior day. Click the **Report icon** to generate a report with the key detail information so these units can be corrected.

## Annual Snapshot

- ❑ Once you have hovered over the Manage My Data menu option and clicked Unit, you will arrive at the Current Snapshot screen. Click the tab next to this to access the **Annual Snapshot**.
- ❑ The Annual Snapshot screen has two sections:
  - Data Availability (with different timeliness options)
  - Unit Level Reject and Error Performance

## Data Availability



- ❑ This grid displays Unit Statistical data timeliness and availability performance for the current year (year-to-date) plus two prior years to assist in monitoring annualized data reporting volumes and trends.
- ❑ The grid includes 1st–10th Rated and Non-Rated Unit Reports Received by Due Year.
- ❑ Data is displayed at the Group level.

### Upper Grid: 1st Thru 10th Rated and Non-Rated Unit Reports Received

- ❑ Click each column title in this grid to see the details change in the lower grid. The column will be highlighted in blue, based on the selection.
- ❑ Gray arrows will point upwards if performance has improved from the prior year.
- ❑ Column information:
  - **Due Year:** Displays the year that the units are due.
  - **By Due Month:** Displays percentage (and associated counts in bottom grid) of units received by due month (i.e., Month 20 after the Policy Effective Date for 1st reports). Note: A **DQIP** credit of 10% is received if units are received 18 or

19 months after Policy Effective Date (i.e., for 1st reports), only if there is no debit factor applied.

- **By 1 Month Past Due:** Displays percentage (and associated counts in bottom grid) of units received 1 month past due (i.e., 21 months after Policy Effective Date for 1st reports). Note: A **DQIP** debit of 10% is received if >10% of units are received past due.
- **By 2 Months Past Due:** Displays percentage (and associated counts in bottom grid) of units received 2 months past due (i.e., 22 months after Policy Effective Date for 1st reports). Note: A **DQIP** debit of 10% is received is >10% of units are not audited by the end of the 22nd month.
- **By 3 Months Past Due:** Displays percentage (and associated counts in bottom grid) of units received 3 months past due (i.e., 23 months after Policy Effective Date for 1st reports). Note: A **DQIP** debit of 25% is received if >3% of units are received 3 months past due.
- **By 4 or More Months Past Due:** Displays percentage (and associated counts in bottom grid) of units received 4 or more months past due (i.e., 24 months and subsequent after Policy Effective Date for 1st reports).

**Lower Grid: 1st Thru 10th Rated and Non-Rated Unit Reports Received By Due Month**  
(the timeliness factor for this grid will dynamically change upon the column title selected in the top grid)

- Column information:
  - **Due Year:** Displays the year that the units are due.
  - **Expected:** Displays the count of units that are (or were) expected for the applicable due year.
  - **Total Received:** Displays the count and associated percent of units received for the applicable due year (Data Grades 0-5). Note: This count will change based on the selection made in the top grid.
  - **Received and Available For Use:** Displays the count and associated percent of units received with a Data Grade 0-4, which are available for use in NCCI's products and services (i.e., Experience Rating). Note: This count will change based on the selection made in the top grid.
  - **Received Not Available For Use:** Displays the count and associated percent of units received with a Data Grade 5, which are not available for use in NCCI's products and services (i.e., Experience Rating). Note: This count will change based on the selection made in the top grid.

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- **Missing:** Displays the count and associated percent of units that are/were expected and have not yet been received or that were reported and received a Data Grade 9 (reject). Note: This count will change based on the selection made in the top grid.

**Reports**

- Two reports are available from this screen:
  - **Availability by Month**—This report provides summarized information by Due Month for those units available (units that have received < Data Grade 5)
  - **Received by Month**—This report provides summarized information by Due Month for those reports received (available or unavailable)

**Unit Level Reject and Error Performance**

Unit Level Reject & Error Performance															
Received Year	Unit Reports Received		Unit Reports Rejected		Non Rejected Unit Reports										
	Count	Count	% of Rec'd	Unit Reports Not Rejected		Data Grade (Unit Level)									
				Count	% of Rec'd	No Edits Flagged		5 (Critical)		4 (Priority)		3 (Default)		2 (Suspect)	
2014	18,481	367	↑ 2.0 %	18,114	↓ 98.0 %	16,983	↓ 91.9 %	17	0.1 %	10	↑ 0.1 %	150	↑ 0.8 %	954	↑ 5.2 %
2013	29,425	0	↓ 0.0 %	29,425	↑ 100.0 %	27,895	↑ 94.8 %	26	↓ 0.1 %	1	0.0 %	208	0.7 %	1,295	↑ 4.4 %
2012	28,525	40	0.1 %	28,485	99.9 %	27,021	94.7 %	49	0.2 %	5	0.0 %	201	0.7 %	1,209	4.2 %

- This grid displays both rejected and nonrejected Unit Statistical data for the current year (year-to-date) plus two prior years to assist in monitoring data quality performance.
- It includes 1st–10th Rated and Non-Rated Unit Reports Received by Received Year.
- Data is displayed at the Group level.
- Units counts are at the Unit level.
- It's especially important to review the Data Grade 5 (critical) errors because these cannot be used in NCCI's products and services.

## Regulator Exception Program Overview

### Description

- ❑ The Regulator Exception Report provides information to state regulators regarding data providers that are significantly impacting the availability of Unit data used in experience rating modifications in the regulator's state.
  - The report only includes data that is not available 3 or more months past due as of the Evaluation Date and is based on experience rated units for the state (1st through 3rd Unit Reports)
- ❑ The Regulator Exception Program tab displays data applicable to the Regulator Exception Report, allowing users to monitor their data prior to the issuance of the report to regulators.
- ❑ For a detailed explanation of the **Regulator Exception Program**, refer to the program documentation on the Data Quality page at [ncci.com](http://ncci.com) under the Data Reporting tab.

### Accessing Regulator Exception Program Data

- ❑ Hover over the **Manage My Data** menu option and click **Unit**.
- ❑ Select the **Regulator Exception Program** tab.
- ❑ The Exception Preview screen appears:

The screenshot shows the NCCI Data Manager Dashboard interface. At the top, there is a search bar and navigation tabs: 'Manage My Data', 'Reports', and 'Tools and Information'. The main content area is titled 'Unit Data - 33912 - NCCI TRAINING PROPERTY AND CASUALTY CO'. Below this, there are sub-tabs: 'Current Snapshot', 'Annual Snapshot', 'Incentive Program', and 'Regulator Exception Program'. The 'Regulator Exception Program' tab is active, showing an 'Exception Preview' section. The 'Exception Preview' section includes an 'Evaluation Date: 11/01/2014' and a table with the following structure:

State(s)	Exception Report - NOVEMBER			Exception Preview - DECEMBER			Exception Preview - JANUARY			Exception Preview - FEBRUARY		
	Policy Effective Months ( SEP- NOV)			Policy Effective Months ( OCT- DEC)			Policy Effective Months ( NOV- JAN)			Policy Effective Months ( DEC- FEB)		
	Units Due Count	Not Available Count	Not Available %	Units Due Count	Not Available Count	Not Available %	Units Due Count	Not Available Count	Not Available %	Units Due Count	Not Available Count	Not Available %
No Data Found												

- ❑ There are two subfolder options within the Regulator Exception Program tab:
  - Exception Preview
  - Exception Report

## Exception Preview

Evaluation Date: 10/01/2014

Exception Preview

[Escalation Criteria](#)

State(s)	Exception Preview											
	Exception Report - OCTOBER			Exception Preview - NOVEMBER			Exception Preview - DECEMBER			Exception Preview - JANUARY		
	Policy Effective Months (AUG- OCT)			Policy Effective Months (SEP- NOV)			Policy Effective Months (OCT- DEC)			Policy Effective Months (NOV- JAN)		
	Units Due Count	Not Available Count	Not Available %	Units Due Count	Not Available Count	Not Available %	Units Due Count	Not Available Count	Not Available %	Units Due Count	Not Available Count	Not Available %
AK-04	145	0	0.0 %	146	1	0.7 %	151	1	0.7 %	136	1	0.7 %
AL-01	304	2	0.7 %	330	2	0.6 %	324	1	0.3 %	416	2	0.5 %
AR-03	267	1	0.4 %	275	1	0.4 %	277	1	0.4 %	424	2	0.5 %
AZ-02	592	4	0.7 %	640	2	0.3 %	855	9	1.1 %	940	10	1.1 %
CO-05	568	3	0.5 %	558	3	0.5 %	539	4	0.7 %	771	7	0.9 %
CT-06	384	2	0.5 %	475	4	0.8 %	486	2	0.4 %	603	3	0.5 %
DC-08	360	5	1.4 %	353	5	1.4 %	349	5	1.4 %	521	125	24.0 %

- ❑ The Exception Preview grid shows data providers if they are being escalated or are trending to escalation for each month and state.
- ❑ Data is displayed at the Group level.
- ❑ The Evaluation Date shows when the **Regulator Exception Program** results were last updated. Updates occur monthly.
- ❑ The **Escalation Criteria** link will display the criteria for the program.
  - The criteria are explained on the Data Quality page at **ncci.com** under the Data Reporting tab. They are also summarized in Appendix B.
- ❑ The preview displays the following sections:
  - **Exception Report**—final results for the current month. If they are above the escalation criteria in a state, then the state regulator will be informed via the Regulator Exception Report.
  - **Exception Preview**—preliminary data for the next 3 months. By submitting or correcting the not available units, the carrier may avoid escalation for a state currently above the escalation threshold.
- ❑ For each report month, the following columns are displayed:
  - **Units Due Count**—the number of units due in the state for the Policy Effective Months applicable to the report (noted in header)
  - **Not Available Count**—of the units due, the number that are currently not available for use and are 3 or more months past due
  - **Not Available %**—the percentage of the units due that are not available (= Not Available Count / Units Due Count)
- ❑ Any state and month above the escalation criteria will be shaded in blue.
- ❑ Clicking a state abbreviation (e.g., FL-09) will open a window titled Exception Preview by State with details by month.

Data Included

- ❑ Data is aggregated at the Group level for the **Regulator Exception Program**.
- ❑ The **Regulator Exception Program** only considers 1st to 3rd report level experience rated units.

Exception Preview by State

Exception Preview By State									
State: DC - 08				Evaluation Date: 10/01/2014					
Units Subject to Experience Rating									
Rating Effective Month/Year Impacted	Policy Effective Month (1st-3rd report levels)	Initial Regulator Exception Report Date (if eligible)	Due Date	Units Due Count	Units Not Available		Total Units Not Available Count	Total Units Not Available %	
					Critical Priority Errors Count	Not Yet Received Count			
01/15	JAN	01/01/2015	09/14	302	0	120	120	39.7 %	
12/14	DEC	12/01/2014	08/14	128	0	4	4	3.1 %	
11/14	NOV	11/01/2014	07/14	91	0	1	1	1.1 %	
10/14	OCT	10/01/2014	06/14	130	0	0	0	0.0 %	
09/14	SEP	09/01/2014	05/14	132	2	2	4	3.0 %	
08/14	AUG	08/01/2014	04/14	98	0	1	1	1.0 %	

Exception Report Eligibility - Based on 3-Month Totals					
Rating Effective Month/Year (3-month period)	Regulator Exception Report Date	Policy Effective Month (3-month period)	Total Units Due	Total Units Not Available	Total Units Not Available %
			Count	Count	%
11/14 - 01/15	1/1/2015	NOV - JAN	521	125	24.0%
10/14 - 12/14	12/1/2014	OCT - DEC	349	5	1.4%
09/14 - 11/14	11/1/2014	SEP - NOV	353	5	1.4%
08/14 - 10/14	10/1/2014	AUG - OCT	360	5	1.4%

- ❑ The Exception Preview by State shows the results by month for the selected state. Use this screen to isolate the Policy Effective Date range of not available units.
- ❑ Refer to the Exception Preview for a description of the Evaluation Date and **Escalation Criteria** link.
- ❑ **Upper Grid: Units Subject to Experience Rating**
  - The grid displays the following information:
    - **Dates**—The first four columns show date information (such as the month when the unit is due and the date when the Policy Effective Month could initially be listed on a Regulator Exception Report)
    - **Unit data**—The remaining columns show the unit reporting results by month
  - The data elements are the same as listed on the Exception Preview.
  - The count of Units Not Available is further split into units with critical priority errors and units not yet received by NCCI.
- ❑ **Lower Grid: Exception Report Eligibility—Based on 3-Month Totals**
  - This table shows the 3-month totals based on the Units Subject to Experience Rating table.
  - Refer to the Exception Preview for a description of the Evaluation Date and **Escalation Criteria** link.

## Exception Report

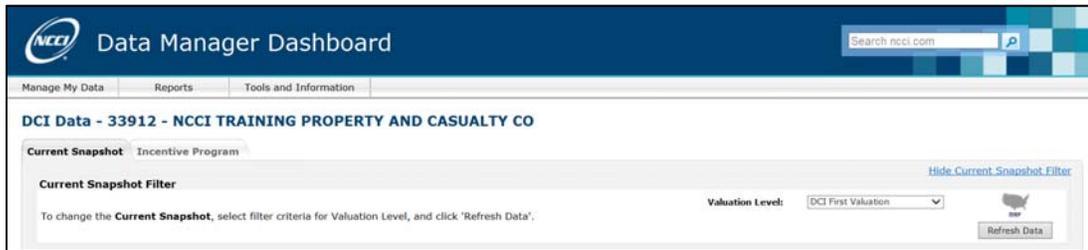
Exception Report		Unit Reports Not Available For Experience Ratings						Escalation Criteria
State(s)	Rating Effective Month/Year	Current			Previous			
		Count	Rated Units Not Available	%	Count	Rated Units Not Available	%	
IN	10/2014	7		3.5%		N/A	N/A	
IN	09/2014	1		0.7%	1		0.7%	
IN	08/2014	7		5.4%	7		5.4%	

- ❑ The Exception Report screen shows results that were submitted to a state regulator on a Regulator Exception Report.
- ❑ The Exception Report Filter allows you to select a specific Regulator Exception Report.
  - If the filter’s drop-down menu only displays “NONE,” then the carrier has not been escalated to a state regulator within the previous 16 months.
- ❑ The Evaluation Date shows when the Regulator Exception Program results were last updated. Updates occur monthly.
- ❑ The **Escalation Criteria** link will display the criteria for the program.
  - The criteria are explained on the Data Quality page at **ncci.com** under the Data Reporting tab. They are also summarized in Appendix B.
- ❑ Once a carrier exceeds the escalation criteria in a state, it will appear on the Exception Report for that state for an additional 2 months after falling below the criteria.
- ❑ The table includes the following information:
  - **State(s)** escalated
  - **Rating Effective Month/Year** listed on the selected Regulator Exception Report
  - **Rated Units Not Available**—the count and percentage of units that are not available
    - **Current**—the results as of the current Exception Report.
    - **Previous**—the results as of the previous Exception Report. This allows you to see any change between the months. (The latest Rating Effective Month would not have been included on the previous report; therefore, you will see “N/A.”)

## DCI Data Overview

### Accessing DCI Data

- ❑ Hover over the **Manage My Data** menu option and click **DCI**.
- ❑ The Current Snapshot screen appears:



- ❑ There are two folder options within this section:
  - Current Snapshot (default screen)
  - Incentive Program (refer to the Incentive Program section for details on the screens within this folder)

### Current Snapshot

- ❑ The Current Snapshot grids display timeliness and quality results for DCI reporting.
- ❑ The Current Snapshot includes the following grids:
  - DCI First Valuation Expected Not Yet Received (6-Month Snapshot)
  - Data Availability (6-Month Snapshot)—Subsequent Valuation Levels (6-Month Snapshot)
  - Data Quality (6-Month Snapshot)

### Current Snapshot Filter



- ❑ The Current Snapshot Filter allows the user to choose either:
  - First Valuation Expected Not Received (6-Month Snapshot)—default
  - Data Availability (6-Month Snapshot)—Subsequent Valuation Levels (6-Month Snapshot)

**2015 Data Educational Program  
Data Manager Dashboard**

- ❑ The latest update date (**Data as of** date) is displayed above the table on the right. Updates occur nightly, Monday through Friday.
- ❑ The **Participation States** link will open a window that displays the states participating in DCI and the states' sampling ratios for closed and open claims.
  - DCI First Valuation Expected, Not Yet Received will not be calculated for Massachusetts, Michigan, Minnesota, New Jersey, New York, and Pennsylvania since all Unit data is not collected or available for estimating purposes.
  - DCI First Valuation Expected, Not Yet Received will not be calculated for Texas since Unit data is not yet due or available for estimating purposes.

**First Valuation Expected Not Received (6-Month Snapshot)**

Data as of: October 16, 2014 [Participation States](#)

**DCI First Valuation Expected Not Yet Received (6 Month Snapshot)**

State	DCI First Valuation Expected Not Yet Received																		
	Estimated Expected DCI Claim Count Not Yet Received																		
	DUE AUG-14 REPORTED TO INSURER NOV-12			DUE SEP-14 REPORTED TO INSURER DEC-12			DUE OCT-14 REPORTED TO INSURER JAN-13			DUE NOV-14 REPORTED TO INSURER FEB-13			DUE DEC-14 REPORTED TO INSURER MAR-13			DUE JAN-15 REPORTED TO INSURER APR-13			
	Open	Closed	Death or Permanent Total	Open	Closed	Death or Permanent Total	Open	Closed	Death or Permanent Total	Open	Closed	Death or Permanent Total	Open	Closed	Death or Permanent Total	Open	Closed	Death or Permanent Total	
AL-1	1.19	0		1	0	0	0	0	0	0.95	0.09	0	0	0	0	7.05	0.66	0	
AZ-2	0	0.68		1.44	0.80		0	0.91	0.68	0	1.70	0.44	0	0.61	0.45	0	3.04	0.66	0
AR-3	3.74	0		0.20	0.31		0	0	0	0	0.32	0	0	0.26	0	0	4.17	0.50	1
CA-5	0.05	0		0	0.32		0	3.73	0	0	4.28	0	0	3.98	0.41	1	8.28	0.35	0
CT-6	0.09	0		1.17	0.64		0	0	0	0	0	0	0	0	0	0	4.51	0.60	0
DC-8	0	0.05		0.81	0.65		0	0.41	0.86	0	1.91	0	0	1.30	0.69	0	1.33	0.69	0
FL-9	4.56	2.37		3.18	1.06		1	3.60	3.65	0	2.47	3.03	0	2.06	2.82	0	6.50	3.60	0

- ❑ This grid shows the number of claims that NCCI expects but which have not yet been received for the first valuation. Carriers can use this grid to determine whether they have shortfalls in reported claims.
- ❑ The grid displays the following information by state:
  - **Due Month**—when the claims are due
    - The grid displays the current month (highlighted in yellow), 2 prior months, and 3 future months
    - The associated Reported to Insurer Month is also listed
  - **Claim Status**
    - Open—the count of first valuation open claims expected but not received by NCCI.
    - Closed—the count of first valuation closed claims expected but not received by NCCI.
      - Expected counts for open or closed claims are estimated by applying the state sample ratio for expected open and closed DCI claims to submitted unit claims where incurred indemnity loss value, or reserves, are greater than zero. Claims with benefits payable under federal acts are not included when estimating.
    - Death or Permanent Partial—the count of first valuation Death or Permanent Partial claims expected but not received by NCCI. All Death or Permanent Total claims must be reported for DCI.
- ❑ Clicking the state code will open a window with the **DCI First Valuation by State** grid.

**Data Included**

- ❑ Data for all grids is aggregated at the Group level.

**First Valuation by State**

DCI First Valuation 2014 Calendar Year Results by Quarter						
Due Month/Year	Estimated Open Expected	Open Received	Estimated Closed Expected	Closed Received	Estimated Death or Permanent Total Expected	Death or Permanent Total Received
JAN-14	5.56	1	3.57	2	1	1
FEB-14	6.44	1	4.03	3	1	1
MAR-14	7.47	2	3.89	1	0	0
QTR1	19.47	4	11.49	6	2	2
APR-14	5.96	4	3.73	1	2	2
MAY-14	7.73	1	3.93	1	0	0
JUN-14	5.64	0	3.08	0	0	0
QTR2	19.33	5	10.74	2	2	2
JUL-14	5.54	2	3.46	1	0	0
AUG-14	5.56	1	3.37	1	0	1
SEP-14	5.18	2	3.06	2	1	0
QTR3	16.28	5	9.89	4	1	1
OCT-14	4.6	1	3.65	0	1	2
NOV-14	4.47	2	4.03	1	0	0
DEC-14	5.06	3	2.82	0	0	0
QTR4	14.13	6	10.5	1	1	2

- ❑ This grid shows a state's expected and received DCI claim counts by quarter for the current calendar year.
- ❑ Data is broken down by month. Quarterly totals are also included.
- ❑ For each sampling category (open, closed, and Death or Permanent Total claims), the grid displays the following:
  - **Estimated Expected**—the count of claims that NCCI estimates should be reported
    - Expected counts for open or closed claims are estimated by applying the state sample ratio for expected open and closed DCI claims to submitted unit claims where incurred indemnity loss value, or reserves, are greater than zero. Claims with benefits payable under federal acts are not included when estimating. All Death or Permanent Total claims must be reported for DCI.
  - **Received**—the actual count of claims received from the carrier
- ❑ Rows with quarterly totals are highlighted in blue.
- ❑ The row for the current month is highlighted in yellow.

## Data Availability (6-Month Snapshot)—Subsequent Valuation Levels (6-Month Snapshot)



- ❑ This grid shows the number of claims expected, received, and missing for subsequent (30th month–138th month) valuations. Carriers can use this grid to determine whether they have shortfalls in reported claims.
- ❑ The grid displays data for the current month, 2 prior months, and 3 future months.
- ❑ The grid displays the following information by due month:
  - **Month Reported to Insurer.**
  - **Expected Subsequent Claims**—the number of claims that NCCI expects to receive for subsequent valuations.
    - Clicking the expected count will open a window showing a chart of claim counts and percentage received or missing by valuation level
  - **Received Claims**—the count and percentages of the expected claims that have been received by NCCI.
  - **Missing Claims**—the count and percentage of the expected claims that have been received by NCCI. Rejected claims are considered missing.
- ❑ A chart next to the grid graphically shows the percentages received and missing by due month.

## Data Quality (6-Month Snapshot)

Data Quality (6 Month Snapshot)

Top 5 Outstanding DCI Reject Reasons			Number of Outstanding DCI Reject Transactions
Edit Number	Description	Reject Count	
0437-02	MUST BE NUMERIC	1,280	1,732
0429-01	MUST BE VALID PER TABLE	85	
0434-04	WEEKLY BENEFIT AMOUNT REPORTED EXCEEDS THE MAXIMUM BENEFIT FOR REPORTED JURISDICTION STATE CODE	85	
9900-01	A SUBSEQUENT REPORT MUST HAVE A MATCHING CLAIM FOR A PRIOR VALUATION LEVEL WHEN BENEFIT TYPE CODE IS NOT EQUAL TO 01 OR 02	54	
0434-02	WEEKLY BENEFIT AMOUNT AND BENEFIT AMOUNT PAID WERE USED TO CALCULATE A DURATION WHICH EXCEEDS THE PERIOD OF TIME FOR THE REPORTED VALUATION LEVEL.	49	

- ❑ The grids show counts of outstanding rejected claims over the 6 months of the snapshot (current due month, 2 prior due months, and 3 future due months).
  - These claims need to be corrected before they will be considered received by NCCI

- ❑ The grids can also help determine the severity of rejects.
  - A large number of rejects could indicate a systemic error with a carrier's data reporting
  - The top 5 outstanding reasons can help pinpoint the primary cause of any systemic issue
  
- ❑ The Data Quality grids are not affected by the selection on the Current Snapshot Filter. The grids count rejects from both first and subsequent valuations.
  
- ❑ The grids in this section include:
  - **Top 5 Outstanding DCI Reject Reasons** (this grid displays the following information):
    - **Edit Number**—the NCCI code that identifies the reason that a claim record was rejected. The listing of Edit Numbers can be found in the DCI Edit Matrix, accessible through the ***DCI Reporting Guidebook***.
    - **Description**—an explanation of the edit reason.
    - **Reject Count**—the number of claims that rejected due to the particular edit. The data is sorted by the Reject Count from the highest to the lowest.
  
  - **Number of Outstanding DCI Reject Transactions** (this grid displays the total number of rejected claims that are still outstanding).

## Incentive Program Overview

### Description

- ❑ The Incentive Program tab displays the most recent and historical results for **DQIP**, which is designed to improve the availability of data for use in NCCI's products and services through monetary incentives.
- ❑ The applicable states for **DQIP** include:
  - **Policy Data**—AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC (interstate only), NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, WI (interstate only), WV
  - **Unit Data**—AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC (when reported directly to NCCI), NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, WI (when reported directly to NCCI), WV
  - **Notified Suspect Unit Data**—AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, WV
  - **DCI Data**—AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, TX, UT, VA, VT, WV
- ❑ For a detailed explanation of **DQIP**, refer to the program documentation on the Data Quality page at [ncci.com](http://ncci.com) under the Data Reporting tab.

### Accessing Incentive Program Data

- ❑ Hover over the **Manage My Data** menu option and click **Policy**, **Unit**, or **DCI**.
  - From the Policy screen, select the **Incentive Program** menu option near the top of the page
  - From the Unit or DCI screens, select the **Incentive Program** tab
- ❑ The Incentive Results screen appears:



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- ❑ Five main subfolders are available within the Incentive Program section:
  - Incentive Results
  - Monthly Summaries (one for each data type)

**Incentive Results**

**Incentive Program Filter**

Current Snapshot **Incentive Program** [Hide Incentive Program Filter](#)

**Incentive Program Filter**

To change the **Incentive Program** view, select filter criteria and click 'Refresh Data'.

Incentive Quarter: 07/01/2014 - 09/30/2014

- ❑ The Incentive Program Filter section allows the user to choose the quarter evaluated by **DQIP**.
- ❑ The screen defaults to the most recent quarter.

Evaluation Date: 10/01/2013 Incentive Quarter: 07/01/2013 - 09/30/2013  
Applied Data Quality Incentive Factor: 0.99

**Policies** [Incentive Parameters](#)

Volume Eligibility		Policy Data Received: 10/01/2012 - 09/30/2013					
Total Policies Received		Threshold		Data Provider Results			
		Incentive Category	%	Count	%	Adjustment	
Volume Eligibility	120	Available Prior to Policy Effective Date	+8%	37,183	73.2%		0%
Total Policies Received	92,799	Not Available Within 60 Days of Policy Effective Date	+2%	279	0.3%		0%

**Units** [Incentive Parameters](#)

Volume Eligibility		Unit Data Received or Due: 10/01/2012 - 09/30/2013					
Total Units Received		Threshold		Data Provider Results			
		Incentive Category	%	Count	%	Adjustment	
Volume Eligibility	120	Available 1 Month Early	+8%	75,351	99.8%		+2%
Total Units Received	76,531	Not Available Past Due	+5%	77	0.1%		0%
Total Units Overdue	2	Received		71			
Total 1st Reports Received	68,425	Not Received		2			
		Not Available 3 Months Past Due	+3%	30	0.0%		0%
		Received		20			
		Not Received		0			
		1st Reports Not Audited by the End of the 23rd Month	+1%	14	0.0%		0%

**Notified Suspect Unit Data** [Incentive Parameters](#)

Volume Eligibility		Notified Suspect Unit Data: 10/01/2012 - 09/30/2013					
Total Notified Suspect Unit Data Evaluated		Threshold		Data Provider Results			
		Incentive Category	%	Count	%	Adjustment	
Volume Eligibility	50	Not Received Within 30 Days Past Due	+2%	0	0.0%		0%
Total Notified Suspect Unit Data Evaluated	198						

**Detailed Claim Information** [Incentive Parameters](#)

Volume Eligibility		DCI Data Expended: 10/01/2012 - 09/30/2013					
Total 18 Month Valuations Expended		Threshold		Data Provider Results			
		Incentive Category	%	Count	%	Adjustment	
Total 18 Month Valuations Expended	647	18 Month Valuations Past Due	+5%	60	12.0%		0%
Total 18 Month Valuations Received	914	18 Month Valuations Paid Due	+1%	2	0.4%		0%
Total 7 18 Month Valuations Expended	536						
Total 7 18 Month Valuations Received	536						

- ❑ The Incentive Results grid shows the availability results for each data type evaluated by **DQIP**.
- ❑ Data types evaluated are:
  - Policies
  - Units
  - Notified Suspect Unit Data
  - Detail Claim Information
- ❑ The Data Quality Incentive Factor (upper right) is a multiplier applied to Data Management and Statistical Agent Fees.
- ❑ The Evaluation Date on the left side of the screen shows when the **DQIP** results were last updated. Updates occur monthly.

- The **Incentive Parameters** links will display the criteria for each data type.
- The criteria are explained on the Data Quality page at **ncci.com** under the Data Reporting tab. They are also summarized in Appendix A.
- **Volume Eligibility**—For each data type, the grids on the left show volume eligibility statistics.
  - **Volume Eligibility**—the minimum amount to qualify for a **DQIP** adjustment for the data type. The amount used depends on the data type:
    - Policy Data—policies received
    - Unit Data—units received or overdue
    - Notified Suspect Unit Data—Notified Suspect Unit Data evaluated
    - DCI Data—DCI valuations expected
  - **Total** (description varies by data type)—the Group's actual totals for the data type.
    - If the Group's total is less than the Volume Eligibility value then the Group is not subject to **DQIP** for that data type
- **DQIP Categories**—For each data type, the grids on the right show the results by category.
  - **Incentive Category**—a description of the category
    - Threshold—the minimum value percentage in order to receive a credit or debit adjustment
    - Data Provider Results:
      - **Count**—the actual count of the Group's data that falls within the category
      - **%**—the actual percentage (count/total) of the Group's data that falls within the category
      - **Adjustment**—the credit or debit assessed based on the category's results

### Data Included

- Data is aggregated by Group for a rolling four-quarter period.

## Monthly Summaries

Evaluation Date: 10/01/2013 Coverage Provider ID(s): All  
Filtered By: None Selected

**Unit Summary**

Unit Data Received or Due: 10/01/2012 - 09/30/2013

Received or Due Month/Year	Total Units Received	Total Units Overdue	Total 1st Reports Received	Available 1 Month Early		Not Available Past Due		Not Available 3 Months Past Due		1st Reports Not Audited by the End of the 22nd Month		Informational Only: 1st Reports Not Audited as of the Evaluation Date
				Threshold >=98%		Threshold >10%		Threshold >3%		Threshold >10%		
				Count	%	Count	%	Count	%	Count	%	
Total	75,501	2	66,405	75,351	99.8%	73	0.1%	30	0.0%	14	0.0%	13
SEP 2013	5,112	0	4,809	5,106	99.9%	5	0.1%	3	0.1%	0	0.0%	5
AUG 2013	9,742	2	8,894	9,737	99.9%	2	0.0%	0	0.0%	0	0.0%	2
JUL 2013	6,342	0	5,843	6,310	99.5%	16	0.3%	11	0.2%	0	0.0%	3
JUN 2013	5,137	0	4,704	5,131	99.9%	1	0.0%	0	0.0%	2	0.0%	2
MAY 2013	7,216	0	6,264	7,205	99.8%	3	0.0%	0	0.0%	0	0.0%	0
APR 2013	5,656	0	5,233	5,654	100.0%	0	0.0%	0	0.0%	0	0.0%	0
MAR 2013	5,332	0	4,912	5,329	99.9%	3	0.1%	2	0.0%	0	0.0%	0
FEB 2013	6,333	0	5,629	6,308	99.6%	9	0.1%	2	0.0%	0	0.0%	0
JAN 2013	5,988	0	5,424	5,977	99.8%	10	0.2%	2	0.0%	0	0.0%	0
DEC 2012	6,281	0	5,602	6,271	99.8%	10	0.2%	5	0.1%	7	0.1%	1
NOV 2012	6,533	0	5,757	6,518	99.8%	11	0.2%	2	0.0%	5	0.1%	0
OCT 2012	5,829	0	5,334	5,805	99.6%	3	0.1%	3	0.1%	0	0.0%	0

### Unit Monthly Summary Example

- ❑ The Monthly Summaries display the **DQIP** results for each category, broken out by month. This allows the user to identify months with reporting performance issues.
- ❑ Additional filters allow the user to dig deeper into the data while searching for the cause of any issues.
- ❑ There is a separate Monthly Summary tab for each data type (Policy, Unit, Notified Suspect Unit Data, and DCI).
- ❑ **Filters**—Filters allow additional drill-down. The two filters are:
  - Coverage Provider ID
  - Filter By—options depend on data type and include:
    - State
    - Experience Rated
    - Report Level
    - Notification Type Code
    - Valuation Level

In many cases, multiple selections may be made (e.g., Florida and Georgia may be selected from the State filter).

Once made, filter selections are displayed above the grid on the right.

- ❑ **Summary**—For each data type, the Summary displays the same totals and category results as the Incentive Results screen.
  - Results are broken out by month
  - When the Summary is unfiltered, the results in the Total line will match the Incentive Results screen

## Financial Data Overview

### Accessing Financial Data

- ❑ Hover over the **Manage My Data** menu option and click **Financial**.
- ❑ The Current Snapshot screen appears:



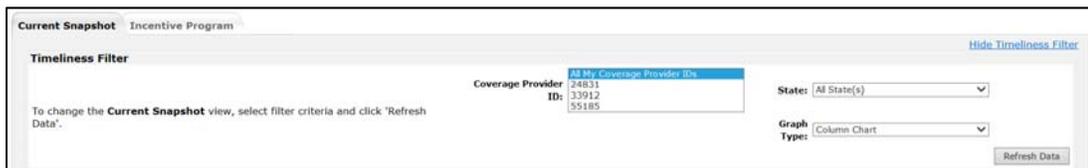
- ❑ There are two folder options within this section:
  - Current Snapshot (default screen)
  - Incentive Program

### Current Snapshot

- ❑ The Current Snapshot has two sections:
  - Timeliness
  - Errors and Notifications

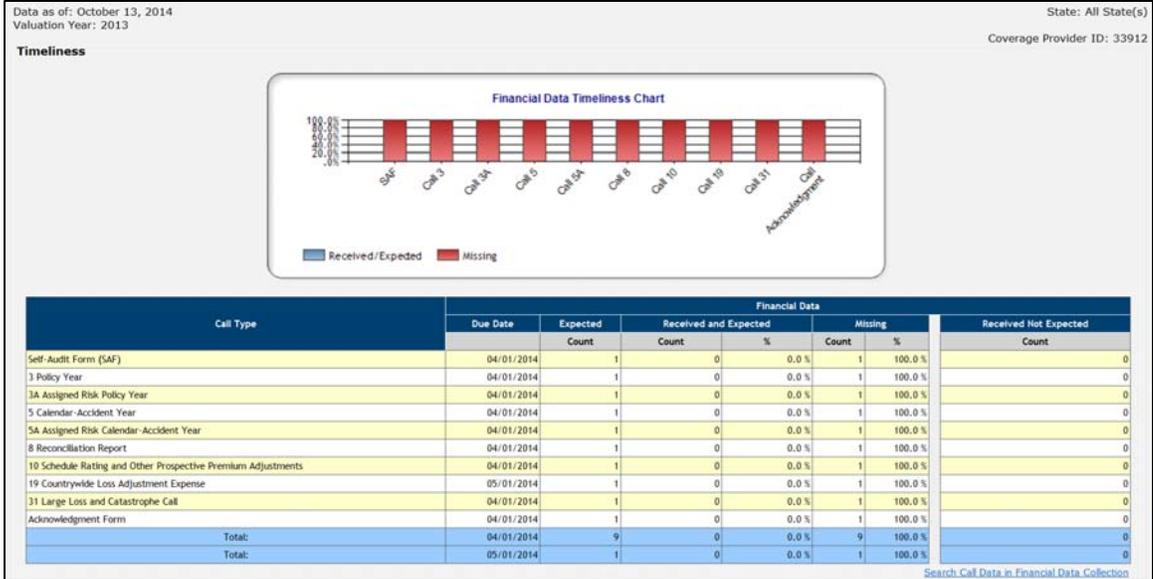
### Timeliness

#### Timeliness Filter



- ❑ The Timeliness Filter allows you to view the results by coverage provider ID and/or state. You can also change the graph type.

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Data Manager Dashboard**



- ❑ The Timeliness grid displays the status of all Financials Calls expected to be reported by the carrier for the most recent Valuation Year.
  - Monitor this grid to ensure that Financial Calls are reported in a timely fashion.
  - Early or late reporting of Financial Call data could be subject to **Aggregate Data Quality Incentive Program (ADQIP)** credits or fines. Refer to the Financial Incentive Program section for your timeliness and quality results.
- ❑ Timeliness percentages by Call are displayed graphically above the table.
- ❑ The table shows, by Call Type, the following information:
  - **Due Date**—when the Calls are due to NCCI
  - **Expected**—the number of Calls of that type that NCCI expects to receive
  - **Received and Expected**—the number and percentage of the expected Calls that have been received
  - **Missing**—the number and percentage of the expected Calls that have not been received
  - **Received Not Expected**—the number of Calls received by NCCI that were not expected
- ❑ The Search Call Data in the **Financial Data Collection** link will open NCCI's **Financial Data Collection** tool in a new window.

**Data Included**

- ❑ Data is displayed at the Group level.

## Errors and Notifications

Call Type	Due Date	Total Open Errors	Open Errors With Explanation	Open Errors Without Explanation	Open Notifications
		Count	Count	Count	Count
No Data Found					

[View Notifications in Financial Data Collection](#)

- ❑ This grid displays open errors and notifications associated with the Financial Calls from the most recent Valuation Year.
- ❑ The table shows, by Call Type, the following information:
  - **Due Date**—when the Calls are due to NCCI.
  - **Total Open Errors**—the number of open errors on the Calls. The next two columns categorize the open errors based on whether or not they have an explanation.
  - **Open Notifications**—the number of open notifications sent by NCCI to the carrier. Notifications are requests for correction or additional explanation of errors on the Calls.
- ❑ The View Notifications in the **Financial Data Collection** link will open NCCI's **Financial Data Collection** tool in a new window. From there, you can search for and view notifications.

## Incentive Program

### Description

- ❑ The Incentive Program section of Financial Data displays the **ADQIP** results.
- ❑ **ADQIP** provides carriers with an incentive to submit Financial Call data in a timely and accurate manner by applying credits for accurate early reporting of key ratemaking Calls and reallocating the impact of late and/or inaccurate reporting of Financial Calls subject to **ADQIP** back to the applicable carriers by levying assessments.
- ❑ For a detailed explanation of **ADQIP**, refer to the program documentation on the Data Quality page at [ncci.com](http://ncci.com) under the Data Reporting tab.

### ADQIP Timeliness

#### Incentive Program Filter

Current Snapshot: Incentive Program

[Hide Incentive Program Filter](#)

**Incentive Program Filter**

To change the **Timeliness** or **Quality Incentive Program** view, select filter criteria and click 'Refresh Data'.

**Note:** Calls/Forms and State filters do not apply to the **Appeals** view.

Calls/Forms: All Calls/Forms

State: All States, ALABAMA - 01, ALASKA - 54, ARIZONA - 02

Refresh Data

- ❑ The Incentive Program Filter allows you to select the Financial Call and state(s) to display.

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- The Incentive Program Filter applies to all three subsections—ADQIP Timeliness, ADQIP Quality Status, and ADQIP Appeals

Data as of: October 15, 2014  
Valuation Date: 12/31/2012  
Media Type: All Media Types  
State(s): All States

Coverage Provider ID(s): All  
Calls/Forms Received Prior To: <No Selection Made>  
Calls/Forms: All Calls/Forms

**ADQIP Timeliness**

ADQIP Timeliness									
Coverage Provider ID	Call/Form Description	State	Market Share	Media Type	Due Date	Start Date	Received Date	Days Late/(Early)	Fine
33912	Self-Audit Form	CW - 99	0.01	Electronic	4/1/2013	4/1/2013	03/29/2013	(3)	0
33912	3 Policy Year	AK - 54	1.92	Electronic	4/1/2013	4/1/2013	03/29/2013	(3)	0
33912	3A Assigned Risk Policy Year	AK - 54	1.92	Electronic	4/1/2013	4/1/2013	03/29/2013	(3)	0
33912	5 Calendar-Accident Year	AK - 54	1.92	Electronic	4/1/2013	4/1/2013	03/29/2013	(3)	0
33912	5A Assigned Risk Calendar-Accident Year	AK - 54	1.92	Electronic	4/1/2013	4/1/2013	03/29/2013	(3)	0
33912	8 Reconciliation Report	AK - 54	1.92	Electronic	4/1/2013	4/1/2013	03/29/2013	(3)	0
33912	10 Schedule Rating and Other Prospective Premium Adjustments	AK - 54	1.92	Electronic	4/1/2013	4/1/2013	03/29/2013	(3)	0
33912	19 Countrywide Loss Adjustment Expense	CW - 99	0.01	Electronic	5/1/2013	5/1/2013	04/16/2013	(15)	0
33912	31 Large Loss and Catastrophe Call	AK - 54	1.92	Electronic	4/1/2013	4/1/2013	03/29/2013	(3)	0
33912	Acknowledgment Form	CW - 99	0.01	Hard Copy	4/1/2013	4/1/2013	03/29/2013	(3)	0
<b>Total Fine: 50</b>									

- ❑ The ADQIP Timeliness screen displays the timeliness results and fine amounts for Calls subject to **ADQIP**.
- ❑ The ADQIP Timeliness Filter allows you to select the Valuation Year (current or prior), Coverage Provider ID, Media Type, and/or Call received dates.
- ❑ The ADQIP Timeliness grid shows—by coverage provider ID, Call, and state—the following information:
  - **Market share** in the state
  - **Media type**
  - **Due, Start, and Received Dates**—when Calls are due, fines start accruing, and the Call was actually received by NCCI
  - **Days Late/(Early)**
    - A negative value (in parentheses) indicates the number of days early
    - This field will be displayed in red for Calls that were submitted late
  - **Fine**—amount assessed by **ADQIP**
    - The total timeliness fine amount for the valuation year is displayed at the bottom of the screen

**Data Included**

- ❑ Current and prior year calendar year data can be viewed.
- ❑ Data is displayed at the Group level, except for Texas Calls, which are reported at the coverage provider level.
  - This applies to all Financial Data Incentive Program screens

## ADQIP Quality

ADQIP Quality Status										
Call/Form Description	State	Edit Number	Observation Year	Carrier Explanation Accepted Status	Correction Status	Fine Status	Explanation Assessment	Notification Assessment	Fine Amount	
3 Policy Year	AK - 54	767	2011	N	Y	Pending	Y	Pending	\$100	
3 Policy Year	AK - 54	767	2010	N	Y	Pending	Y	Pending	\$100	
3 Policy Year	AK - 54	767	2009	N	Y	Pending	Y	Pending	\$100	
										Total Fine: \$300

- ❑ This screen displays the timeliness results and fine amounts for Calls subject to **ADQIP**.
- ❑ The ADQIP Quality Status Filter allows you to select the Valuation Year (current or prior) and/or Coverage Provider ID.
- ❑ Each row of the **ADQIP** Quality Status grid shows the fine amount for each coverage provider, Call, and state.
- ❑ The total quality fine amount for the valuation year is displayed at the bottom of the screen.
- ❑ Clicking the **Details** link in the last column will open the ADQIP Quality Status window.

## ADQIP Quality Status

ADQIP Quality Status										
Call/Form Description	State	Edit Number	Observation Year	Carrier Explanation Accepted Status	Correction Status	Fine Status	Explanation Assessment	Notification Assessment	Fine Amount	
3 Policy Year	AK - 54	767	2011	N	Y	Pending	Y	Pending	\$100	
3 Policy Year	AK - 54	767	2010	N	Y	Pending	Y	Pending	\$100	
3 Policy Year	AK - 54	767	2009	N	Y	Pending	Y	Pending	\$100	
										Total Fine: \$300

- ❑ This screen displays the status of each edit.
- ❑ Data is displayed for a particular Call, state, edit number, and observation year.
- ❑ This screen will show the following:
  - **Edit Number**—identifies the reason why a Call received an edit
    - A Call and state may have multiple edits
    - Descriptions are located in the Financial Call Edit Matrix, which is accessible through the **Financial Call Reporting Guidebook** on **ncci.com**
  - **Observation Year**—depending on the Call, the Policy Year, or the Calendar/Accident Year
  - **Status:**
    - **Carrier Explanation Accepted Status**—whether NCCI accepted an explanation provided by the carrier
    - **Correction Status**—whether the edit was corrected
    - **Fine Status**—whether a fine applies due to the edit
  - **Assessment:**
    - **Explanation Assessment**—whether an additional fine was assessed due to a blank, vague, or incomplete edit explanation
    - **Notification Assessment**—whether an additional fine was assessed due to a notification being sent on an edit where additional information is needed to resolve the edit, or a correction to the data is needed to resolve the edit
  - **Fine Amount**—the fine associated with the particular edit

## ADQIP Appeals

Data as of: October 15, 2014  
Valuation Date: 12/31/2012  
Appeal Status: All  
Appeal ID: <No Entry>

Coverage Provider Group ID: 11111  
Submitted Date From: <No Selection Made>  
Submitted Date To: <No Selection Made>  
Appeal Description: All

[Create Appeal](#)

ADQIP Appeals						
Appeal ID	Appeal Status	Coverage Provider Group ID	Appeal Description	Last Updated By	Save/Submitted Date	Comments
2112	OPEN	11111	GENERAL	FCOLINFRASTRUCTURE TESTERDONOTUSE	9/26/2013 1:40:40 PM	Test

- ❑ The ADQIP Appeals screen allows a carrier to appeal a fine assessed on its Calls.
  - Appeals must be submitted within 30 days of the release of the second **ADQIP** assessment letter. NCCI will respond to an appeal within 30 days of submission.
- ❑ For details on submitting an appeal, refer to the **ADQIP** documentation on the Data Quality page at [ncci.com](http://ncci.com) under the Data Reporting tab.
- ❑ The ADQIP Appeals Filter allows you to select the Valuation Date (current or prior); appeal status, ID, or description; and submitted date range.
- ❑ The grid lists all appeals for the criteria selected by the filter.
- ❑ It defaults to the most recent Valuation Date.
- ❑ Clicking the **Appeal ID** link will open a window with details about the appeal.
- ❑ To create a new appeal, click the **Create Appeal** link.
  - A window will open with the Appeal form.

### Creating an ADQIP Appeal

**ADQIP Appeals**

Appeal ID: \*NEW\*      Appeal Status: OPEN

Valuation Date: 12/31/2013      Appeal Description: GENERAL

**Comments:** Please provide the reason for your appeal including the State, Financial Call Number, Error Code and Observation where applicable in the Comments section below. Note, appeal comments are limited to 2000 characters including spaces.

- ❑ This window allows you to create and submit an appeal:
  - From the drop-down menus, select the **Valuation Date** and **Appeal Description**
  - In the **Comments** box, enter the reason why you are appealing the fine
  - Click the **Save** button to retain the appeal
  - Click the **Submit** button to send it to NCCI

## Medical Overview

### Accessing Medical Data

- ❑ Hover over the **Manage My Data** menu option and click **Medical**.
- ❑ The Quarter End Results screen appears:

**Quarter End Results**

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

Reporting Qtr/Yr: 4 Qtr 2013 (Current Qtr/Yr - 4 Qtr/2014)

Refresh Data

Data as of: October 28, 2014

Data Availability

Quarter	Number of Records
4 Qtr 2013	1,652,757
3 Qtr 2013	1,444,818
2 Qtr 2013	1,541,134
1 Qtr 2013	1,423,132
4 Qtr 2012	1,516,905

### Data Quality Results

Top 5 Critical Elements	
Element	% of Data Passing Edits
SERVICE DATE(S)	98.3%

Top 5 Priority Elements	
Element	% of Data Passing Edits
FIRST PAID PROCEDURE CODE MODIFIER	26.9%
PRIMARY ICD DIAGNOSTIC CODE	91.7%
PROVIDER TAXONOMY CODE	99.1%
PROVIDER POSTAL ZIP CODE	99.5%
PROVIDER IDENTIFICATION NUMBER	99.6%

Top 5 Low Elements	
Element	% of Data Passing Edits
SECONDARY PROCEDURE CODE	0.9%
SECONDARY ICD DIAGNOSTIC CODE	54.4%
BIRTH YEAR	99.9%
SECOND PAID PROCEDURE CODE MODIFIER	99.9%

Top 5 Critical/Priority Edits			
Edit Number	Edit Description	Records that Failed Edits	% of Data Passing Edits
0507-01	First paid procedure code modifier is missing.	1,204,477	27.1%
0509-01	Primary ICD diagnostic code is missing.	136,558	91.7%
0522-06	Service from date equals service to date.	26,354	98.4%
0512-01	Provider taxonomy code is missing.	13,864	99.1%
0511-01	Zip code is missing.	8,112	99.5%

Top 5 Validation Edits				
Edit Number	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0505-02	Paid amount equals amount charged by provider.	297751	1645825	18.0%
0505-03	Paid amount is greater than amount charged by provider.	21279	1645825	1.2%
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	12931	893654	1.4%
0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	1582	41859	3.7%
0153-02	Policy effective date is after accident date.	168	1645825	0.1%

### Participating States

Non-applicable States	
State	Nbr of Records
AK-54	2,733
AL-01	28,214
AR-03	15,702
AZ-02	48,870
CA-04	0
CO-05	44,976
CT-06	57,927
DC-08	8,121
DE-07	0
FD-59	647
FL-09	102,496
GA-10	64,127
HI-52	3,546

Records Submitted By State	
State	Nbr of Records
IA-14	27,458
ID-11	9,015
IL-12	132,504
IN-13	44,858
KS-15	29,811
KY-16	30,593
LA-17	26,209
MA-20	63,001
MD-19	44,797
ME-18	6,685
MI-21	51,350
MN-22	42,706
MO-24	58,448

Records Submitted By State	
State	Nbr of Records
MS-23	15,382
MT-25	4,666
NC-32	45,976
ND-33	0
NE-26	23,644
NH-28	10,782
NJ-29	81,673
NM-30	13,731
NV-27	11,110
NY-31	196,372
OH-34	0
OK-35	37,154
OR-36	17,515

Records Submitted By State	
State	Nbr of Records
PA-37	0
RI-38	3,209
SC-39	25,390
SD-40	6,656
TN-41	67,267
TX-42	0
UT-43	19,846
VA-45	41,444
VT-44	9,792
WA-46	0
WI-48	58,318
WV-47	13,858
WY-49	0
OTHER	4,178

## Quarter End Validation Results

- ❑ The Quarter End Validation screen is divided into four sections:
  - Quarter End Validation Filter
  - Data Availability
  - Data Quality Results
  - Participating States

### Quarter End Validation Filter

[Hide Quarter End Validation Filter](#)

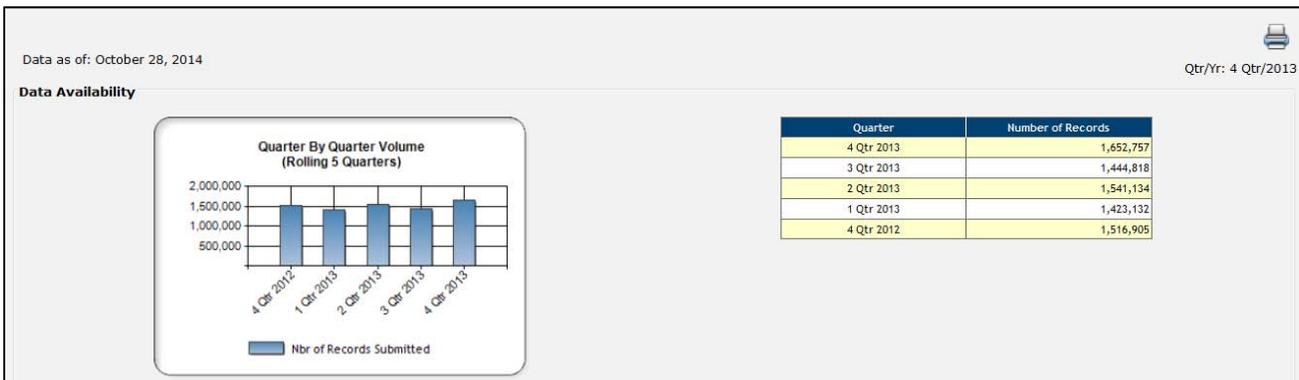
**Quarter End Validation Filter**

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

Reporting Qtr/Yr:   (Current Qtr/Yr - 4 Qtr/2012)

- ❑ The Quarter End Validation Filter enables you to filter the data Reporting Quarter and Year.
- ❑ You must enter a reporting year and then select a quarter.
- ❑ When you have selected your filter options, click the **Refresh Data** button.

### Data Availability



- ❑ The Data Availability chart (right) displays the volume of data that has been submitted for the selected quarter, in addition to the four prior quarters. This enables you to compare the volumes from quarter to quarter and see any trends in your data reporting.
- ❑ The Data Availability graph (left) displays the same information in graph form.

## Data Quality Results

Data Quality Results								
<b>Top 5 Critical Elements</b>		<b>Top 5 Priority Elements</b>		<b>Top 5 Low Elements</b>				
Element	% of Data Passing Edits	Element	% of Data Passing Edits	Element	% of Data Passing Edits			
SERVICE DATE(S)	98.3%	FIRST PAID PROCEDURE CODE MODIFIER	26.9%	SECONDARY PROCEDURE CODE	0.9%			
		PRIMARY ICD DIAGNOSTIC CODE	91.7%	SECONDARY ICD DIAGNOSTIC CODE	54.4%			
		PROVIDER TAXONOMY CODE	99.1%	BIRTH YEAR	99.9%			
		PROVIDER POSTAL ZIP CODE	99.5%	SECOND PAID PROCEDURE CODE MODIFIER	99.9%			
		PROVIDER IDENTIFICATION NUMBER	99.6%					
<b>Top 5 Critical/Priority Edits</b>			<b>Top 5 Validation Edits</b>					
Edit Number	Edit Description	Records that Failed Edits	% of Data Passing Edits	Edit Number	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0507-01	First paid procedure code modifier is missing.	1,204,477	27.1%	0505-02	Paid amount equals amount charged by provider.	297751	1645825	18.0%
0509-01	Primary ICD diagnostic code is missing.	136,558	91.7%	0505-03	Paid amount is greater than amount charged by provider.	21279	1645825	1.2%
0522-06	Service from date equals service to date.	26,354	98.4%	0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	12931	893654	1.4%
0512-01	Provider taxonomy code is missing.	13,864	99.1%	0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	1582	41859	3.7%
0511-01	Zip code is missing.	8,112	99.5%	0153-02	Policy effective date is after accident date.	168	1645825	0.1%

### Top 5 Critical Elements Chart

- This chart displays the top 5 critical elements for data received during the selected quarter and year.
- The data in this chart includes:
  - Element
  - % of Data Passing Edits
- If there are fewer than 5 unique critical elements, only those applicable will be displayed.

### Top 5 Priority Elements Chart

- This chart displays the top 5 priority elements for data received during the selected quarter and year.
- The data in this chart includes:
  - Element
  - % of Data Passing Edits
- If there are fewer than 5 unique priority elements, only those applicable will be displayed.

### Top 5 Low Elements Chart

- This chart displays the top 5 low elements for data received during the selected quarter and year.
- The data in this chart includes:
  - Element
  - % of Data Passing Edits

- ❑ If there are fewer than 5 unique low elements, only those applicable will be displayed.

**Top 5 Critical/Priority Edits Chart**

- ❑ This chart displays the top 5 critical and priority edits for data received during the selected quarter and year.
- ❑ The data in this chart includes:
  - Edit Number
  - Edit Description
  - Records that Failed Edits
  - % of Data Passing Edits
- ❑ If there are fewer than 5 unique critical or priority edits, only those applicable will be displayed.

**Top 5 Validation Edits Chart**

- ❑ This chart displays the top 5 validation edits for data received during the selected quarter and year.
- ❑ The data in this chart includes:
  - Edit Number
  - Edit Description
  - Occurrences of Edit
  - Records Subject to Edit
  - % of Occurrences
- ❑ If there are fewer than 5 unique validation edits, only those applicable will be displayed.

## Participating States

Participating States		Records Submitted By State							
State	Nbr of Records	State	Nbr of Records	State	Nbr of Records	State	Nbr of Records	State	Nbr of Records
Non-applicable States		IA-14	27,458	MS-23	15,382	PA-37	0	RI-38	3,209
AK-54	2,733	ID-11	9,015	MT-25	4,666	SC-39	25,390	SD-40	6,656
AL-01	28,214	IL-12	132,504	NC-32	45,976	ND-33	0	SN-41	67,267
AR-03	15,702	IN-13	44,858	NE-26	23,644	NH-28	10,782	TX-42	0
AZ-02	48,870	KS-15	29,811	NJ-29	81,673	NM-30	13,731	UT-43	19,846
CA-04	0	KY-16	30,593	NV-27	11,110	NY-31	196,372	VA-45	41,444
CO-05	44,976	LA-17	26,209	OH-34	0	OK-35	37,154	VT-44	9,792
CT-06	57,927	MA-20	63,001	OR-36	17,515	WA-46	0	WI-48	58,318
DC-08	8,121	MD-19	44,797			WV-47	13,858	WY-49	0
DE-07	0	ME-18	6,685			OTHER	4,178		
FD-59	647	MI-21	51,350						
FL-09	102,496	MN-22	42,706						
GA-10	64,127	MO-24	58,448						
HI-52	3,546								

- ❑ The Participating States tables display all states and whether or not they are applicable for reporting Medical data to NCCI.
- ❑ The data in these tables includes:
  - State
  - Nbr of Records (Submitted by State)
    - The number of records displayed is for the applicable quarter and year that you select in the filter

## Carrier Data Quality Report Program (Report Card) Overview

### Description

- ❑ The **Carrier Data Quality Report Program**, also referred to as the **Report Card**, is the data quality program that evaluates the overall annual reporting performance of Financial Call, Unit Statistical, Policy, and Detailed Claim Information (DCI) data.
- ❑ This annual **Report Card** evaluates a carrier's data reporting performance based on data that was received or due to NCCI during the previous calendar year, and in accordance with the parameters of each data type.
- ❑ A Regulator **Report Card**, which lists carriers with failing grades, will be sent to state regulators annually.
- ❑ For a detailed explanation of the **Report Card**, refer to the program documentation on the Data Quality page at **ncci.com** under the Data Reporting tab.

### Accessing the Report Card

The screenshot shows the NCCI Data Manager Dashboard. The top navigation bar includes 'Manage My Data', 'Reports', and 'Tools and Information'. The 'Reports' menu is expanded, showing 'Request Reports' and 'Report Queue'. The 'Request Reports' page is active, displaying '2 - NCCI TRAINING PROPERTY AND CASUALTY CO'. The 'Report Criteria Filter' section is visible, with the following fields: 'Report Category' (Carrier Report Card), 'Data Type' (N/A), and 'Report Name' (Carrier Report Card). Below these fields, there is a 'Refresh Data' button. The 'Filter Criteria - Carrier Report Card' section shows 'Coverage Provider Group ID: 33912' and 'Available Reports' with radio buttons for '2014 Monthly' (selected) and '2013 Monthly'. At the bottom right, there are 'Generate Report' and 'Reset' buttons.

- ❑ Hover over the **Reports** menu option and select **Request Reports**.
- ❑ From the **Report Category** drop-down menu in the Report Criteria Filter, select **Carrier Report Card**.
  - The **Data Type** and **Report Name** will fill in automatically
  - Click **Refresh Data** to see available reports
- ❑ You will then have the option to select the **Report Card** for the current year or one of the prior two years.
  - The current year **Report Card** is a tracking version with year-to-date results as of the latest update

**2015 Data Educational Program  
Data Manager Dashboard**

- ❑ The Report Card may include up to two pages:
  - **Carrier Data Quality Report**—results and grades for Financial, Unit, Policy, and DCI data reporting
  - **Medical Addendum**—results and grades for Medical data reporting (for Medical reporters only)
    - The Addendum will be displayed in **Data Manager Dashboard** beginning with the 2014 Preliminary **Report Card** published in January 2015
    - It will not be displayed with:
      - The Final **Report Cards** for Calendar Years 2013 and prior
      - The Monthly **Report Cards**

**Carrier Data Quality Report**



**2013 Preliminary Carrier Data Quality Report**  
Company Specific Data Availability Results - Data Received or Due in 2013

Carrier Group Code: 33912  
Carrier Group Name: NCCI TRAINING PROPERTY AND

Evaluation Date: 12/01/2013  
Evaluation Period: 01/01/2013 to 12/31/2013  
Creation Date: 01/22/2014

State	Financial Data <small>Evaluates financial call data due in 2013</small>				Unit Statistical Data <small>Evaluates 1st through 10th unit reports due in 2013</small>				Policy Data <small>Evaluates policies received in 2013</small>				Detailed Claim Information <small>Evaluates Valuations due in 2013</small>				Overall Grade
	Timeliness		Quality		Availability		Timeliness		Timeliness		Timeliness		Overall Grade				
	# Expected Calls	Average Days Late	Grade	# Calls Received	Average # Fined Errors	Grade	# Units Expected	% Available On Time	Grade	# Policies Received	% Received Within 60 Days	Grade		# Expected 18 Month Valuations	% On Time**	# Expected > 18 Month Valuations	
<b>OVERALL</b>	233	0.0	A	233	0.0	PASS	69,803	99.9%	A	46,803	99.7%	A	589	99.8%	556	99.8%	PASS
Alabama	6	0.0		6	0.0		1,264	100.0%		1,405	99.4%		9	100.0%	15	100.0%	
Alaska	4	0.0		4	0.0		171	100.0%		250	99.6%		1	100.0%	4	100.0%	
Arizona	6	0.0		6	0.0		3,598	99.9%		4,390	99.6%		11	100.0%	13	100.0%	
Arkansas	6	0.0		6	0.0		1,161	100.0%		1,177	99.4%		20	100.0%	18	100.0%	
Colorado	6	0.0		6	0.0		2,180	99.8%		2,313	99.2%		9	100.0%	11	100.0%	
Connecticut	6	0.0		6	0.0		2,886	100.0%		2,773	99.6%		11	100.0%	32	100.0%	
District of Columbia	6	0.0		6	0.3		848	100.0%		1,073	99.3%		2	100.0%	7	100.0%	
Florida	8	0.0		8	0.0		8,462	100.0%		10,212	99.6%		25	100.0%	17	100.0%	
Georgia	6	0.0		6	0.0		3,659	100.0%		3,968	99.4%		15	100.0%	18	100.0%	
Hawaii	6	0.0		6	0.0		197	100.0%		173	100.0%		5	100.0%	9	100.0%	
Idaho	6	0.0		6	0.3		538	99.6%		603	99.8%		3	100.0%	8	100.0%	
Illinois	6	0.0		6	0.0		4,691	99.9%		4,696	99.5%		13	100.0%	11	100.0%	
Indiana	6	0.0		6	0.3		1,659	99.9%		1,678	99.2%		12	100.0%	11	100.0%	
Iowa	6	0.0		6	0.0		764	100.0%		967	99.6%		3	100.0%	17	100.0%	
Kansas	6	0.0		6	0.0		1,302	99.9%		1,323	99.2%		13	100.0%	18	100.0%	
Kentucky	6	0.0		6	0.0		1,401	100.0%		1,374	99.3%		8	100.0%	18	100.0%	
Louisiana	6	0.0		6	0.0		2,265	99.9%		2,351	99.5%		13	100.0%	23	100.0%	
Maine	4	0.0		4	0.0		380	100.0%		396	99.5%		0	-	4	100.0%	
Maryland	4	0.0		4	0.0		3,455	99.9%		3,445	99.5%		7	100.0%	20	100.0%	
Mississippi	6	0.0		6	0.0		1,219	100.0%		1,312	99.2%		14	100.0%	19	100.0%	
Missouri	6	0.0		6	0.1		1,835	99.9%		1,800	99.4%		7	100.0%	11	100.0%	
Montana	4	0.0		4	0.0		322	100.0%		329	98.5%		2	100.0%	5	100.0%	
Nebraska	6	0.0		6	0.0		675	100.0%		1,000	99.7%		9	100.0%	17	100.0%	
Nevada	4	0.0		4	0.0		1,679	99.9%		1,736	99.7%		6	93.3%	19	100.0%	
New Hampshire	6	0.0		6	0.0		721	99.6%		766	99.5%		2	100.0%	16	100.0%	
New Mexico	5	0.0		5	0.0		1,330	99.9%		1,258	99.8%		29	100.0%	18	94.4%	
North Carolina	6	0.0		6	0.3		2,489	99.9%		1,462	99.1%		N/A	N/A	N/A	N/A	
Oklahoma	6	0.0		6	0.0		1,921	99.9%		2,283	99.5%		25	100.0%	34	100.0%	
Oregon	6	0.0		6	0.0		1,446	99.9%		1,671	99.6%		0	-	6	100.0%	
Rhode Island	6	0.0		6	0.0		766	99.9%		791	99.6%		13	100.0%	13	100.0%	
South Carolina	6	0.0		6	0.0		1,795	99.8%		1,722	99.3%		12	100.0%	13	100.0%	
South Dakota	6	0.0		6	0.3		385	100.0%		281	100.0%		2	100.0%	14	100.0%	
Tennessee	6	0.0		6	0.0		2,350	99.9%		2,099	99.4%		15	100.0%	16	100.0%	
Texas	22	0.0		22	0.0		5,393	99.9%		6,126	99.4%		252	100.0%	42	100.0%	
Utah	6	0.0		6	0.0		869	100.0%		819	99.3%		14	100.0%	14	100.0%	
Vermont	6	0.0		6	0.0		299	100.0%		299	99.7%		1	100.0%	10	100.0%	
Virginia*	6	0.0		6	0.0		2,878	99.9%		3,242	99.4%		6	100.0%	12	100.0%	
West Virginia	4	0.0		4	0.0		471	100.0%		481	99.0%		0	-	3	100.0%	
Wisconsin	N/A	N/A		N/A	N/A		0	-		881	99.4%		N/A	N/A	N/A	N/A	

\* For the Virginia Bureau of Insurance, multi-state grading criteria & eligibility thresholds will be applied to Virginia-only data. Virginia failures will also be included in the Virginia Regulator Report on Data Quality and are highlighted above, if applicable.  
\*\* DCI timeliness is capped at 100%. This does not impact the calculation of the overall grade.  
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- ❑ The **Report Card** shows company-specific calendar year results and grades for Financial, Unit Statistical, Policy, and Detailed Claim Information data.
- ❑ Grading is based on the overall (aggregate of all states) data. State-level detail is also shown.
  - For the purposes of the Virginia Regulator **Report Card**, grading is based on data in Virginia only. Failures for this state will be highlighted in yellow.
  - The grading criteria are explained on the Data Quality page at [ncci.com](http://ncci.com) under the Data Reporting tab. They are also summarized in Appendix C.

**2015 Data Educational Program  
Data Manager Dashboard**

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- There are three versions of the **Report Card**:
  - Monthly—tracks the current calendar year with year-to-date results as of the latest update. Grades are not calculated for this version.
  - Preliminary—shows preliminary results and grades. It is distributed to the data manager and Financial Call actuary/corporate officer contacts in late January.
  - Final—shows the final results and grades. It is distributed to data executive contacts in late February.

**Data Included**

- Data is displayed at the Group level for data received or due during the calendar year.

## Medical Addendum



2013 Preliminary Medical Data Addendum Preview  
Company Specific Data Availability Results - Data Due in 2013

Evaluation Date: 12/01/2013  
Creation Date: 01/22/2014

Carrier Group Code: 33912  
Carrier Group Name: NCCI TRAINING PROPERTY AND

Reporting Quarter	Due Date	Completeness			Quality						
		% Categories Completed on Time	Quarters Completed on Time	Grade	Critical Elements	Priority Elements	Low Elements	Quarters Passing	Grade		
4Q 2012	3/31/2013	100%	Y		0	0	0	Y			
1Q 2013	6/30/2013	100%	Y		0	0	0	Y			
2Q 2013	9/30/2013	100%	Y		0	0	0	Y			
3Q 2013	12/31/2013	100%	Y		0	0	0	Y			
			4	PASS						4	PASS

**Completeness Grading**

Completeness Grade is based on the number of **Quarters Completed on Time**.

A quarter is complete when 100% of categories are completed by Due Date.

**PASS** >= 3 quarter(s) completed on time  
**FAIL** < 3 quarter(s) completed on time

**Quality Grading**

Quality Grade is based on the number of **Quarters Passing**.

A quarter passes if:

- 0 Fined Critical Elements
- <= 2 Fined Priority Elements
- <= 2 Fined Low Elements

**PASS** >= 3 quarter(s) passing  
**FAIL** < 3 quarter(s) passing

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- ❑ For Medical Data Call participants, a separate addendum evaluating Medical Data Call reporting is included with the **Report Card**.
- ❑ The Medical Addendum includes the four quarterly Medical Data Call submissions due in the calendar year being evaluated.
- ❑ The grade for Medical Data Call is based on the Completeness and Quality of Call submissions, with grading on a “Pass” or “Fail” basis.
  - The grading criteria are displayed on the Addendum.
- ❑ The Medical Addendum is not shown on the Monthly **Report Cards**.
  - To track your Medical data during the year, review the quarterly incentive program results displayed in NCCI's **Medical Data Collection** tool. A quarter without fines would be considered completed on time and passing quality.

## Pool Overview

### Accessing Pool Data

- ❑ Hover over the **Manage My Data** menu option and click **Pool**.
- ❑ The Quarter End Results screen appears:

**Quarter End Results** [Hide Pool Data Quarterly Results Filter](#)

---

**Pool Data Quarterly Results Filter**

To view the **Pool Data Quarterly Results**, enter a Coverage Provider ID, select a filter criteria and click 'Refresh Data.'

Quarter Ending 12/31/2011

Data as of: October 27, 2014 Quarter Ending 12/31/2011  
Coverage Provider ID: 12345 – Name of Company

**Timeliness**

Pool Data Timeliness for Quarter Ending 12/31/2011			
Pool Data Type	Due Date	Received by Due Date	Received Date
NP1	05/15/2012	Y	02/22/2012
NP4	05/15/2012	Y	02/22/2012
NPX	05/15/2012	Y	02/22/2012
LGL	05/15/2012	Y	02/22/2012
LSR	05/15/2012	Y	02/22/2012

**Data Quality**

Unresolved Error Summary						
Quarter Ending	NP1	NP4	NPX	LGL	LSR	Total
03/31/2012	0	0	0	0	0	0

NP1 Error History				NP4 Error History				NPX Error History			
Quarter End	Rec'd	Corrected	Exp/Unresolved	Quarter End	Rec'd	Corrected	Exp/Unresolved	Quarter End	Rec'd	Corrected	Exp/Unresolved
03/31/2012	0	0	0	03/31/2012	0	0	0	03/31/2012	0	0	0
12/31/2011	5	0	5	12/31/2011	26	0	26	12/31/2011	95	0	95
09/30/2011	19	0	19	09/30/2011	33	8	25	09/30/2011	33	10	23
06/30/2011	0	0	0	06/30/2011	27	18	9	06/30/2011	106	58	48
03/31/2011	0	0	0	03/31/2011	96	89	7	03/31/2011	269	235	34

(Screen continues on next page)

**2015 Data Educational Program  
Data Manager Dashboard**

LGL Error History					LSR Error History				
Quarter End	Rec'd	Corrected	Expl	Unresolved	Quarter End	Rec'd	Corrected	Expl	Unresolved
03/31/2012	↓ 0	0	0	0	03/31/2012	↓ 0	0	0	0
12/31/2011	↑ 63	0	0	63	12/31/2011	↓ 10	0	0	10
09/30/2011	↓ 0	0	0	0	09/30/2011	↓ 19	6	0	13
06/30/2011	↓ 171	142	29	0	06/30/2011	↓ 58	0	57	1
03/31/2011	425	140	285	0	03/31/2011	65	0	65	0

Top 5 NP1 Errors for Quarter Ending 12/31/2011		
Error Code	Description	Count
1152	NP1 Total Premiums Written - Traumatic must be equal to the sum of NP4 Traumatic Premiums Written for all states and policy years. NP1 Total Premiums Written - Traumatic: ____; Sum of NP4 Traumatic Premiums Written for all states and policy years: _____. Please correct the data.	1
1154	NP1 Total Loss Payments - Traumatic must be equal to the sum of NP4 Traumatic Loss Payments for all states and policy years. NP1 Total Loss Payments - Traumatic: ____; Sum of NP4 Traumatic Loss Payments for all states and policy years: _____. Please correct the data.	1
1156	NP1 Total Servicing Carrier Allowance - Traumatic must be equal to the sum of NP4 Traumatic Servicing Carrier Allowance for all states and policy years. NP1 Total Servicing Carrier Allowance - Traumatic: ____; Sum of NP4 Traumatic Servicing Carrier Allowance for all states and policy years: _____. Please correct the data.	1
1158	NP1 Total Producer Fees - Traumatic must be equal to the sum of NP4 Traumatic Producer Fees for all states and policy years. NP1 Total Producer Fees - Traumatic: ____; Sum of NP4 Traumatic Producer Fees for all states and policy years: _____. Please correct the data.	1
1182	NP1 Net Amount Due must be equal to the value of all input fields. Ceded Premiums Minus (Loss Payments + Servicing Carrier Allowances + Producer Fees + Uncollectible Premiums + Collection Expenses + Other Expenses) Net Amount Due: ____; Input Fields Total: _____. Please correct the data.	1

Top 5 NP4 Errors for Quarter Ending 12/31/2011		
Error Code	Description	Count
1149	NP4 Premium, Servicing Carrier Allowance or Fees data reported without corresponding NP1 Amounts. Please report the data.	10
818	Cumulative Other Charges cannot be negative. Cumulative Other Charges: _____. Please correct or explain the data.	6
228	NP4 Loss Payments reported without corresponding NPX Combined Total Claim Counts. Please report the data.	5
258	NP4 Loss Payments or Losses Outstanding reported without corresponding NPX Medical or Indemnity Loss Payments or Losses Outstanding. Please report the data.	2
1148	NP4 Loss data reported without corresponding NP1 Amounts. Please report the data.	2

Top 5 NPX Errors for Quarter Ending 12/31/2011		
Error Code	Description	Count
232	NPX Medical Losses Outstanding or Indemnity Losses Outstanding for Subsequent Accident Year reported without corresponding NP4 Losses Outstanding for Subsequent Accident Year. Please report the data.	12
237	NPX Medical Losses Outstanding or Indemnity Losses Outstanding for Current Accident Year reported without corresponding NP4 Losses Outstanding for Current Accident Year. Please report the data.	12
246	NPX Medical or Indemnity Loss Payments for Current Accident reported without corresponding NP4 Loss Payments for Current Accident Year. Please report the data.	12
251	NPX Medical or Indemnity Loss Payments for Subsequent Accident reported without corresponding NP4 Loss Payments for Subsequent Accident Year. Please report the data.	10
235	Medical Losses Outstanding for Current Accident Year or Indemnity Losses Outstanding for Current Accident Year reported without corresponding Combined Total Claim Counts. Please report the data.	8

- ❑ This grid displays timeliness and quality performance for the current reporting quarter and four prior quarters.
- ❑ Pool data has two sections:
  - Timeliness
  - Data Quality

## Timeliness—Pool Data Quarterly Results Filter

**Pool Data Quarterly Results Filter**

To view the **Pool Data Quarterly Results**, enter a Coverage Provider ID, select a filter criteria and click 'Refresh Data.'

Quarter Ending

- ❑ The Pool Data Quarterly Results Filter enables you to optionally filter your data for both the Data Availability and Data Quality sections.
- ❑ This filter enables you to select a Quarter Ending period, which consists of the most recent quarter for which data is due and errors can be resolved, in addition to four prior quarters. The four prior quarters are informational only and displayed to assist in analyzing trends in timeliness and quality reporting.

## Timeliness

Pool Data Timeliness for Quarter Ending 6/30/2014			
Pool Data Type	Due Date	Received by Due Date	Received Date
NP1	08/15/2014	Y	07/31/2014
NP4	08/15/2014	Y	07/31/2014
NPX	08/15/2014	Y	07/31/2014
LGL	08/15/2014	Y	07/31/2014
LSR	08/15/2014	Y	07/31/2014

- ❑ This grid can be used to monitor whether each Pool Data Type was submitted by the Due Date for each selected quarter. All data types expected by NCCI will be displayed:
  - NP1
  - NP4
  - NPX
  - LGL
  - LSR
- ❑ It provides the following information for each of the five Pool Data Types:
  - Due Date
  - Received by Due Date
  - Received Date
- ❑ Data is displayed at the Coverage Provider level.

## Quality

---

- This section consists of the following tables:
  - Unresolved Error Summary
  - Quarterly Error History by the five Pool Data Types
  - Top 5 errors for each of the five Pool Data Types

### Unresolved Error Summary

Unresolved Error Summary						
Quarter Ending	NP1	NP4	NPX	LGL	LSR	Total
09/30/2012	0	0	0	0	0	0

- This grid provides the total unresolved errors that exist by data type for the most recent quarter, for which data is still actionable (i.e., errors can be resolved). This grid will not change upon selecting a different quarter.
- These errors can be located by accessing ***Pool Data Online***.

### Quarterly History by Data Type

- These grids display the error history by data type, with errors received, corrected, explained, and unresolved.
- The most current quarter ending period will be displayed, along with the prior four quarters. This assists you in looking at trends by data types and by quarterly reporting periods.
- Gray arrows are displayed to identify performance trends—either an increase or decrease in the number of errors received from quarter to quarter.

## Top 5 Errors by Data Type

Top 5 NP1 Errors for Quarter Ending 6/30/2012		
Error Code	Description	Count
1164	NP1 Total Other Charges must be equal to the value of all input fields. Total Producer Fees + Total Uncollectible Premiums + Total Collection Expenses + Total Other Expenses must equal Total Other Charges. Reported Total Other Charges:___; Input Total Producer Fees + Total Uncollectible Premiums + Total Collection Expenses + Total Other Expenses:___ . Please correct the data.	2
1154	NP1 Total Loss Payments - Traumatic must be equal to the sum of NP4 Traumatic Loss Payments for all states and policy years. NP1 Total Loss Payments - Traumatic: ___; Sum of NP4 Traumatic Loss Payments for all states and policy years: ___. Please correct the data.	1
1182	NP1 Net Amount Due must be equal to the value of all input fields. Ceded Premiums Minus (Loss Payments + Servicing Carrier Allowances + Producer Fees + Uncollectible Premiums + Collection Expenses + Other Expenses) Reported Net Amount Due:___; Input Premium Fields Total:___; Input Losses + Allowances + Fees + Uncollectibles + Expenses Fields Total:___; Calculated Net Amount Due:___ . Please correct the data.	1

Top 5 NP4 Errors for Quarter Ending 6/30/2012		
Error Code	Description	Count
818	Cumulative Other Charges cannot be negative. Cumulative Other Charges: ___. Please correct or explain the data.	8

Top 5 NPX Errors for Quarter Ending 6/30/2012		
Error Code	Description	Count
220	Combined Total Claims Outstanding reported without corresponding Medical or Indemnity Loss Amounts. Please report the data.	7
223	Indemnity Claims Outstanding reported without corresponding Indemnity Loss Amount record. Please report the data.	5
260	Medical Loss Payments less than zero reported without corresponding Accident Year Medical Subrogation Amounts. Accident Year: ___. Please correct or explain the data.	4
262	Indemnity Loss Payments for Subsequent Accident Year less than zero reported without corresponding Indemnity Subrogation Amounts. Accident Year: ___. Please correct or explain the data.	4
263	Medical Loss Payments for Subsequent Accident Year less than zero reported without corresponding Medical Subrogation Amounts. Accident Year: ___. Please correct or explain the data.	3

Top 5 LGL Errors for Quarter Ending 6/30/2012		
Error Code	Description	Count
1043	LGL Losses Outstanding cannot be greater than NP4 Losses Outstanding. Total LGL Traumatic Losses Outstanding for Current Accident Year: ___, NP4 Traumatic Losses Outstanding for Current Accident Year: ___, Exposure State Code: ___. Please correct the data.	2259
1044	LGL Losses Outstanding cannot be greater than NP4 Losses Outstanding. Total LGL Traumatic Losses Outstanding for Subsequent Accident Year: ___, NP4 Traumatic Losses Outstanding for Subsequent Accident Year: ___, Exposure State Code: ___. Please correct the data.	1748
513	Accumulated Paid Losses (Indemnity + Medical) + Case Losses Outstanding (Indemnity + Medical) are greater than one million dollars. Accumulated Paid Losses: ___, Case Losses Outstanding: ___. Please explain the nature or cause of the accident.	180
1051	LGL Losses Outstanding cannot be greater than NP4 Losses Outstanding. Total LGL Losses Outstanding for Current Accident Year: ___, NP4 Losses Outstanding for Current Accident Year: ___, Exposure State Code: ___. Please correct the data.	124
1003	Large Indemnity Paid + Case Outstanding values reported with no Medical Paid + Case Outstanding. Indemnity Paid: ___, Indemnity Case Outstanding: ___, Medical Paid: ___, Medical Case Outstanding: ___. Please correct or explain the data.	54

- ❑ This grid provides the following columns:

- Error Code
- Description
- Count (of errors)

- ❑ Each Pool Data Type displays a top 5 error grid. These grids will be dynamic for the current quarter only (for which data is currently due) and display the top 5 errors received for the quarter.
- ❑ The value in reviewing the top 5 error descriptions and counts by data type is to identify any specific data trends or anomalies which have errors flagging.

### Data Included

- ❑ Data is displayed at the Coverage Provider level.
- ❑ All Pool Data Types reported to NCCI will be displayed.

## Reports

### Accessing Reports

The screenshot shows the NCCI Data Manager Dashboard. At the top left is the NCCI logo and the text "Data Manager Dashboard". To the right is a search bar with the text "Search ncci.com". Below the header is a navigation menu with three items: "Manage My Data", "Reports" (highlighted with a red box), and "Tools and Information". Below the navigation menu is the "Request Reports" section. It has two tabs: "Report Criteria" (selected) and "Report Queue". Under "Report Criteria", there is a "Report Criteria Filter" section. It contains a text box with instructions: "To request your Report, select filter criteria and click 'Refresh Data'. Then select optional criteria below and click 'Generate Report'." To the right of the text box are three dropdown menus: "Report Category:" (with "--Please Select a Category--" selected), "Data Type:", and "Report Name:". Below these is a "Refresh Data" button. At the bottom of the dashboard is a footer with the NCCI logo, a description of NCCI as "The nation's most experienced provider of workers compensation information, tools, and services", and four columns of links: "NCCI" (with "NCCI Homepage" and "Contact Us"), "Quick Links" (with "DCA Access® Online", "Data Transfer via the Internet", "Data Reporting", "Manuals Library", and "Data Manager Dashboard Webinar"), and "Legal" (with "Disclaimer"). The footer also contains the copyright notice: "© Copyright 2005 - 2014 National Council on Compensation Insurance, Inc. All Rights Reserved."

- ❑ From the main menu, select **Reports**.
- ❑ The screen will provide two tab options under **Request Reports**:
  - **Report Criteria**—where you can select a report to generate and, for some reports, enter custom criteria
  - **Report Queue**—where you can see which reports you have generated, along with their status displaying whether they are available to be retrieved via **Data Transfer via the Internet (DTVI)**

### Request Reports

- ❑ This screen enables data reporters to generate reports, utilizing customized options, to assist with timeliness and quality data reporting.
- ❑ Some reports provide detailed key information; others provide summary information.
- ❑ This screen provides the following options to select from:

**2015 Data Educational Program  
Data Manager Dashboard**

Report Category	Data Type	Report Name
Data Tracking	Unit	Data Availability
		Media Type
		Outstanding Errors
		Outstanding Rejects
		Timeliness
		Unmatched Unit Reports
		1st Reports Not Audited
		Unavailable and Missing Unit Report Detail
		Units Expected and Not Yet Received
	Medical	Quarter End Validation Results by Coverage Provider
Quality Tracking Results by Coverage Provider		
Current Snapshot	Unit	Unit Report Data Availability (6 Month Snapshot)
		1st Unit Reports Not Audited
		Outstanding Rejected Units
		Outstanding Critical Errors
		Top 5 Outstanding Unit Report Rejects
		Top 5 Outstanding Critical Unit Report Errors
	DCI	DCI First Valuation Report
		DCI Overdue Subsequent Report
		Top 5 Outstanding DCI Reject Reasons
Annual Snapshot	Unit	Availability By Month
		Received by Month
Incentive Program	Policy/Unit/ DCI	Incentive Results
Regulator Exception Program	Unit	Exception Report Preview
		Exception Report
Data Tool Access	N/A	Data Tool Access
Carrier Report Card	N/A	- Monthly - Preliminary - Final

- Detailed information about Request Reports can be found in the **Data Reports Guide** on [ncci.com](http://ncci.com).

— Select **Data Reporting** from the main menu, then **Data Reports**:

**2015 Data Educational Program  
Data Manager Dashboard**

Services & Tools | Industry Information | **Data Reporting** | Residual Markets | Events | Education

Home > Data Reporting

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### Data Reports

NCCI provides data reports to inform data providers about the results of data submissions for all data types, including the data expected to be reported. These reports provide key details about data that may require corrective action that was identified during the editing process. The reports are distributed through a variety of delivery mechanisms and formats.

This Data Reports section serves as your central source for existing and upcoming data reports information.

**Register Now for NCCI's 2015 Data Educational Program**  
Register now for NCCI's 2015 Data Educational Program at the Palm Beach County Convention Center in West Palm, Beach Florida. Don't miss out on attending various instructional and hands-on classes on data reporting.  
Posted Date: October 10, 2014

**Data Reports Guide** ←  
Review the complete listing of all NCCI-Generated and Customer-Generated data reports, including their report names, descriptions, schedule, and available formats.  
Posted Date: May 23, 2014

- ❑ After clicking the **Data Reports Guide** link (above), you'll see a **Microsoft® Excel icon**. Click it to open the guide:

Services & Tools | Industry Information | **Data Reporting** | Residual Markets | Events | Education

Home > Data Reporting > Data Reports

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### Data Reports

## Data Reports Guide

**Posted Date: May 23, 2014**

The Data Reports Guide has been updated to remove the DCI Run-Off reports. NCCI's Data Reports Guide provides you with a complete listing of all enhanced NCCI-generated and customer-generated data reports, including their report names, descriptions, schedule, and available formats.

**NCCI-Generated Reports**—Distributed on a production schedule. An email will be sent to you indicating the report is available via **DCA Access® Online**.

**Customer Generated Reports** —Requested by you using defined parameters. Most reports will be available to view immediately on the screen.

The Data Reports Guide is organized by the following data type:

- Policy
- Proof of Coverage (POC)
- Unit
- Unit Report Control (URC)
- Detailed Claim Information (DCI)
- Financial Calls, Pool, and Medical
- Data Quality and Data Tool Access

View the [Data Reports Guide](#)  for details on all the data reports. ←

- ❑ The guide will provide information about each report available in **Data Manager Dashboard**, in addition to other data tools, and include such items as the Report Description, Schedule, Available Formats, and Email Notification information.

## 2015 Data Educational Program Data Manager Dashboard

Example of information contained in the Data Reports Guide on **ncci.com**:

Customer-Generated Reports via Data Manager Dashboard				
Report Name	Report Description	Schedule	Available Formats	Email Notification Sent to:
Data Availability—Data Tracking	This report displays the availability of Unit Report data submitted for a given Policy Effective Date range.	Upon Request	HTML CSV	Report Requestor
Media Type—Data Tracking	This report displays the submission method used to submit data for a given period of time.	Upon Request	HTML CSV	Report Requestor
Outstanding Errors—Data Tracking	This report provides detailed information on the outstanding errors (Data Grades 2 through 5) for Header, Name, Address, Exposure, and Loss Records. It displays data for Unit Reports with a Policy Effective Month/Year of December 1998 and subsequent.	Upon Request	HTML CSV	Report Requestor
Outstanding Rejects—Data Tracking	This report provides detailed information on the outstanding rejects (Data Grade 9) for Unit Reports on NCCI's database.	Upon Request	HTML CSV	Report Requestor

## Report Queue

The screenshot shows the NCCI Data Manager Dashboard interface. At the top, there is a search bar and navigation tabs for 'Manage My Data', 'Reports', and 'Tools and Information'. The 'Reports' tab is active, and the 'Report Queue' sub-tab is selected. Below the navigation, there is a section titled 'Request Reports' with a 'Report Queue' sub-section. The 'Report Queue' section contains a list of reports with columns for Request Number, Request Type, Request Date, Status, and File Name. Below the list, there is a legend for status values: 'To be processed', 'Initiated - Processing', 'Completed', and 'Distributed'.

REQUEST NUMBER	REQUEST TYPE	REQUEST DATE	STATUS	FILE NAME
600000003714	Data Tool Access	10/15/2014 12:28:25 PM	To be processed	DDB.TTTTOOLACCESS.00600000003714.csv
600000003713	Regulator Exception Program - Exception Preview	10/15/2014 12:28:06 PM	To be processed	RegExcReport_00600000003713_DQI.html
600000003712	Incentive Program - Incentive Results	10/15/2014 12:27:48 PM	To be processed	test_00600000003712_DQI.html
600000003711	Received By Month	10/15/2014 12:27:34 PM	To be processed	DDB.UAVRCVDBYMONTH.00600000003711.csv
600000003710	DCI First Valuation Report	10/15/2014 12:27:18 PM	To be processed	DDB.DCIFIRSTVAL.00600000003710.csv
600000003709	Top 5 Outstanding Critical Unit Report Errors	10/15/2014 10:13:52 AM	Distributed	DDB.UCVTOP5ERRORS.00600000003709.html

Status values:

- To be processed - The report is awaiting processing.
- Initiated - Processing - The report is currently being processed, and upon completion, it will be delivered to your electronic mailbox.
- Completed - The report has completed processing and is awaiting distribution to your electronic mailbox.
- Distributed - The report has been processed and delivered to your electronic mailbox.

- ❑ This screen displays the status of reports that data reporters generate so that they know when to retrieve them from their **DTV** mailbox.
- ❑ To access the Report Queue, select **Report Queue** from the **Reports** main menu option. If you are already in the Report Criteria tab, simply select the **Report Queue** tab next to it.

- ❑ Upon generating a report, the report information will be displayed immediately in the Report Queue. The exception is for the **Report Card** and Medical Data reports, which will appear directly on your screen.
- ❑ The Report Queue provides the following information:
  - **Request Number:** A unique identification number assigned by NCCI
  - **Request Type:** Displays the report type/name
  - **Request Date:** Displays the date/time the user requested the report
  - **Status Values:**
    - **To be processed**—The report is awaiting processing.
    - **Initiated**—Processing—The report is currently being processed and, upon completion, will be delivered to your electronic mailbox.
    - **Completed**—The report has completed processing and is awaiting distribution to your electronic mailbox.
    - **Distributed**—The report has been processed and delivered to your electronic mailbox. The user who requested the report will receive an email notification (via **DTV**) that their report is available.
  - **Filename:** Unique name assigned to each report. Some reports enable users to create a custom name, which will also be displayed here.
- ❑ Reports will remain available in **DTV** for eight days. After this time frame, they will be eliminated from both the Report Queue and **DTV**; however, another report can be generated.

## Working With Different Report Formats

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- ❑ Most of the reports from this tool are produced in a CSV or HTML format.
- ❑ Some users prefer the formatting of an HTML file. Therefore, it is beneficial to convert an HTML file into Microsoft® Excel.

### Converting an HTML Report Into Microsoft® Excel

To open an HTML version of a report (retrieved via *Data Transfer via the Internet [DTVI]*) with another program (such as Microsoft® Excel or Word):

1. Under the Description column in *DTVI*, click the **report name (link)** of the file that you want to use.
2. Select **Save** (from choices **Open**, **Save**, or **Cancel**).
3. Click **Save** (or rename the file and click **Save**).
4. Once the file has downloaded, click **Close**.
5. Find the file you just saved on your computer.
6. Right-click the file and select **Open With**. Select an application or select **Choose Program** for more options.
7. After selecting the application, the file automatically opens within that application.

### Converting a CSV Report Into Microsoft® Excel

To open a CSV version of a report (retrieved via *DTVI*) without dropping leading zeros:

1. Under the Description column in *DTVI*, click the **report name (link)** of the file you want to use.
2. Select **Save** (from choices **Open**, **Save**, or **Cancel**).
3. Click **Save** (or rename the file and click **Save**).
4. Once the file has downloaded, click **Close**.
5. Open your Microsoft® Excel application.
6. Select **File** and then **Open**.
7. Find the file you just saved on your PC.
8. Change the option under **Files of Type** to **All Files**.
9. Use the **Look in** section at the top left of the window to select the folder you want to search in to locate the file. Once you have found the file, double-click the **filename (link)**.
10. The **Text Import Wizard** appears. Select **Delimited** and click **Next**.
11. Select **Comma** as the delimiter and click **Next**.
12. In the Data Preview section, find and select a column that you want to define and select the application option in the Column Data Format section. Select **Text** in this section for columns with State Code, Risk ID, and Policy Number data.
13. Repeat Step 12 for additional columns you want to modify. Click **Finish**.

## Appendix A

### Incentive Program Criteria

- **Data Quality Incentive Program** criteria effective with the 10/1/2014–12/31/2014 Incentive Quarter:

Data Type	Category	Volume Eligibility	Threshold	Adjustment
Policies	Available Prior to Policy Effective Date	120	>= 80%	-5%
	Not Available Within 60 Days of Policy Effective Date	120	> 20%	0%
Units	Available 1 Month Early	120	>= 99%	-10%
	Not Available Past Due	120	> 10%	10%
	Not Available 3 Months Past Due	120	> 3%	25%
	1st Reports Not Audited by the End of the 22nd Month	120	> 10%	10%
Notified Suspect Unit Data	Not Resolved Within 30 Days Past Due	50	> 20%	15%
Detailed Claim Information	DCI 18-Month Valuations Past Due	60*	> 50%	10%
	DCI > 18-Month Valuations Past Due		> 10%	5%

\* Based on the sum of the DCI 18-Month Valuations Expected and the > 18-Month Valuations Expected.

## Appendix B

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### Regulator Exception Report Criteria

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- In order to be escalated on the Regulator Exception Report, the following criteria must be met or exceeded:
  - At least 15 experience rated Unit Reports are due for the given state
  - At least 15 experience rated Unit Reports are currently (as of the Evaluation Date) not available and are 3 or more months past due
  - More than 2% of the due experience rated units are currently not available and are 3 or more months past due

## Appendix C

### Report Card Grading Information

Financial Data													
<p>The <b>Timeliness</b> grade is based on the average days late, where zero days late is used for calls received early in the calculation of average days late.</p> <p>The data evaluated includes Financial Calls 3, 5, 8, 20, 21, 3A, 31, 5A due in the performance year.</p>	<p>The grading scale is as follows:</p> <table border="1"> <thead> <tr> <th>Average Days Late</th> <th>Grade</th> </tr> </thead> <tbody> <tr> <td>0 - &lt; 1</td> <td>A</td> </tr> <tr> <td>1 - &lt; 6</td> <td>B</td> </tr> <tr> <td>6 - &lt; 9</td> <td>C</td> </tr> <tr> <td>9 - &lt; 12</td> <td>D</td> </tr> <tr> <td>&gt; = 12</td> <td>F</td> </tr> </tbody> </table>	Average Days Late	Grade	0 - < 1	A	1 - < 6	B	6 - < 9	C	9 - < 12	D	> = 12	F
Average Days Late	Grade												
0 - < 1	A												
1 - < 6	B												
6 - < 9	C												
9 - < 12	D												
> = 12	F												
<p>The <b>Quality</b> grade is based on the average number of errors per call per state.</p> <p>The data evaluated includes Financial Calls 3, 5, 8, 20, 21, 3A, 31, 5A due in the performance year.</p>	<p>The grading scale is as follows:</p> <table border="1"> <thead> <tr> <th>Average # of Errors</th> <th>Grade</th> </tr> </thead> <tbody> <tr> <td>0 - 2.0</td> <td>PASS</td> </tr> <tr> <td>&gt; 2.0</td> <td>FAIL</td> </tr> </tbody> </table>	Average # of Errors	Grade	0 - 2.0	PASS	> 2.0	FAIL						
Average # of Errors	Grade												
0 - 2.0	PASS												
> 2.0	FAIL												
Unit Statistical Data													
<p>The <b>Availability</b> grade is based on the percentage of units received and available by due month.</p> <p>The data evaluated includes 1st - 10th reports due in the performance year.</p> <p>Units reported directly to Wisconsin and North Carolina are not evaluated.</p> <p>Minimum for grading: 120 units.</p>	<p>The grading scale is as follows:</p> <table border="1"> <thead> <tr> <th>% Available On Time</th> <th>Grade</th> </tr> </thead> <tbody> <tr> <td>98 - 100</td> <td>A</td> </tr> <tr> <td>90 - &lt; 98</td> <td>B</td> </tr> <tr> <td>80 - &lt; 90</td> <td>C</td> </tr> <tr> <td>70 - &lt; 80</td> <td>D</td> </tr> <tr> <td>&lt; 70</td> <td>F</td> </tr> </tbody> </table>	% Available On Time	Grade	98 - 100	A	90 - < 98	B	80 - < 90	C	70 - < 80	D	< 70	F
% Available On Time	Grade												
98 - 100	A												
90 - < 98	B												
80 - < 90	C												
70 - < 80	D												
< 70	F												
Policy Data													
<p>The <b>Timeliness</b> grade is based on the percentage of policies received within 60 days of policy effective date.</p> <p>The data evaluated includes policies received in the performance year, including interstate rated policies for North Carolina and Wisconsin.</p> <p>Minimum for grading: 120 policies.</p>	<p>The grading scale is as follows:</p> <table border="1"> <thead> <tr> <th>% Received Within 60 Days</th> <th>Grade</th> </tr> </thead> <tbody> <tr> <td>95 - 100</td> <td>A</td> </tr> <tr> <td>90 - &lt; 95</td> <td>B</td> </tr> <tr> <td>80 - &lt; 90</td> <td>C</td> </tr> <tr> <td>70 - &lt; 80</td> <td>D</td> </tr> <tr> <td>&lt; 70</td> <td>F</td> </tr> </tbody> </table>	% Received Within 60 Days	Grade	95 - 100	A	90 - < 95	B	80 - < 90	C	70 - < 80	D	< 70	F
% Received Within 60 Days	Grade												
95 - 100	A												
90 - < 95	B												
80 - < 90	C												
70 - < 80	D												
< 70	F												
Detailed Claim Information													
<p><b>Detailed Claim Information (DCI) Timeliness</b> is based on the number of DCI valuations received on time, compared to the number expected for all states combined.</p> <p>The data evaluated includes all valuations (018-138) due in the performance year, with one overall grade.</p> <p>Minimum for grading: 18 Month Valuations - 40 expected. &gt; 18 Month Valuations - 20 expected.</p> <p>When both of these categories meet the minimum grading threshold, both categories must pass to receive a passing grade. If the minimum grading threshold is met for only one of the two categories, then the grade will be solely based on that one category.</p>	<p>The grading scale is as follows:</p> <table border="1"> <thead> <tr> <th>18 Month Valuations %</th> <th>Grade</th> </tr> </thead> <tbody> <tr> <td>&gt; = 50</td> <td>PASS</td> </tr> <tr> <td>&lt; 50</td> <td>FAIL</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>&gt; 18 Month Valuations %</th> <th>Grade</th> </tr> </thead> <tbody> <tr> <td>&gt; = 80</td> <td>PASS</td> </tr> <tr> <td>&lt; 80</td> <td>FAIL</td> </tr> </tbody> </table>	18 Month Valuations %	Grade	> = 50	PASS	< 50	FAIL	> 18 Month Valuations %	Grade	> = 80	PASS	< 80	FAIL
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# **Supplemental Information**



## Presenter Biographies

**Joanne Missry** is the lead data analyst on the Data Quality team. She is primarily responsible for the administration of several compliance programs, which include **DQIP**, **Carrier Report Card**, and the Regulator Exception Report.

Joanne worked at Assurant Group and Courtesy Insurance Company in both the actuarial and financial analysis areas. She has a mathematics and statistics background, and has passed several actuarial exams. Prior to joining NCCI, her roles varied from analyzing and validating data and building models to conducting actuarial analysis for carrier filings and pricing. Additionally, she has strong technical skills as she created many process efficiencies using excel, SAS and SQL.

Joanne earned an MBA from George Washington University and a BA degree in mathematics and economics from the University of Rhode Island.

**Kevin Kearney** is a lead data analyst in the Data Validation Department.

Since joining in NCCI in 1996, Kevin has held diverse positions. He worked as an analyst and trainer in the Experience Rating Department. Later, he served as the lead analyst for the **Data Quality Incentive Program (DQIP)**, the **Regulator Exception Program**, and the **Medical Incentive Program**. Currently, he is involved with quality and talent development for Data Validation.

Kevin holds a bachelor's degree in aerospace engineering from the University of Notre Dame in Indiana and a master's degree in business administration from the University of Florida.

**Krista Rose Savitch** has been with NCCI for 18 years and works on the Systems Development Team of NCCI's Data Resources Division. She is a data consultant, responsible for leading the development and production of NCCI's database tools and services, such as **Data Manager Dashboard** and **Unit Pre-Edit Service**, in addition to multiple **DCA Access® Online** tools, such as the **Unit Pre-Edit Tool**, Reports system and the Unit Extract Production Data tool.

During her tenure at NCCI, Krista has held positions as a senior operations/compliance auditor in Audit and Consulting Services and as a Customer Solutions and Units Team project lead within Data Operations.

Krista's broad experience includes research and analytical skills, project and team leadership, and product training.

Krista holds a BS degree in insurance and finance from the University of Florida.