Key Takeaways

- The handling of Premium and Loss Components in Financial Data
- Claim Count Considerations
- Defense and Cost Containment Expense (DCCE) and Examples

Financial Call Premium

Three Categories of Earned Premium Defined

Net Premium	Company Standard	DSR Premium		
Actual Earned Premium Earned Premium using company's loss cost		NCCI loss costs or rates		
	multipliers or rate deviations	Exclude - Loss Cost Multiplier		
Include most premium	Include individual risk	- Approved Deviation		
adjustments	experience modification	Represents pure premium generated if coverage		
Reconciles to NAIC Annual Statement	Exclude any other risk specific adjustments	were written at an NCCI loss cost or rate levels		

Premium Components Summary Chart

•	Located in Part 5 of
	Financial Call Reporting
	Guidebook

- Lists common and specific premium components
- Displays "X" when component is included in premium category: Net, Company Standard, and DSR
- Shades cells when component is not applicable in premium category

	Premium Components Summary Chart					
			When DSR Rate		When DSR Level Is Loss Costs	
	Component	Net	Company Standard	DSR	Company Standard	DSR
1. 4	Assigned Risk Adjustment Program (ARAP)[*]	X	X	X		
2.	Balance to Minimum Premium Adjustment[**]	X	X	Х	X	
3. (Catastrophe and Terrorism Provisions (e.g., DTEC, TRIA, TRIEA, TRIPRA)			Do Not Rep	port	
4. (Company Loss Constant	X	X		X	
	Consent to Rate	X	X		X	
	Contracting Classification Premium Adjustment Program (CCPAP)	X	×	Х	X	X
7.	Deductible Coverage—Premium Credits	X				
8.	Drug-Free Workplace Credits	X	X	X	X	X
	Expense Constants: Company-Selected Expense Constant	X	×		X	
	Expense Constants: NCCI-Published Expense Constant[***]	Х	X	Х		
	Experience Rating Modifications: Deviations From NCCI-Promulgated Experience Rating Modification Factor	Х				
	Experience Rating Modifications: NCCI- Promulgated Experience Rating Modification	X	×	Х	Х	X
	Experience Rating Modifications: Oregon Group Supplemental Experience Rating Plan OGSERP)	Х			Х	Х
14. F	Florida Excess Profits	Do Not Report				
15a. F	Foreign Voluntary Compensation	X	X	Х	X	X
	Foreign Voluntary Compensation—Optional Repatriation Coverage	X				
16.	Georgia Work-Based Learning Program	X			X	X

How to Use the Premium Components Summary Chart

- When DSR level is rates
- When DSR level is loss costs
- Determine pricing category for the state
 - Visit part 5-A of the Reporting Guidebook

Premium Components Summary Chart						
			When DSR Rat		When DSR Loss C	
	Component	Net	Company Standard	DSR	Company Standard	DSR
1.	Assigned Risk Adjustment Program (ARAP)[*]	Χ	X	Χ		
2.	Balance to Minimum Premium Adjustment [**]	Χ	X	Χ	X	
3.	Catastrophe and Terrorism Provisions (e.g.,	Do Not Report				
^	DTECATRIA TRIFA, TAIPPA					

Premium Component Examples

Balance to Minimum Premium	Expense Constants
Independent Carrier Filings	Managed Care Program Credits
Schedule Rating	Consent to Rate

Balance to Minimum Premium

- Included for all premium levels when DSR level is rates
- Exclude the adjustment for voluntary business in a loss cost state and in Texas for DSR Premium

		When DSR Level Is Rates		When DSR Level Is Loss Costs	
Component	Net	Company Standard	DSR	Company Standard	DSR
2 Balance to Minimum Premium Adjustment[**]	Χ	X	Χ	X	
[**] Do not include in DSR Level Premium for Texas.					

How to handle Balance to Minimum Premium (BTMP): Rate State Example:

1. Remove the Balance to Minimum Premium from Company Standard Premium						
Company Standard:	Balance to Minimum Premium:	Adjusted Company Standard:				
\$2,000,000	\$300,000	= \$1,700,000				

2. Remove the effect of the deviation						
Adjusted Company Standard:	Deviation:	Subtotal Premium:				
\$1,700,000	/ .983	= \$1,729,400				

3. Add the Balance to Minimum Premium back in						
Subtotal:	Balance to Minimum Premium:	DSR Premium total:				
\$1,729,400	\$300,000	= \$2,029,400				

Expense Constants—Company-Selected

- Fixed amount
- Included in Net and Company Standard premium levels

		When DSR Level Is Rates		When DSR Level Is Loss Costs	
Component	Net	Company Standard	DSR	Company Standard	DSR
9 Expense Constants: Company-Selected Expense	Х	Х		Х	

Expense Constants—NCCI-Published

- Included in Rate State
- Exclude in Loss Cost State
- In Texas, and for loss cost states for voluntary business only, NCCI doesn't publish an expense constant

		When DSR Level Is Rates When DSR Level Is		When DSR Level Is I	oss Costs
Component	Net	Company Standard	DSR	Company Standard	DSR
10 Expense Constants: NCCI-Published Expense	Х	Х	Χ		

Expense Constant (E.C.)—Rate State

Example:

Company Standard Premium	Company E.C.	Deviation					
\$5,800,000	\$500,000	0.900					
	NCCI E.C.						
\$5,800,000	\$400,000	0.900					
DSR Level Premium:							
[(5,800,000 - 500,000)/.90] + 400,000 = 6,288,889							

Independent Carrier Filings

- This premium is included in Net Premium but not included in Company Standard and DSR Level Premium
- Only applies when there is not a premium component already explicitly stated in the chart

Premium Components Summary Chart

			When DSR Le	vel Is Rates	When DSR Leve	Is Loss Costs
Component		Net	Company Standard	DSR	Company Standard	DSR
19.	Independent Carrier Filings	Χ				

Managed Care Programs

- Include this adjustment in all premium levels
- Many states may have specific names for this program
- Examples of state-specific programs include:
 - o Colorado Designated Medical Provider Program
 - o Georgia Managed Care Arrangement Premium Credit Program

		When DSR Level I	s Rates	When DSR Level Is Loss Costs		
Component	Net	Company Standard	DSR	Company Standard	DSR	
21 Managed Care Programs: Managed Care Credits	Х	X	Х	X	Х	

Texas-Certified WC Health Care Network

- Included in the Net premium only.
- Different than Managed Care Programs in other states.

		When DSR Level I	s Rates	When DSR Level Is Loss Costs		
Component	Net	Company Standard	DSR	Company Standard	DSR	
32 Texas Certified WC Health Care Network	Х					

Schedule Rating

- Schedule Rating adjustment is included in Net premium only
- Calls 10 and 10T

		When DSR Level I	s Rates	When DSR Level Is Loss Costs		
Component	Net	Company Standard	DSR	Company Standard	DSR	
30 Schedule Rating and Other Prospective State-Specific Rating Adjustments	Х					

Consent to Rate

- Net and Company Standard premium include amounts attributable to CTR
- DSR premium only includes the premium at the approved rate

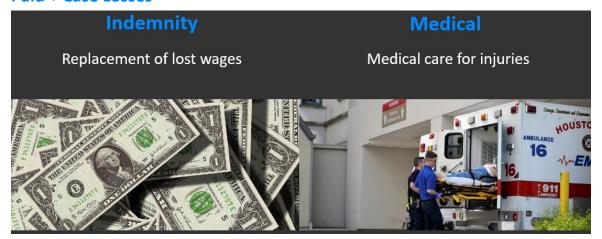
		When DSR Level	ls Rates	When DSR Level Is Loss Costs		
Component	Net	Company Standard	DSR	Company Standard	DSR	
5 Consent to Rate	Χ	X		X		

Consent to Rate Example

State Approved Rate	Payroll	Premium (Payroll/100 x Rate)						
\$5.00	\$300,000	\$15,000						
Consent to Rate Amount	Payroll	Premium (Payroll/100 x Rate)						
\$20.00	\$300,000	\$60,000						
P	remium Amounts Reported to NC	CI						
DSR Premium	Company Standard Premium	Net Premium						
[]	[]	[]						
Consent to	Consent to Rate Amount = []							

Financial Call Losses

Paid + Case Losses



Subrogation

- Recovered losses from a third party
- Reduce paid losses by the losses recovered

Subrogation Examples

Ex. 1

Indemnity Paid loss amount \$10,000 - \$3,000 (actual subrogation received less subrogation expenses) = \$7,000 amount to be reported.

Ex. 2

If the aggregate paid amount for all claims is negative for an observation year:

- PY 2019 aggregate medical paid amount = \$-400,000
- PY 2019 aggregate medical case outstanding amount for the observation year = \$1,000,000

Then:

- Reduce the case outstanding \$1,000,000 \$400,000 (negative paid amount) = \$600,000
- The paid amount for PY 2019 should be set to zero

Lump-Sum Settlement

Losses are split into indemnity and medical losses

- When a claim involves a lump sum, the actual lump-sum amount is subdivided according to indemnity and medical
- If the subdivision between indemnity and medical is unknown or unspecified, use the case values prior to settlement adjustments to determine the prorated reported amount for indemnity and medical

Lump-Sum Settlement Example

Lump-sum settlement amount: \$1,500,000 (subdivision is <i>unknown or unspecified</i> in the settlement)							
Indemnity case value prior to the settlement \$300,000 23%							
Medical case value prior to the settlement	\$800,000	77%					
Report prorated indemnity amount \$1,500,000 x 23% \$345,000							
Report prorated medical amount	\$1,500,000 x 77%	\$1,155,000					

Employers Liability

An accident for one claimant with reportable losses under both workers compensation and employers liability is reported as one claim, with combined loss experience:

Call 31 Example:

	Indemnity Paid	Medical Paid	Indemnity Case	Medical Case
Workers' Compensation Claim WC22008	10,000	20,000	5,000	30,000
Employers' Liability companion claim EL122008	5,000	8,000	3,000	10,000
Report the combined loss experience on the Calls	15,000	28,000	8,000	40,000

Deductible Policies Example

All states except Kentucky:

in states except heritacky.	
Policy has a deductible amount of:	\$1,000
Claim has medical loss amount (not including the	\$6,000
deductible amount)	
Report the total amount of (which is gross of the	
deductible amount of \$1,000)	[]

Kentucky—report on a net basis:

The net amount reported should be \$6,000.
--

Case Reserves

Information regarding Case Reserves can be found Part 5-B-2-b of Financial Call Reporting Guidebook.

- Subrogation in case reserves
- Discounting allowances and what to do if there is a change



Additional Requirements



Categories:

- Coal Mine Experience
- Large Deductibles
- Excess Policies
- Maritime and Federal Employers' Liability Act (FELA)
- F Classifications
- Other Types of Experiences

Coal Mine Experience



Financial Call Reporting Guidebook

	States Except Virginia				Texas		١	/irgini	a		
	OD-Black Lung		Traumatic and OD Other Than Black Lung		Traumatic and OD Other Than	OD—Black Lung			Traumatic and OD Other Than Black Lung		
	Surface	Under- ground	Other	Surface	Under- ground	Black	Surface	Under- ground	Other	Surface	Under- ground
Call #	0156 0157	0158	0159 0164 9615	1009	1015 1016	1165	0156 0157	0158	0159 0161 0162	1005 1009	1016
1	X	X	X	X	X	X	X	X	X	X	X
1A	X	X	X	X	X		X	X	X	X	X
1B	X	X	X	X	X						
1C											
1D	X	X	X	X	X						
3				X		X					
ЗА				X		X					
5				X		X					
5A				X		X					
8 (line 1)				×		x					
8 (line 4)	×	x	x		×		x	x	x	x	X
10				X							
10T						X					
14	X	X	X	X	X		X	X	X	X	X
19	X	X	X	X	X	X	X	X	X	X	X
26				X							
31				X							
32A							X	X		X	X
32V							X	X		X	X
33							X	X		X	X

- Part 6 lists all coal mine codes
- The "X" indicates whether that statistical code or classification code is included in the Call
- VA: Separate coal mine Calls

Deductible Policies—Large

Policies with a deductible amount of \$100,000 or more (except Oregon and Texas) per claim or accident or per aggregate

Oregon:

Deductible amount of \$75,000 or more per claim or accident or per aggregate

Texas:

Deductible amount of more than \$25,000 per claim or per accident or \$100,000 per aggregate

Excess Policies

Policies that cover loss above a specified threshold; however, carriers do not get involved until the loss amount exceeds the threshold.

Include if:	Exclude in:
Excess Policies are included in Statutory	Financial Calls other than the Calls
Page 14, Line 16 of NAIC on Calls 1, 1A, 8,	included
14, 19, and 26	

Financial Call Components: Advanced Topics and ADQIP

F-Classifications

• Part 6 shows all F-classification codes

0763F	6006F	6801F	6803F	6824F	6825F	6826F
6827F	6828F	6829F	6843F	6845F	6846F	6869F
6872F	6873F	6874F	6875F	7309F	7313F	7317F
7323F	7327F	7350F	7352F	7366F	8709F	8711F
8726F	9077F					

• Federal (F) classification included in Calls:

Call	Call Name
1	Calendar Year Call for Workers Compensation Net Direct
	Written Premium
1A	Calendar Year Call for Direct Assignment Net Direct Written
	Premium
1B	Calendar Year Alternate Equivalent Premium Call
1C	Calendar Year Kansas Municipalities Premium Exclusion
	Call
1D	Calendar Year New Mexico Small Policy Exemption Call
8	Reconciliation Report
14	Calendar Year Expense Call
19	Accident Year Countrywide Loss Adjustment Expense
26	North Carolina Addendum for Call #19 Only

• Include experience for non-F class codes where USL&HW factor has been applied

Maritime and Federal Employers' Liability Act (FELA)

• Part 6 shows all maritime and other FELA class codes

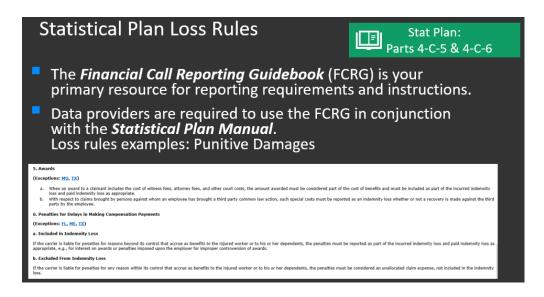
6702	6703	6704	7016	<u>7019</u>	7020	7024	<u>7027</u>	<u>7028</u>
7036	<u>7037</u>	7038	<u>7039</u>	7046	7047	<u>7048</u>	<u>7049</u>	7050
7051	<u> 7062</u>	<u>7069</u>	<u>7070</u>	<u> 7076</u>	<u>7079</u>	<u> 7088</u>	<u>7089</u>	7090
7091	7094	7097	7098	7099	7131	7133	7134	7135
7151	7152	7153	7333	7335	7337	7394	7395	7398
8734	8737	8738	8805	8814	8815			

- Included in Calls 1, 1A, 1B, 1C, 1D, 6, 8 (reconciliation item), 14, 19, and 26 (addendum for Call 19 only)
- Exclude all Maritime experience and other FELA classification effective 01/01/03 and after from Calls:

Call	Call Name
3	Policy Year Call
3A	Policy Year—Assigned Risk Call
5	Calendar-Accident Year Call
5A	Calendar-Accident Year—Assigned Risk Call
10	Schedule Rating and Other Prospective Premium Adjustments Call
10T	Texas—Policy Year Call for Schedule Rating Modifications
26	North Carolina Addendum (except for Addendum for Call 19)
31	Large Loss and Catastrophe Call

Other Types of Experience

- West Virginia Deliberate Intent (Mandolidis) Coverage: exclude any experience associated with this coverage
- Wrap-up policies: not large deductible, include in the Calls
- Domestic Worker Experience: include domestic worker in all Calls written under workers compensation and employers liability policies
 - o Exclude if written under other liability insurance or if coverage is part of homeowners insurance



Financial Call Claim Counts and DCCE

Claim Counts

- Incurred indemnity claim count is the accumulated number of claims for which an indemnity payment has been made and/or an outstanding indemnity loss reserve exists
- The status of a claim can either be "open" or "closed"

Indemnity Claim Count Example 1

Double Counting

Reopened Claims: Claim ABC—Closed in 2022 and Reopened in 2023				
Valuation 12/31/2022	Reported as Closed claim			
Valuation 12/31/2023	Reported as an Open claim			

Note: This is not a new claim—claim moved from Closed to Open; Total Claim Count doesn't change on Financial Calls.

Indemnity Claim Count Example 2

Medical-Only Claims

Claim ABC—Opened in 2021 and Closed in 2023			
Valuation 12/31/2022	Reported as an open indemnity claim with indemnity case reserves of \$5,000		
Valuation 12/31/2023	Claim closed as medical-only		

Note: When reporting valuation 2023, an update would be needed to remove this claim from the Total Indemnity Claim Counts.

Expenses: DCCE and AOE

- Defense and Cost Containment Expense (DCCE)
 - Expenses for defense by the insurer in contentious situations for litigation involving a claim and for cost containment expense.
- Adjustment and Other Expenses (AOE)
 - Expenses that have been assigned to the Loss Adjusting Expense group in the Underwriting and Investment Exhibit of the NAIC Annual Statement, and they are other than those listed in Defense and Cost Containment Expense

Defense and Cost Containment Expense



Financial Call Reporting Guidebook

D. LOSS ADJUSTMENT EXPENSE (LAE)

Expenses associated with the recording, adjustment, and settlement of claims are called Loss Adjustment Expense.

Prior to 1998, LAE was reported as Allocated and Unallocated Loss Adjustment Expense (ALAE and ULAE).

Loss Adjustment Expense is divided into two types of expenses: (1) Defense and Cost Containment Expense (DCCE) and (2) Adjusting and Other Expenses.

 Defense and Cost Containment Expense—Defense and Cost Containment Expense (DCCE) is defined as expenses for defense by the insurer in contentious situations (whether a first-party or third-party claim) for litigation involving a claim and for cost containment expense.

Examples of Defense and Cost Containment Expense include:

- Surveillance expenses.
- Fixed amounts for cost containment expenses.
- Case Management expenses for the purpose of managing the overall cost of a claim.
- Litigation management expenses.
- Loss adjustment expenses for participation in voluntary and involuntary market pools if reported by accident year.
- Fees or salaries for appraisers, private investigators, hearing representatives, reinspectors, and fraud investigators, if working in defense of a claim, and fees or salaries for rehabilitation nurses, if such costs are not included in the loss.
- · Attorney fees incurred owing to a duty to defend, even when other coverage does not exist.
- Cost of engaging experts.
- Cost of an Independent Medical Examination (IME) unless the IME is required by an Industrial Board or Commission. If the IME is required by an Industrial Board or Commission, it is reported as a medical loss.
- Part 5 lists many examples of what is included in DCCE
- What is excluded in the expenses
 - Determination of coverage
 - Employers' liability expenses

Resources

Resources

Financial Call Reporting Guidebook

- Part 5—Financial Call Component
- Part 6—Additional Requirements for Experience
- Part 9—Financial Call Instructions

Statistical Plan Manual

- Part 4-B—Medical Losses
- Part 4-C—Indemnity Losses
- Part 6-E—Statistical Codes



ADQIP and Data Manager Dashboard

What Is ADQIP?

- Monetary incentive program for Financial Calls that provides an incentive to submit data in a timely and accurate manner
- Reallocates the impact of late and/or inaccurate reporting back to carriers through assessments
- Applies in 38 states where NCCI is the statistical agent for Financial Calls

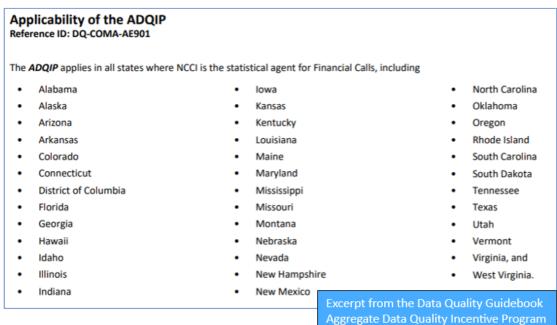
Key Takeaways

Understanding of the Aggregate Data Quality Incentive Program (ADQIP) and components

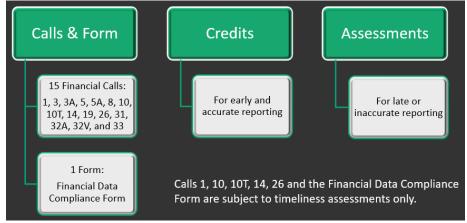
- Early Reporting Credits
- Late Reporting Assessments
- Quality Edit Assessments
- Additional Quality Assessments

Data Quality Guidebook

Primary source of detailed information on ADQIP, including examples



ADQIP Components



ADQIP Early Reporting Credit Calls

Credits can be earned for reporting required Calls early in eligible states:

- Policy Year Calls #3, #3A
- Calendar-Accident Year Calls #5, #5A
- Reconciliation Report Call #8
- Large Loss and Catastrophe Call #31

Note: Not everyone is expected to submit each of these Calls—only the Calls you are required to report would need to be received by March 15.

ADQIP Early Reporting Credit Eligibility Examples

Eligibility requirements must be met to earn early reporting credits.

1	All required Calls must be received at NCCI by March 15
2	State must have a market share of .05% or greater
3	Data must be error-free or have acceptable explanations on the original submission
4	The state must have \$0 late reporting and/or quality assessments
5	Financial Data Compliance Form must be received on time

If the form is received late, you would not be eligible for credits in any of your states.

ADQIP Early Reporting Credit Table

Flat credit per state based on the individual state market share:

State Market Share	Per-State Credit
.05% to < 3.0%	\$170.00
3.0% to < 10.0%	\$425.00
10.0% to < 20.0%	\$850.00
20.0%+	\$1,700.00

Example:

- If state submitted has 1% market share
- And all criteria met
- Then, eligible for \$170.00 credit for that state

ADQIP Early Reporting Credit Example 1

A carrier submits all required Calls on March 12 for a state in which the market share is 9.0%. Would this state be eligible for an early reporting credit?

State Market Share	Per-State Credit
.05% to < 3.0%	\$170.00
3.0% to < 10.0%	\$425.00
10.0% to < 20.0%	\$850.00
20.0%+	\$1,700.00

Answer: Yes or No?

Put your notes here:

ADQIP Early Reporting Credit Example 2

Question: A carrier submits seven of the eight required ratemaking Calls on March 15 for a state in which the market share is 1.5%. Would this state be eligible for an early reporting credit?

State Market Share	Per-State Credit
.05% to < 3.0%	\$170.00
3.0% to < 10.0%	\$425.00
10.0% to < 20.0%	\$850.00
20.0%+	\$1,700.00

Answer: Yes or No?

Put your notes here:

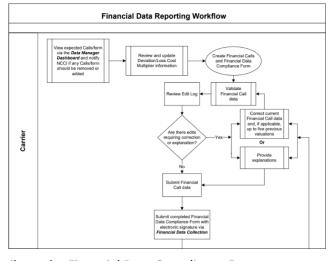
Financial Data Reporting Workflow

- Found in the Financial Call Reporting Guidebook
- Designed for use with the Financial Data Collection tool
- Streamlines reporting process
- Can reduce reporting errors, potentially mitigating quality assessments

Financial Data Reporting Workflow— Key Steps

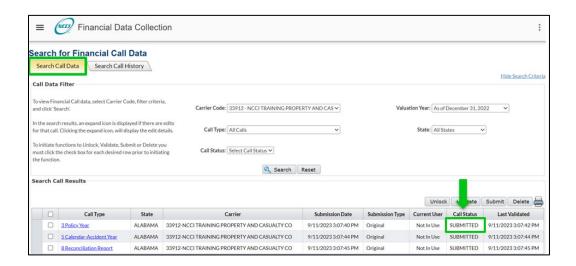
- 1. Update the deviation history
- 2. Create all Calls for the state
- 3. Validate all Call data by state
- 4. Utilize the Self-Audit Checklist and Additional Details on the Financial Data Compliance Form
- 5. Resolve edits that invoke
- 6. Submit all Calls to NCCI
- 7. Complete, sign, and submit the Financial Data Compliance Form

Note: Before submitting data make sure edits have been corrected or an acceptable explanation is provided. Data quality is evaluated for *ADQIP* assessments based on the **original** submission date, not the due date. If edit corrections are made after submission, even if it is completed before the Call due date, *ADQIP* assessment will apply.

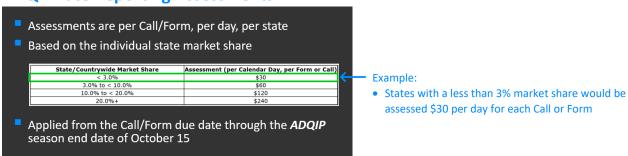


Confirm Call Submissions

After submitting Calls in the *Financial Data Collection* tool, confirm the Call Status. If the status is not "SUBMITTED," then your Call has not been received by NCCI.



ADQIP Late Reporting Assessments



ADQIP Quality Edit Assessments

- Applied per edit occurrence
- If your Call is submitted with an unaddressed edit, it is subject to a \$300 assessment
- If edits are corrected by October 15 (ADQIP season end date), the \$300 assessment is reduced to \$50
- Additional edit assessments that could apply:
 - Edits with incomplete or blank explanations are subject to \$100 assessment
 - o \$50 assessment could apply when an edit notification is sent

Financial Call Components: Advanced Topics and ADQIP

ADQIP Quality Edit Assessment Example

- A Call is submitted with an edit that is uncorrected; no explanation is provided or it is incomplete
- A notification is sent advising that a correction or complete explanation is required
- If edit remains uncorrected or unexplained:
 - o A \$300 assessment is applied for the uncorrected edit
 - o A \$100 assessment is applied for missing or incomplete explanation
 - o A \$50 assessment is applied for the notification

Results:

Uncorrected	Corrected	Missing/Incomplete	No. 1262 on 12 on	Total
Edit	Edit	Explanation on Submission	Notification	Assessment
\$300	N/A	\$100	\$50	\$450

\$450 is the maximum assessment per edit occurrence.

ADQIP Quality Edit Assessment Example

- Correcting the edit replaces the uncorrected assessment of \$300
- \$50 assessment is applied for the corrected edit
- Assessment for the missing explanation and notification still applies
- Assessment amount reduced from \$450 to \$200

Results:

Uncorrected	Corrected	Missing/Incomplete		Total
Edit	Edit	Explanation on Submission	Notification	Assessment
N/A	\$50	\$100	\$50	\$200

All edits need to include a complete and valid explanation to prevent the \$100 assessment.

ADQIP Additional Quality Assessments

- Up to \$5,000 per state for a significant, unresolved data quality issue that results in exclusion from filing
- \$2,000 per state for Fin/Stats discrepancies that are not resolved by February 15 of the following year
- Advance notification of the potential assessment will be provided

Fin/Stat is a comparison of Financial to Unit Statistical data
May result in a request to correct

or explain discrepancies

Communicating Your ADQIP Results

Results letters are delivered to your *Data Transfer via the Internet (DTVI)* mailbox—up to three letters per *ADQIP* year:

Letter 1	Letter 2	Letter 3
May—Current Year	October	May—Following Year
Delivered to ADQIP Contact	Delivered to ADQIP Contact Role or Financial Call	
Role	Actuary/Corporate Officer Role	
Current late reporting	Late reporting	 Additional quality and
results	Quality	Fin/Stat results
 Outstanding Calls 	Credit results	Invoiced in June
Informational Only	Invoiced in November	

ADQIP Letter Additional Information

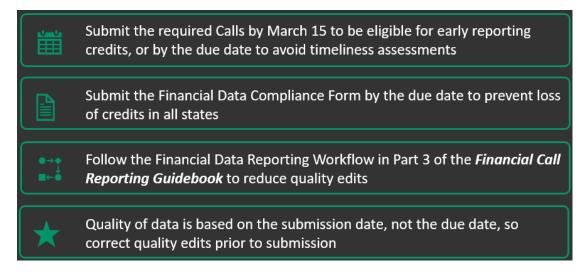
- Letters are distributed at the Reporting Group level and remain in the **DTVI** mailbox for eight days
- Letters are not distributed for \$0 results
- Invoices/credit memos are produced at the carrier-code level 30 days after letter delivery
- ADQIP credits may be applied to any NCCI invoice and must be used within one year



Tip:

Credits can be applied to any NCCI invoice!

ADQIP Recap



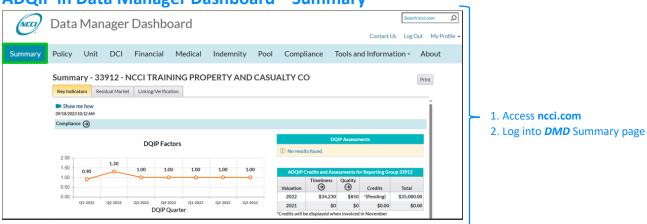
Data Manager Dashboard

Key Takeaways

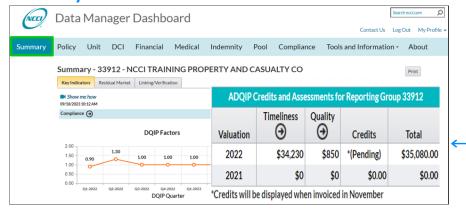
How to use the Data Manager Dashboard (DMD) to:

- Monitor ADQIP results
- Submit ADQIP appeals
- View expected Financial Calls

ADQIP in Data Manager Dashboard—Summary



Summary

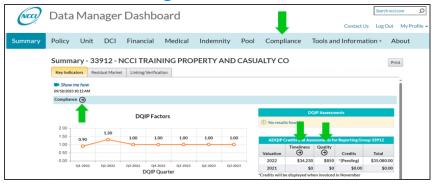


Tip:

- The credit amount for the current valuation will show "(Pending)" until the assessments and credits are invoiced in November
- Valuations are refreshed on March 1 each year

Financial Call Components: Advanced Topics and ADQIP

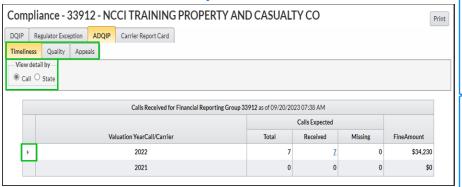
ADQIP in Data Manager Dashboard



To access Compliance Page:

- 1. Select Compliance Programs
- 2. Select one of the two Compliance Program links, or
- 3. Go directly to the **ADQIP** results by selecting Timeliness or Quality links

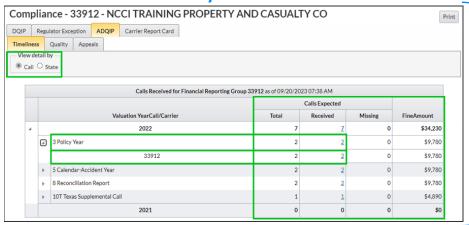
Timeliness—View Detail by Call



ADQIP Timeliness Results Screen

- Three tabs in the ADQIP folder
- View detail for each Call or by State
- Displays results for reporting group by valuation date
- Use arrows to expand and see counts for each of the valuation years

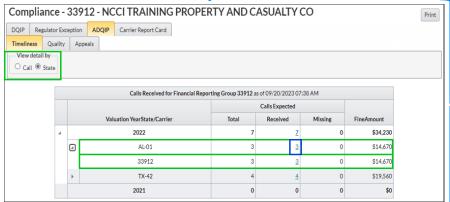
Timeliness—View Detail by Call



Timeliness View by Call

- Timeliness information first by Call
- Expand to show the detail by company
- Current results for the Calls Expected are displayed for each company
- Includes:
 - Total Calls expected
 - Received Calls
 - Missing Calls
 - Current Fine Amount

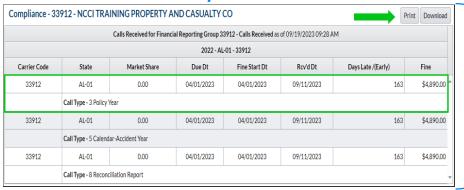
Timeliness—View Detail by State



View Results by State

- Displays first by state, then by company
- Use links by either Call or State to see a list of Calls included in count

Timeliness—View Detail by State



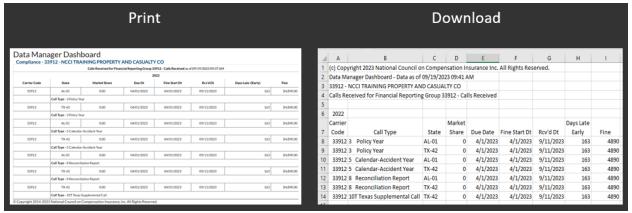
Tip:

- To be eligible for ADQIP early reporting credits, a state must have .05% or more market share
- Early reporting credits do not display until end of the season
- Print or Download results

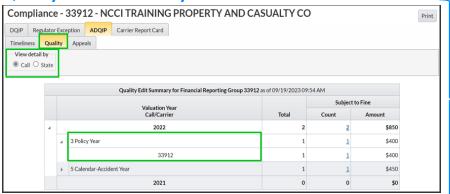
Using link from results displays details of the Call, including:

- Carrier Code
- State
- Market Share
- Due Date
- Fine Start Date
- Received Date
- Number of Days the Call was early or late
- Fine Amount

Print/Download



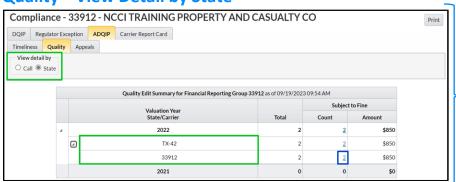
Quality—View Detail by Call



View Results by Quality

- Displays View detail by Call
- Displays edit counts by Valuation Year, Call, and Company

Quality—View Detail by State

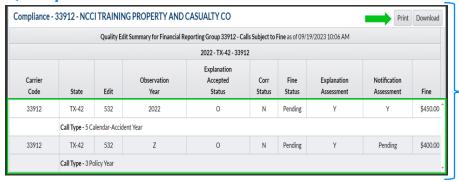


View Results by Quality

- Displays View detail by State
- Displays edit counts by Valuation Year, Call, and Company
- Select the link under Subject to Fine to view details of edits that make up the fine for Call/State combination

Financial Call Components: Advanced Topics and ADQIP

Quality

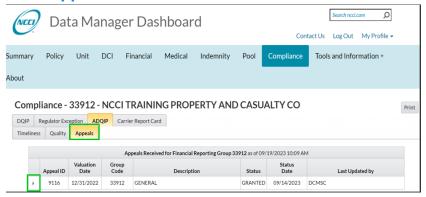


Statuses are updated as the financial validator completes edit review.

View Subject to Fine Details:

- Details for each of the edits in the column selected
- Displays:
 - o Call Type
 - Carrier Code
 - o State
 - o Edit Number
 - o Observation Year
 - Accepted Status of the Explanation
 - Correction Status
 - o Fine Status
 - Explanation and Notification Assessment Status

View Appeals



Financial Call Components: Advanced Topics and ADQIP

View Appeals



Appeals detail includes:

- Amount granted (if it was granted)
- Original appeal comments submitted
- NCCI response to appeal

Appeals are not created in the **DMD** tool. They are created in the **Financial Data Collection** tool.

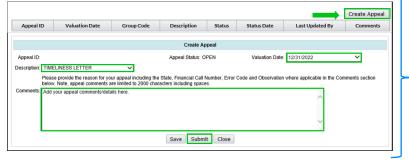
Create Appeals—Financial Data Collection Tool



To create an **ADQIP** appeal:

- 1. Log into *FDC* tool
- 2. Select Tools and Information
- 3. Select ADQIP Appeals

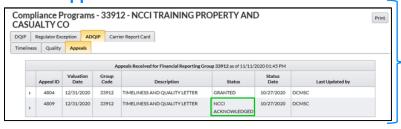
Create Appeals—Financial Data Collection Tool



To create an ADQIP appeal:

- 1. Select Create Appeal
- 2. Select Description from the drop down
- 3. Select Valuation Date
- 4. Add your comments
- 5. Submit appeal

Create Appeals



After Submitting Appeal:

- Record displays in **FDC** tool, and
- Displays on **DMD** Appeals screen
- Email sent acknowledging appeal
- Status updated

Financial Call Components: Advanced Topics and ADQIP

Appeal Response



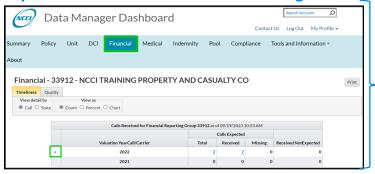
ADQIP in Data Manager Dashboard—Appeal Response



Appeal response available in both *FDC* and *DMD*

Expected Financial Calls

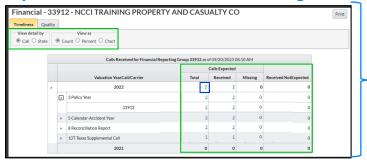
Expected Financial Calls in Data Manager Dashboard



Select Financial

- Select Timeliness folder to display the total count of Calls expected by NCCI
- Expand to see the detail by valuation

Expected Financial Calls in Data Manager Dashboard—Details



View detail by:

- Call and Company, or
- State and Company
- Count, Percent, or in a Chart
- Click on link to view full list of expected Calls

Details include:

- Calls Expected Total
- Received
- Missing
- Received But Not Expected

Expected Financial Calls in Data Manager Dashboard



Tip:

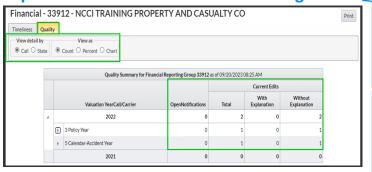
Contact your validator if Calls submitted are not displaying or if Calls should no longer be displayed.

Total Calls Expected screen displays:

- Valuation Year
- Carrier Code

- Call Type
- State
- Call Due Date
- Received Date
- Subject to ADQIP

Expected Financial Calls in Data Manager Dashboard

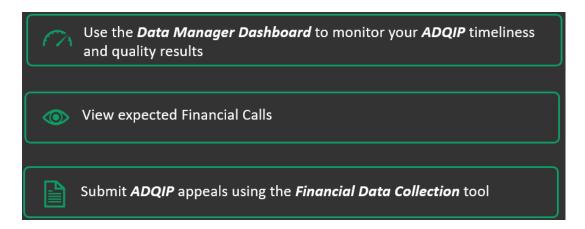


Tip:
Use this information to monitor your current edits.

The Quality screen provides details:

- By Call or State
- View as a Count, Percent, or Chart
- Displays count of open edit notifications
- Current Edits Total
- Edits With Explanation
- Edits Without Explanation

Data Manager Dashboard—Recap



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