



Data Now Program (DNP) Introduction to Medical Data Call Reporting

Key Takeaways

- Review the basic reporting rules and requirements for the Medical Data Call as outlined in the **Medical Data Call Reporting Guidebook**
- Demonstrate the features and functionality of the **Medical Data Collection (MDC)** tool

Topics

- Overview
- General Rules
- Core Resources
- Editing and Validation
- Medical Data Call Structure
- Compliance

Medical Data Call Overview

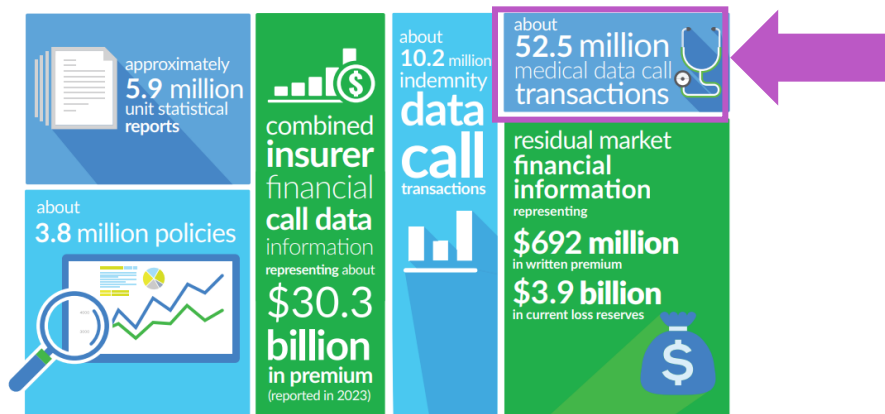
Medical Data Call

Each medical service that occurs due to an employee's job-related injury.

- Hospital Stay
- Office Visit
- Physical Therapy
- Prescription Drugs
- MRI
- X-ray



NCCI by the Numbers





Data Now Program (DNP) Introduction to Medical Data Call Reporting

Medical Data Call Uses

- Legislative Analysis
- Regulator Requests
- Research
- Informational Resources

Medical Data Call Core Resources

Core Resources—ncci.com

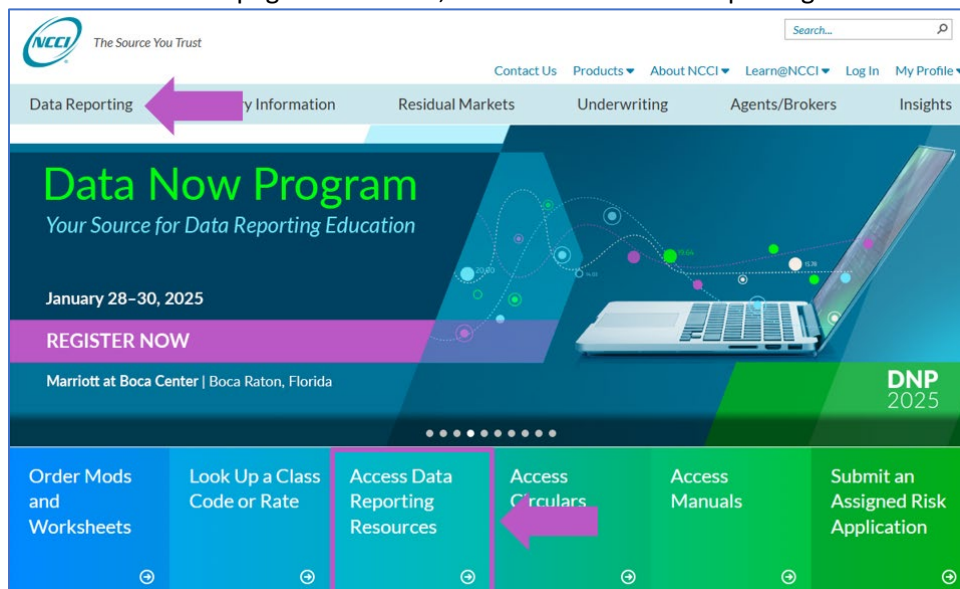
- **Medical Data Call Reporting Guidebook**
- **Electronic Transmission User's Guide**
- **Data Quality Guidebook**
- **MDC** tool
- **Medical Data Collection** Tool User's Guide

Medical Data Call Reporting Guidebook

The **Medical Data Call Reporting Guidebook** is your primary reference for the instructions needed to accurately complete your Medical Data Call reporting.

To access the guidebook, log in to **ncci.com** with your user ID and password.

1. From the main page of **ncci.com**, click on Access Data Reporting Resources or Data Reporting





Data Now Program (DNP) Introduction to Medical Data Call Reporting

2. The Data Reporting page defaults to General, so select Medical Data Call

The screenshot shows the NCCI Data Reporting page. The left sidebar has a list of options: GENERAL, POLICY AND POC, UNIT STATISTICAL DATA, FINANCIAL CALLS, INDEMNITY DATA CALL, DETAILED CLAIM INFORMATION, MEDICAL DATA CALL (highlighted), and POOL DATA. A purple arrow points to the MEDICAL DATA CALL option. The main content area has three sections: RESOURCES, PUBLICATIONS / REPORTS, and LEARNING CENTER. The PUBLICATIONS / REPORTS section has a purple arrow pointing to it. The top navigation bar includes links for Data Reporting, Industry Information, Residual Markets, Underwriting, Agents/Brokers, and Insights. The top right has a search bar and links for Contact Us, Products, About NCCI, Learn@NCCI, Log In, and My Profile.

3. From the Medical Data Call section, under Products, select **NCCI Atlas** (Access Manuals) or **Medical Data Collection**

The screenshot shows the NCCI Data Reporting page. The left sidebar has a list of options: GENERAL, POLICY AND POC, UNIT STATISTICAL DATA, FINANCIAL CALLS, INDEMNITY DATA CALL, DETAILED CLAIM INFORMATION, MEDICAL DATA CALL (highlighted), and POOL DATA. The main content area has three sections: PRODUCTS, PUBLICATIONS / REPORTS, and LEARNING CENTER. The PRODUCTS section has a purple arrow pointing to it. The PRODUCTS section lists: Circulars (part of Atlas Underwriting Bundle), Data Manager Dashboard, Data Transfer via the Internet, Medical Data Collection, NCCI Atlas (Access Manuals), and State Insight. The PUBLICATIONS / REPORTS section lists: Medical Data Collection Tool User's Guide (PDF).

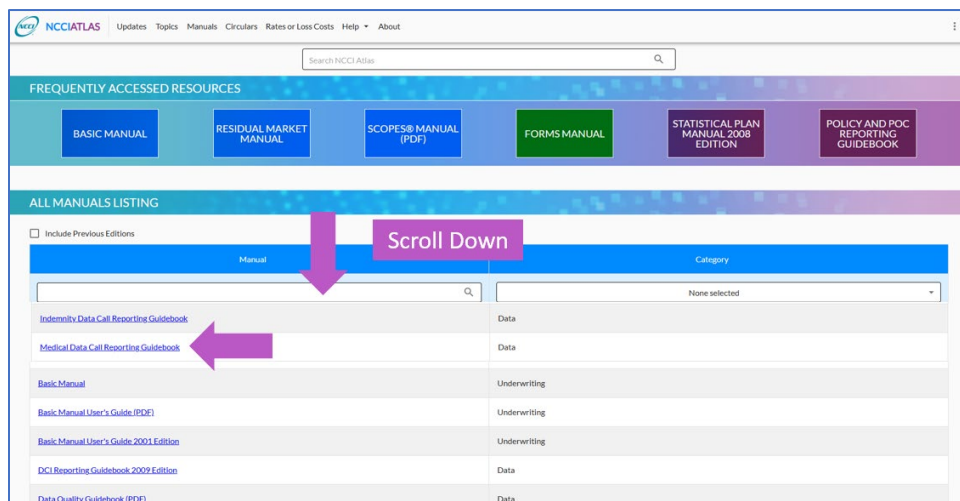
4. From **NCCI Atlas**, click the Manuals section

The screenshot shows the NCCI Atlas page. The top navigation bar includes links for Updates, Topics, Manuals, Circulars, Rates or Loss Costs, Help, and About. The main content area has three sections: TOPICS, MANUALS (highlighted with a purple arrow), and CIRCULARS. The bottom of the page has a footer with links for Rates or Loss Costs, Status of Rate Revisions, Status of Item Filings, and New in NCCI Atlas.

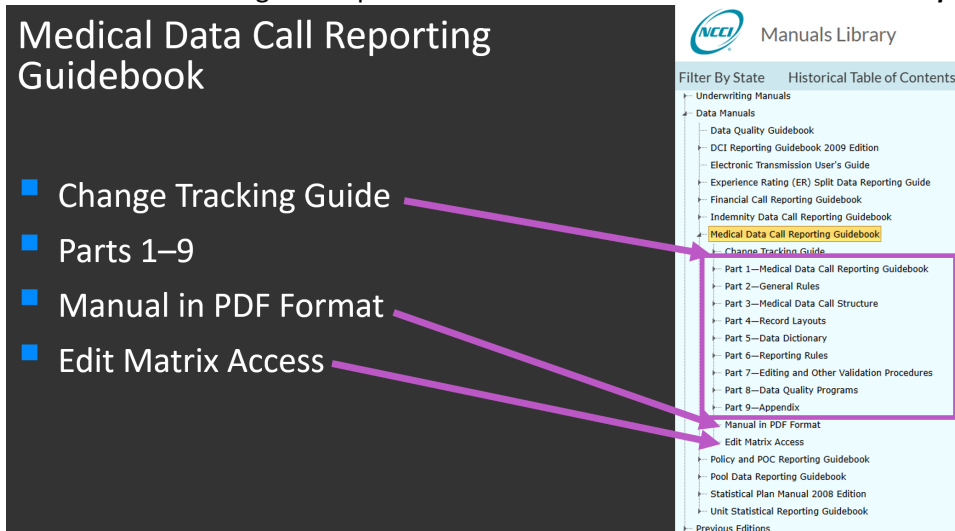


Data Now Program (DNP) Introduction to Medical Data Call Reporting

5. From the Manual column (left side), scroll down to **Medical Data Call Reporting Guidebook** and click on the title



6. Click on the triangle to expand the list and select the **Medical Data Call Reporting Guidebook**



Medical Data Call General Rules

Medical Transactions

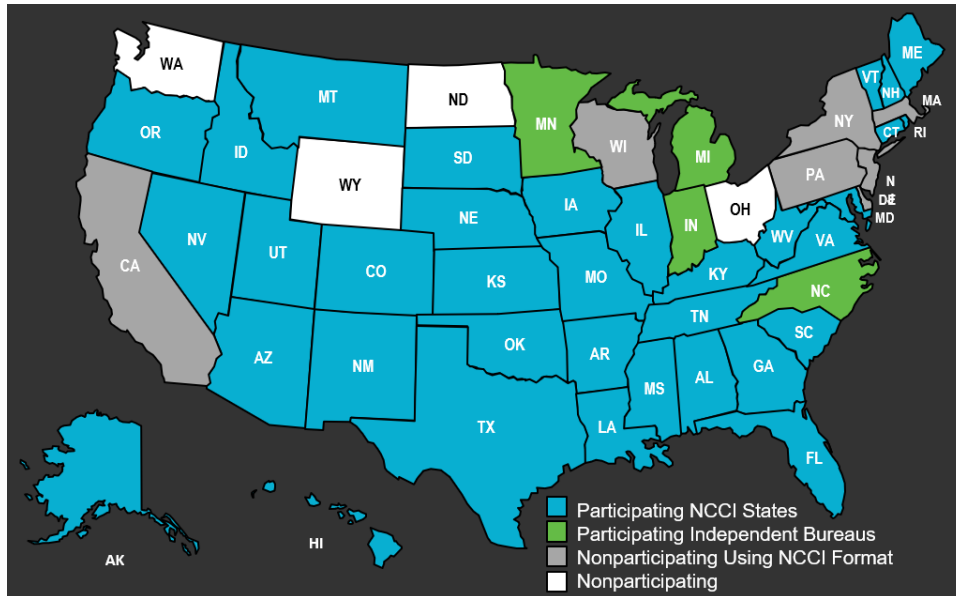
- Report all medical transactions associated with workers compensation claims in any Medical Data Call state
- The jurisdiction state is the state under whose Workers Compensation (WC) Act the claimant's benefits are being paid





Data Now Program (DNP) Introduction to Medical Data Call Reporting

States

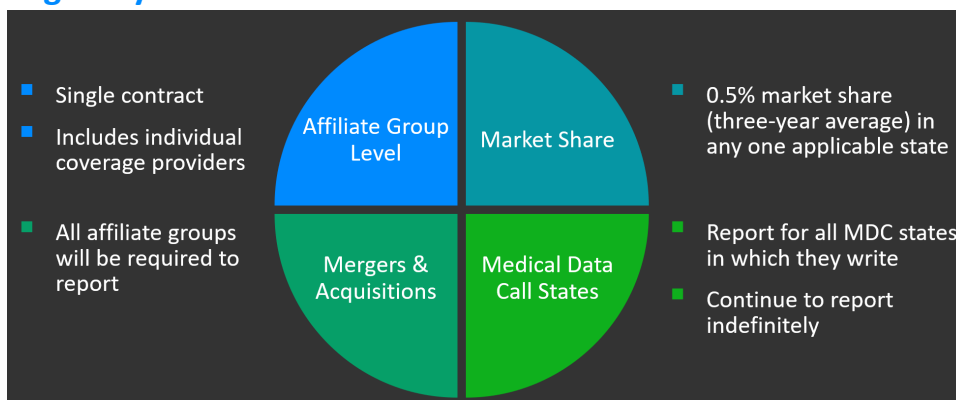


Jurisdiction State—Examples

Enter the jurisdiction state for each example.

Exposure State Is ...	Accident Occurs in ...	Benefits Paid Under the WC Act in ...	Jurisdiction State Is ...
FL	NM	NM	
TX	NM	TX	
GA	FL	FL	

Eligibility Overview



Reporting Responsibility

Participants in the Medical Data Call have the flexibility of meeting reporting requirements:

- Submit directly to NCCI
- Authorize a third-party vendor to submit on their behalf



Data Now Program (DNP) Introduction to Medical Data Call Reporting

- A combination of both



Quality, timeliness, and completeness of the Medical data is the responsibility of the carrier.

Knowledge Check

An affiliate reporting the Medical Data Call is required to report data for ...

Select the correct answer:

- A) The largest group
- B) Only companies with at least 0.5% market share
- C) All groups and companies in its affiliation

Reporting Frequency

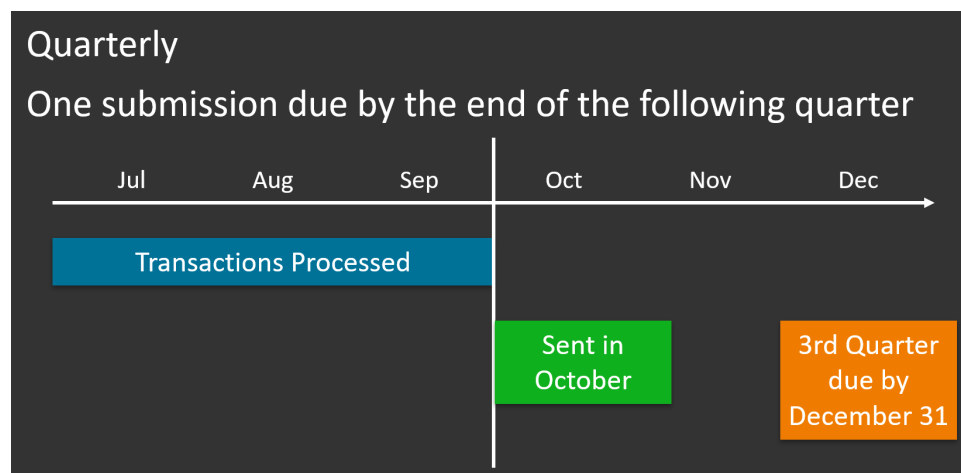
All medical transactions that occur on a date within a specific quarter must be reported by the end of the following quarter.

Transaction Quarter	Due Date
Quarter 1	June 30
Quarter 2	September 30
Quarter 3	December 31
Quarter 4	March 31



Reporting Frequency Options

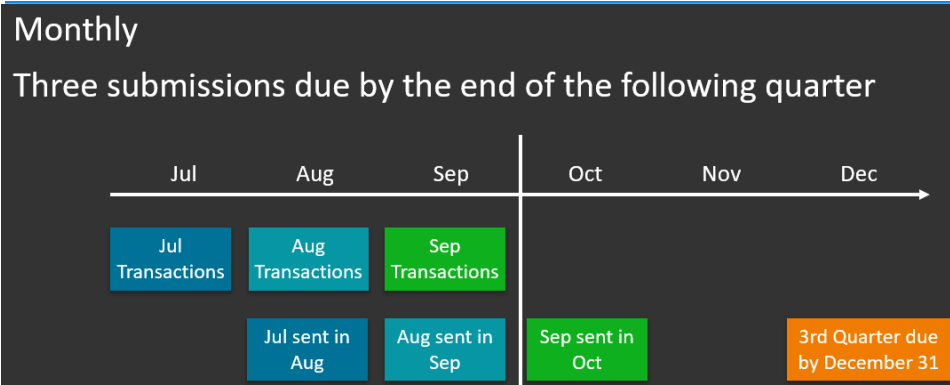
There is an option to report quarterly or monthly.



Third quarter quarterly data can be sent as early as October.



Data Now Program (DNP) Introduction to Medical Data Call Reporting



- Partial quarter's data submitted in three separate monthly submissions
- Can begin submitting third quarter data as early as August 1

Due Date Examples

Fill in the information:

Transaction Date	Include in Quarter ...	Due Date
3/15/2025		
6/30/2025		
8/01/2025		
12/31/2025		



Report all transactions based on the **Transaction Date**.

Medical Data Call Structure

Medical Data Call Elements

Carrier Code	Policy Number Identifier	Policy Effective Date	Claim Number Identifier
Transaction Code	Jurisdiction State Code	Claimant Gender Code	Birth Year
Accident Date	Transaction Date	Bill Identification Number	Line Identification Number
Service Date	Service From Date	Service to Date	Paid Procedure Code
Paid Procedure Code Modifier(s)	Amount Charged by Provider	Paid Amount	Primary ICD Diagnostic Code
Secondary ICD Diagnostic Code	Provider Taxonomy Code	Provider Identification Number	Provider Postal (ZIP) Code Provider Postal (ZIP+4) Code

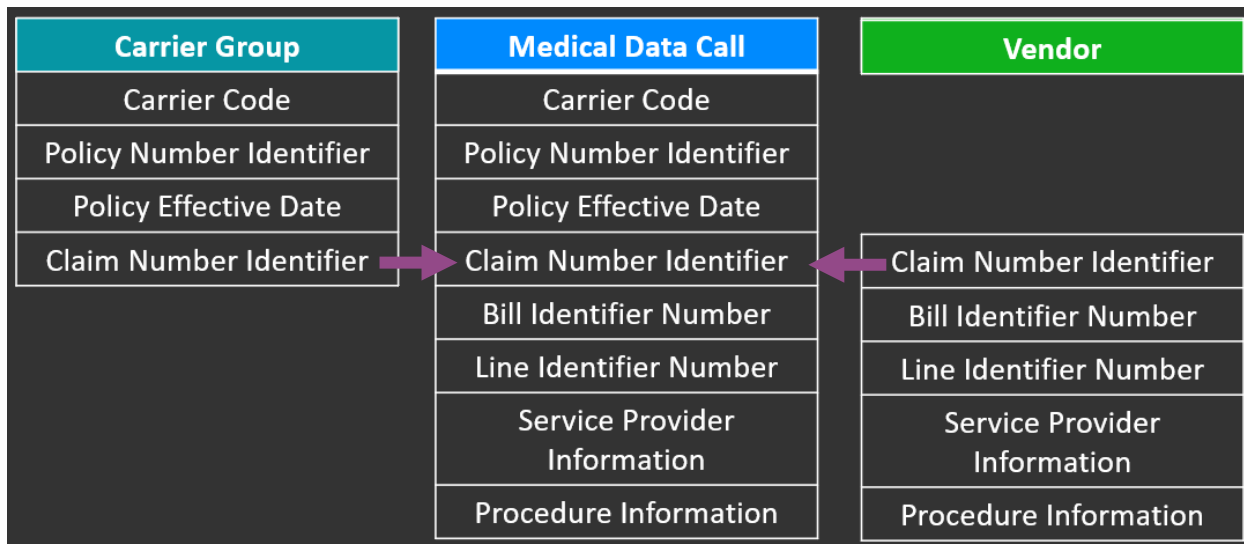


Data Now Program (DNP) Introduction to Medical Data Call Reporting


Network Service Code	Quantity/Number of Units per Procedure Code	Place of Service Code	Secondary Procedure Code
----------------------	---	-----------------------	--------------------------

Key fields in **blue**.

Data Elements



- Carrier Group assigns:
 - Carrier Code
 - Policy Number Identifier
 - Policy Effective Date
 - Claim Number Identifier
- Vendor receives the Claim Number Identifier from the carrier and assigns:
 - Bill Identifier Number
 - Line Identifier Number
- Vendor provides:
 - Service Provider Information (e.g., Taxonomy, Provider Identifier, Network Service Code)
 - Procedure Information

 The Claim Number Identifier reported must match the Claim Number Identifier reported on the Unit Statistical Data.

Record Layouts

For NCCI to process data submissions, data providers are required to comply with specific requirements for:

- Record Layouts
- Data Elements
- Link Data





Data Now Program (DNP) Introduction to Medical Data Call Reporting

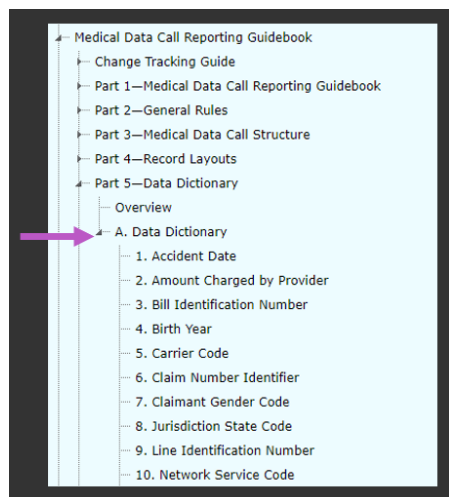
Medical Data Call Record Layout						
Field No.	Field Title/Description	Class	Position	Bytes	Header/Detail	Source
1	Carrier Code ^[1]	N	1-5	5	H	Payer
2	Policy Number Identifier ^[1]	AN	6-23	18	H	CMS 11
3	Policy Effective Date ^[1]	N	24-31	8	H	

Information included in layout:

- For Field No., there are 29 data elements.
- Field Title/Description provides the name of the data element.
- Class identifies (N) numeric, (AN) alphanumeric, or (A) alpha.
- Position number identifies the location within the 350-byte record.
- Bytes indicates the size of the data element.
- Header/Detail identifies if the data element is part of header information or detailed information.
- Source indicates the element can be found on standardized forms such as CMS or UB bill or from the payer. When data is not on a form, it is provided by the entity that pays the bill.

Data Dictionary

The Data Dictionary section of the *Medical Data Call Reporting Guidebook* (Part 5) is provided in alphabetical order.



14. Place of Service Code

Field(s):	27
Position(s):	282-289
Class:	Alphanumeric (AN)—Field contains alphabetic and numeric characters
Bytes:	8
Format:	A/N 8, this field must be left justified and blank-filled to right of the last number or character when the Place of Service Code is less than 8 bytes. Include leading zeros when part of the code. If converting codes from a system that does not store leading zeros, ensure that the leading zero(s) is inserted correctly. For example, if the system stores 9 for a code that is listed as 09 on the code list, insert a zero to the left of the 9 when reporting to NCCI.

Definition: A code that indicates where the medical service was performed.

Reporting Requirement: Report the Place of Service Code from the Place of Service list, that indicates where the medical service was performed. Do not report Place of Service Code 99 (Other Place of Service) when the place of service is unavailable. Instead, leave this field blank.

For facility and hospital services, the Place of Service Crosswalk was developed to provide a mapping of the Type of Bill code to the Place of Service code. Online readers can click to view/print details: Place of Service Crosswalk (PDF).

Place of Service ¹			
Code	Description	Code	Description
01	Pharmacy	33	Custodial Care Facility
02	Telehealth Provided Other Than in Patient's Home	34	Hospice
03	School	35-40	Unassigned—Not Valid for NCCI
04	Homeless Shelter	41	Ambulance—Land
05	Indian Health Service—Free-Standing Facility	42	Ambulance—Air or Water

Each data element provides:

- Data Element Name
- Field number from record layout
- Position numbers identifying the location of the element within the 350-byte record
- Class identifies (N) numeric, (AN) alphanumeric, or (A) alpha



Data Now Program (DNP)

Introduction to Medical Data Call Reporting

- Bytes indicates the size of the data element
- Format provides the class and length of the element along with any additional formatting instructions
- Definition provides the industry standard meaning
- Reporting Requirement provides any special instructions for reporting the data

For the Place of Service Code example, the code values provided are 2 bytes in a field that is 8 bytes. NCCI purposely padded the record layout to allow for future expansion. Source: Centers for Medicare & Medicaid Services (CMS) (www.cms.hhs.gov). The codes listed are valid as of the guidebook issue date. New codes approved by CMS are valid.

Place of Service Crosswalk

NCCI's guidebook will provide additional external references when available. For the Service Code example, the Place of Service Crosswalk for facility and hospital services is provided as a link within the Reporting Requirement.

This was developed to provide a mapping of the Type of Bill code on medical billing form CMS-1450 (UB-04). This is intended for reporting facility and hospital services because the form does not contain Place of Service code information.

Place of Service Crosswalk				
Type of Bill	Type of Bill Position 1 (Type of Facility)	Type of Bill Position 2 (Bill Classification)	Place of Service Code ⁽¹⁾	Place of Service Description
11X	Hospital	Inpatient	21	Inpatient Hospital
12X	Hospital	Inpatient	21	Inpatient Hospital
13X	Hospital	Outpatient	22/19 ⁽²⁾	On-Campus/Off-Campus Outpatient Hospital
14X	Hospital	Other	22/19 ⁽²⁾	On-Campus/Off-Campus Outpatient Hospital
18X	Hospital	Swing Bed	21	Inpatient Hospital
21X	Skilled Nursing	Inpatient	31	Skilled Nursing Facility
22X	Skilled Nursing	Inpatient	31	Skilled Nursing Facility
23X	Skilled Nursing	Outpatient	32	Nursing Facility
28X	Skilled Nursing	Swing Bed	32	Nursing Facility
32X	Home Health	Inpatient	12	Home
33X	Home Health	Outpatient	12	Home
34X	Home Health	Other	12	Home



Data Now Program (DNP) Introduction to Medical Data Call Reporting

Knowledge Check

Which of the following fields is not a Key Field in the Medical Data Call?

Select the correct answer:

- A) Policy Effective Date
- B) Bill Identification Number
- C) Accident Date
- D) Policy Number Identifier

Reporting Requirement Changes

Reporting changes were announced in circular MED-2024-01—Medical—Provider Identification Number, Provider Postal (ZIP) Code Reporting Requirement Changes, and New Provider Postal (ZIP+4) Code Field.

Provider Identification Number

This number uniquely identifies the medical service provider that performed the service. When reporting, the **National Provider Identification (NPI) Number is required**. A new edit (0510-02) was implemented to support the updated reporting requirements.

0510-02	Provider Identification Number	PROVIDER IDENTIFICATION NUMBER IS NOT VALID PER TABLE.	01, 03	Field	Quality Tracking	Count Occurrences	06/18/2024—Added new edit that checks that the reported value for Provider Identification Number exists in table.
---------	--------------------------------	--	--------	-------	------------------	-------------------	---

Provider Postal (ZIP+4) Code

This new data element captures the 9- or 5-digit ZIP code for the medical/service provider address where the service was performed. The 3-digit Provider Postal (ZIP) Code is not required once the new 9- or 5-digit ZIP code is reported.

Record Layout—Transaction Code

5	Transaction Code	N	44-45	2	D	Payer
---	------------------	---	-------	---	---	-------




Data Now Program (DNP) Introduction to Medical Data Call Reporting

Medical Data Call Transactions

01 Original	Original <ul style="list-style-type: none">▪ The first reporting of a medical transaction▪ Only one may be submitted for a medical transaction
02 Cancellation	Cancellation <ul style="list-style-type: none">▪ Used to delete or cancel record(s)▪ Apply to prior record(s) or record(s) in same submission
03 Replacement	Replacement <ul style="list-style-type: none">▪ Used to revise non-key field values▪ Apply to prior record(s) or record(s) in same submission

Cancellation Record

Transaction 02  It is not necessary to provide any other data elements.	Use	Cancels records on NCCI's database
	Include	Record MUST include all key fields from prior transaction
	Include	Deletes a prior record or multiple recordings using key fields



Data Now Program (DNP) Introduction to Medical Data Call Reporting

Different Uses of the Cancellation Transaction

- Delete an Original (01) or Replacement (03) Transaction

Record	Carrier Code	Policy Number ID	Policy Effective Date	Claim Number ID	Trans Code	Trans Date	Bill ID Number	Line ID Number	Service Date	Amount Charged by Provider
A	99990	ABC123	20240101	0006	01	20241010	1001	1	20240903	00000010000
B	99990	ABC123	20240101	0006	02	20241010	1001	1	20240903	00000010000

- Used Instead of a Replacement (03) Transaction

Record	Carrier Code	Claim Number ID	Trans Code	Trans Date	Bill ID Number	Line ID Number	Service Date	Amount Charged by Provider	Paid Amount	Provider Postal (ZIP+4) Code
A	99990	A10000	01	20241210	1001	1	20241203	00000010000	00000010000	334870000
B	99990	A10000	02	20241217	1001	1	20241203	00000010000	00000010000	334870000
C	99990	A10000	01	20241217	1001	1	20241203	00000010000	00000010000	334670000

- Update to Key Fields

Scenario	Carrier Code	Claim Number ID	Trans Code	Trans Date	Bill ID Number	Line ID Number	Service Date	Amount Charged by Provider	Paid Amount	Quantity/# of Units
A	99990	1000	01	20241210	1001	1	20241203	00000010000	00000010000	0000001
B	99990	1000	02	20241217	1001	1	20241203	00000010000	00000010000	0000001
C	99990	1	01	20241217	1002	1	20241203	00000010000	00000010000	0000001

Replacement Record

<div>Transaction 03</div> <div> Changes via a replacement record can only be made to non-key fields. </div>	Use	Correcting a data entry issue
	Include	Replaces a prior record or multiple records using Transaction Code 03
	Include	Replacement record MUST include all data elements
	Include	Replacements must report all values cumulatively



Data Now Program (DNP) Introduction to Medical Data Call Reporting

Replacement Record Examples

- The data provider reported the incorrect Jurisdiction State Code on all Federal Transactions.

Record	Carrier Code	Policy Number ID	Policy Effective Date	Claim Number ID	Trans Code	Trans Date	Bill ID Number	Line ID Number	Service Date	Jurisdiction State Code
A	99990	ABC123	20240101	0006	01	20241010	1001	1	20240903	10
B	99990	ABC123	20240101	0006	03	20241012	1001	1	20240903	09

- The data provider needs to report an additional reimbursement on a previously reported transaction

Scenario	Carrier Code	Claim Number ID	Trans Code	Trans Date	Bill ID Number	Line ID Number	Service Date	Amount Charged by Provider	Paid Amount	Quality/# of Units
A	99990	1000	01	20241210	1001	1	20241203	00000010000	0000008999	0000001
B	99990	1000	03	20241217	1001	1	20241203	00000010000	0000009999	0000001

Medical Data Call Transaction Date

The Transaction Date is the **date** the medical transaction was **originally processed, updated, and paid** by the administering entity's system.

If Transaction Code Is ...	Then Report ...
01—Original	The date the information was originally processed by the administering entity
02—Cancellation	The date the cancellation was performed in the system of the administering entity
03—Replacement	The date that the information was changed or corrected in the system of the administering entity

Medical Data Call Transaction Date

- The date the medical transaction was **originally processed, updated, and paid** by the administering entity's system.

Medical Service on	1/15/2024
Bill Processed and Paid on	1/21/2024
Data Provider Reports Transaction 01 on	4/1/2024
Transaction Date Should Be?	

- The date the medical transaction was **cancelled, changed, or updated** by the administering entity's system
- MUST be **after** the Transaction Date of record being cancelled or replaced



Data Now Program (DNP) Introduction to Medical Data Call Reporting

If Transaction Code Is ...	Then Report ...
02—Cancellation	The date the cancellation was performed in the system of the administering entity
03—Replacement	The date that the information was changed or corrected in the system of the administering entity

Knowledge Check

True or False

A Replacement record is used to change non-key field values on a previously reported transaction. ____

ALL data elements from the prior record must be included when submitting a 02 Cancellation Transaction. ____

Key Fields

Key fields within the Medical Data Call:

- Carrier Code
- Policy Number Identifier
- Policy Effective Date
- Claim Number Identifier

Within the Medical Data Call, there are two additional key fields that are checked across transactions on the Bill Line records to link the claim records together:

- Bill ID Number
- Line ID Number

The Bill ID Number reported on any subsequent transaction must match the key fields reported in the original transaction or the record will reject.

Edit Number	Data Field	Edit Message	Transaction Code
0519-02	Transaction Code	Cancellation record does not match a previously reported record.	02
0519-04	Transaction Code	Replacement record does not match a previously reported record.	03

Review rejected records and resubmit them with correct key fields.



Data Now Program (DNP) Introduction to Medical Data Call Reporting

Importance of Claim Key Fields

Carrier Code, Policy Number, Policy Effective Date, and Claim Number identify all the transactions that identify a unique claim. NCCI uses these four fields to create a Claim ID. The Claim ID holds all payments and services together for the life of a particular claim.



Medical Data Claims

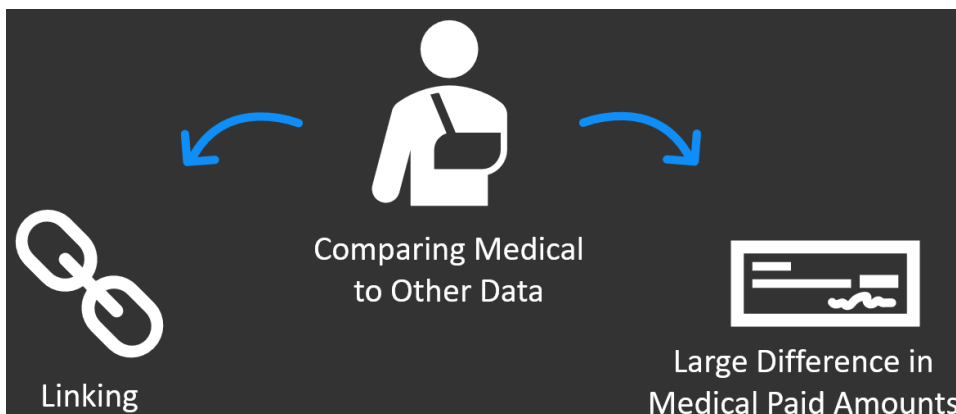
Regardless of who reports the date, the four key fields must be consistently reported.

Medical Data Provider 1		Medical Data Provider 3	
Claim ID: 123		Claim ID: 124	
Carrier Code:	99990	Carrier Code:	99990
Policy Number:	ABC123	Policy Number:	ABC123
Policy Eff Date:	20240101	Policy Eff Date:	20240110
Claim Number:	WC111	Claim Number:	WC111

Inconsistency in reporting key fields leads to the creation of new Claim IDs.

Consistency With Other Reporting

Consistency is “KEY” when reporting multi-data types.



Consistently reporting linking data values across all data types enables NCCI to use these data elements for the same policy and associated claims.



Data Now Program (DNP)

Introduction to Medical Data Call Reporting

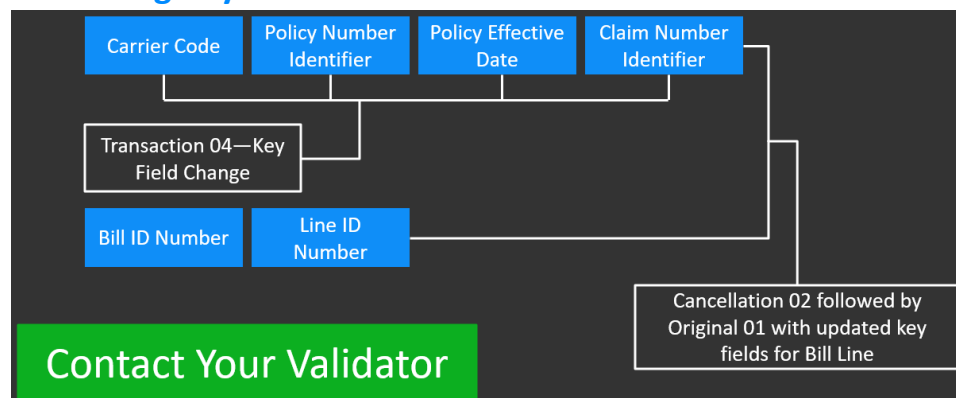
Consistent Reporting of Multi-Data Type Fields

Consistently reporting the field values that NCCI uses for linking within each data type and across all data types enables NCCI to use all data elements for the same policy and associated claims. Below are the fields by data type:

Data Element	Data Type					
	Policy Data	Unit Statistical Data	Financial Calls #1B, #1C, #31, #33	Medical Data Call	Indemnity Data Call	Pool Large Loss (LGL) Data
Carrier Code	X	X	X	X	X	X
Policy Number	X	X	X	X	X	X
Policy Effective Date	X	X	X	X	X	X
Exposure State Code	X	X	X			X
Claim Number		X	X	X	X	X
Accident Date		X	X	X	X	X
Jurisdiction State Code		X		X	X	
Accident State Code					X	

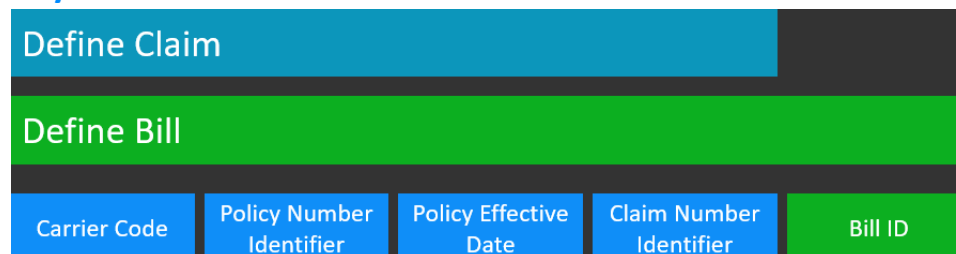
Note: An "X" denotes that the data element is applicable for the data type.

Correcting Key Fields

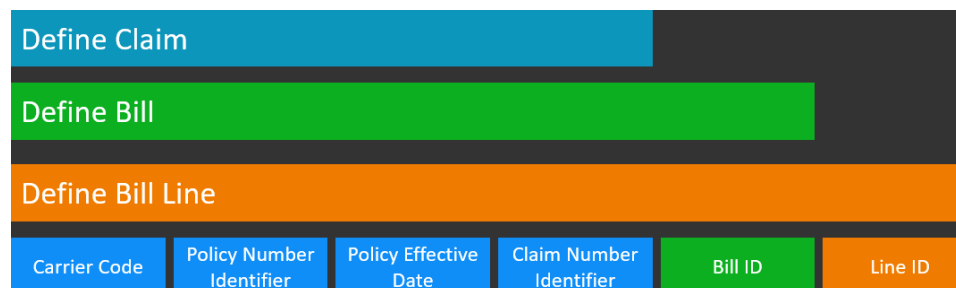


NCCI recommends that you work with your validator if key field changes are needed!

Key Fields—Medical Bill



When the data related to a bill line changes (for example, additional payments), the updated transaction needs to report the same values in these key fields as was reported on the original transaction.



The ability to uniquely identify a bill line and process updates correctly means NCCI cannot load inconsistent key fields.

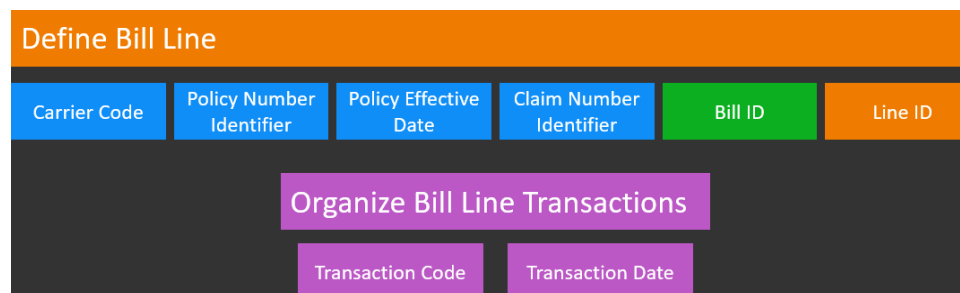


Data Now Program (DNP) Introduction to Medical Data Call Reporting

Reasons why NCCI may return individual records:

- Blank Claim Numbers
- Invalid Policy Effective Dates
- Carrier Codes That Are Not Recognized

If a significant number of records in a single file have errors, we assume there was an error when creating the file and reject the file.



Additional fields help NCCI determine how to handle updates to a transaction. The Transaction Code indicates if the transactions are to be replaced or cancelled. The Transaction Date provides the order in which the updates should be processed.

Electronic Transmission User's Guide (ETUG)

This manual provides the necessary requirements, forms, and instructions for preparing and submitting test and production files.

Medical Data Call submissions

- Following the Medical Data Call workflow
- Medical Data Call resources
- Medical Data Call certification process
- Pre-editing Medical Data Call files
- Medical Data Call production files



Data Now Program (DNP) Introduction to Medical Data Call Reporting

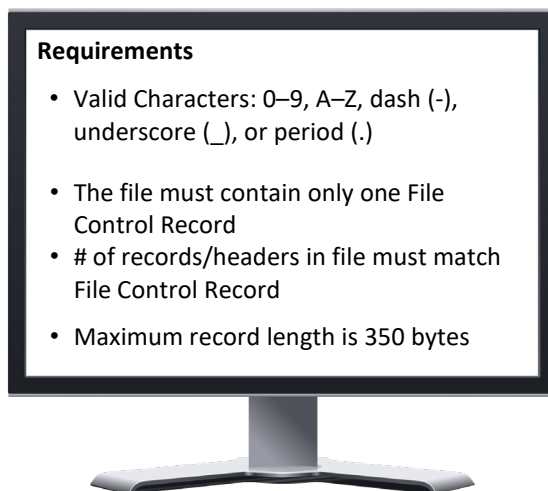
Submitting Medical Data Files

File Naming Conventions

- Production Bill Line—medical.30charactersmax.txt
- Certification Bill Line—medical.30charactersmax.tst
- Production KFC—medkey.30charactersmax.txt
- Certification KFC—medkey.30charactersmax.tst

Requirements

- Valid Characters: 0–9, A–Z, dash (-), underscore (_), or period (.)
- The file must contain only one File Control Record
- # of records/headers in file must match File Control Record
- Maximum record length is 350 bytes

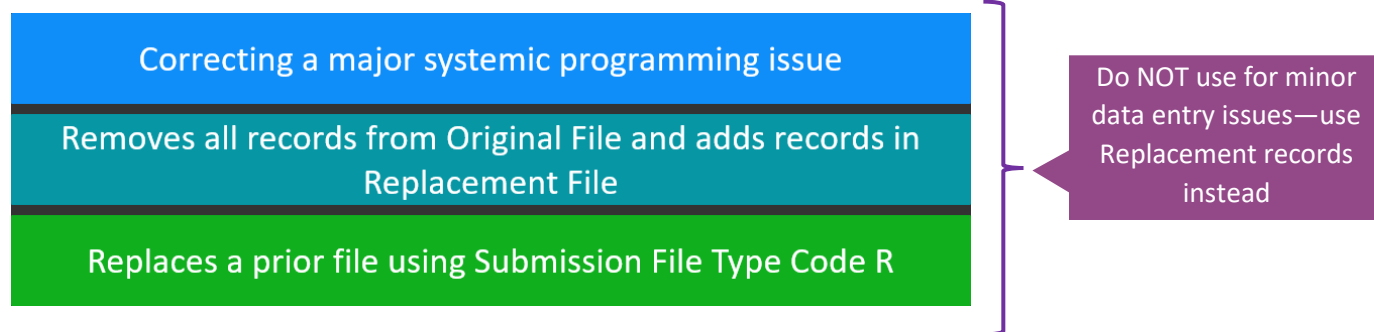


File Control Record

- Only one File Control Record is required for each file submitted to NCCI
- Place at the beginning or at the end of the Medical file
- The file provides:
 - Submission File Type Code (Original or Replacement)
 - Carrier Group
 - Reporting Quarter Code
 - Reporting Year
 - Record Total (**Note:** If this does not match the actual record count, NCCI will reject the file)

Replacement File Use

Used for correcting major systemic programming issues.



Replacement File Examples

- The data provider reported all Transaction Dates in the file as the date the records were submitted to NCCI, instead of the date the transactions occurred.
- The data provider reported all IDC Diagnostic Codes missing the decimal point, and the spacing in the file is incorrect.

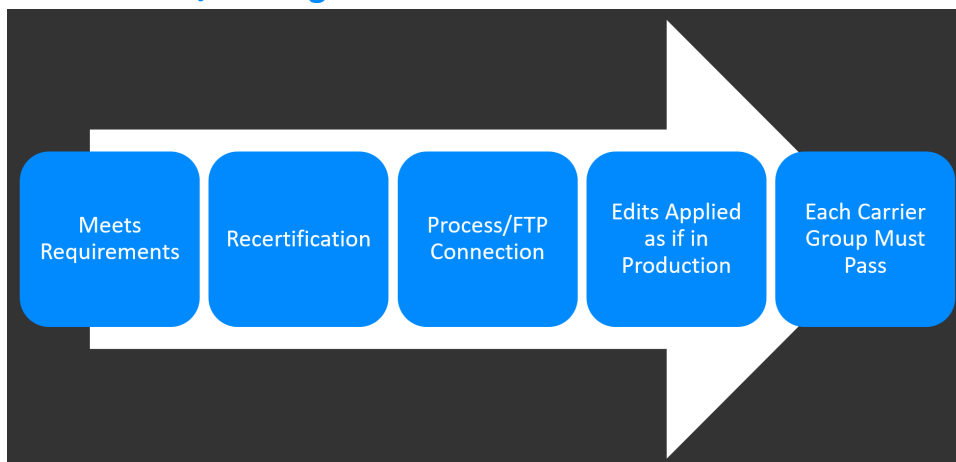


Replacement File?



Data Now Program (DNP) Introduction to Medical Data Call Reporting

Certification/Testing



Certification testing ensures that test data files meet minimum formatting and quality requirements prior to production reporting. System changes require recertification as indicated on the affiliation agreement.

With certification testing:

- Data will meet minimum formatting and quality requirements prior to production reporting
- Edits are applied to each test file as if it were received in production
- The submission process and connection to NCCI is tested
- Edits are applied to test data as if it were production data
- Each carrier group **MUST** pass certification before they are approved to submit production data

- .TST Extension
- Edits Applied as if Production Edit
- Use Real/Production Data

Contact Your Validator!

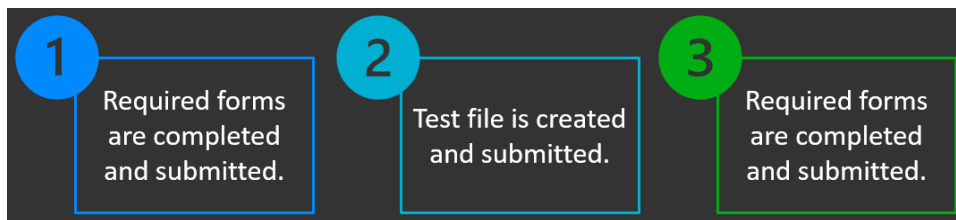




Data Now Program (DNP) Introduction to Medical Data Call Reporting

Certification Process

Three-step process:



Medical Data Provider (MDP) Requirements

Steps required before reporting Medical data to NCCI:

- Data Provider Profile Form: For carriers that will be utilizing a third party administrator (TPA), vendor, or other outside MDP
- Service Provider Agreement: Authorizes the TPA or vendor to act on the affiliate's behalf
- Service Provider Data Tool Access Addendum: Attached to the Service Provider Agreement, it provides access to the data reporting tools and identifies the level of access



Contact NCCI's Customer Service Center at 800-NCCI-123 to verify that appropriate authorization is on file.

Pre-Edit

- Medical.30characters.tst
- Medkey.30characters.tst
- Edited as if Production data
- Results in **MDC** tool
- Submission and Quality Tracking at file level



Contact Your Validator!

Knowledge Check

Select the correct answer.

A Replacement **File** is used to:

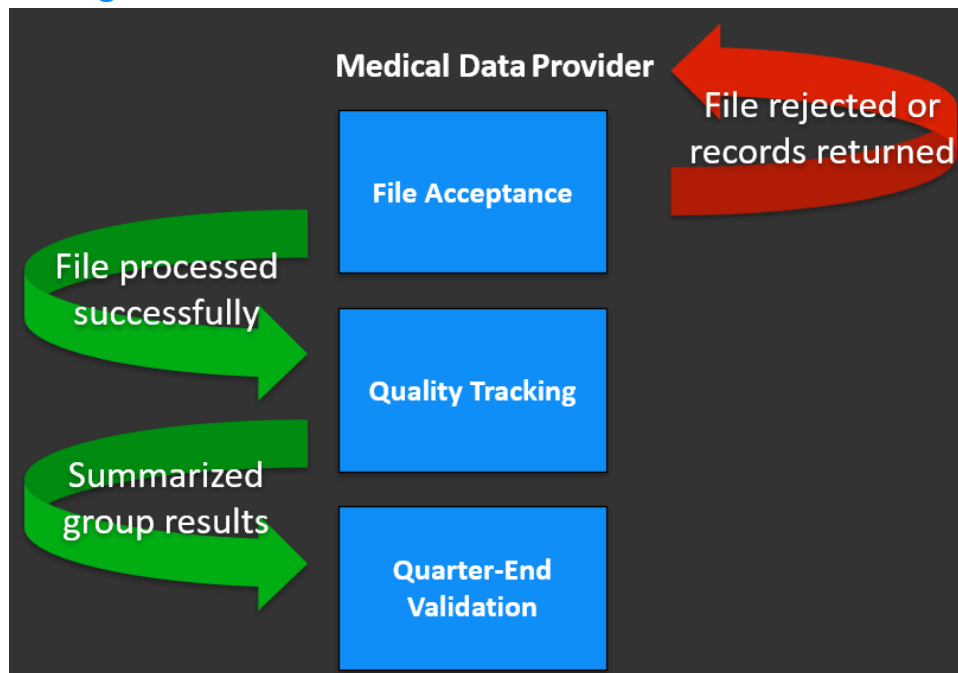
- A) Update key fields from a prior submission
- B) Update non-key field values from a prior submission
- C) Replace a prior file using Submission File Type Code R
- D) Cancel a record from a prior submission



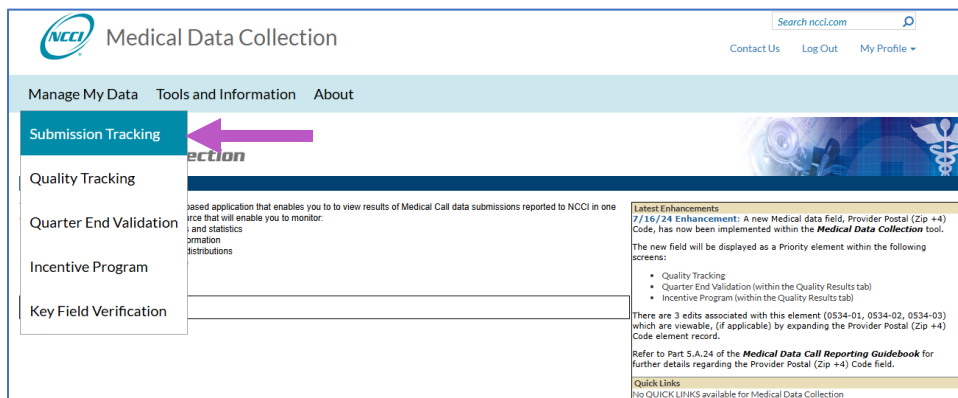
Data Now Program (DNP) Introduction to Medical Data Call Reporting

Medical Data Call Editing and Validation

Editing Flow



Within the **MDC** tool on **ncci.com**, the Submission Tracking page under the Manage My Data menu will provide a list of individual file submissions for a Received Date or Quarter/Year selected.



Submission Tracking with submission status is displayed.



Data Now Program (DNP) Introduction to Medical Data Call Reporting

Manage My Data

Tools and Information

About

Submission Tracking

Provider ID

99990

Received Date(s)

(mm/dd/yyyy)

10/1/2024

Thru

Data as of

10/23/2024

Qtr/Year

Select

(Current Qtr/Year - 4 Qtr/2024)

Submission Status

All

Submission Type

All

Search

Clear Search

99990 - NCCI INC

Received Dates From 10/1/2024

Submission Status All

1

2

13 items in 2 pages

#	Med Data Prvdr ID	Rpt Qtr/Yr	Sbmn Status	Trans Type	File Type	Receive Date/Time	Process Date/Time	Unique File Identifier	File Name	User ID	NCCI Trkng Nbr
1	99990	3Q-	Rejected	Production	Key Field Change	10/21/2024 16:44:08	10/21/2024 18:32:29	KFC1JSMEDFILEDTVILITAFORDXXXX	medkeyjs_ga51_99990.txt	1129470	5326248
2	99990	3Q-	Rejected	Certification	Key Field Change	10/21/2024 16:43:46	10/21/2024 17:25:32	KFC1JSMEDFILEDTVIGLORIAESTEFAN	medkeyjs_ga51_99990.txt	1129470	5326247
3	99990	1Q-	Rejected	Production	Original	10/21/2024 16:43:04	10/21/2024 17:10:33	JSMEDFILE99990GUITARAYMUSICAXX	medkeyjs_ga21e_99990.txt	1129470	5326246
4	99990	1Q-	Rejected	Certification	Original	10/21/2024 16:42:32	10/21/2024 16:59:28	JSMEDFILE99990CHRISCORNELXXXX	medkeyjs_ga21e_99990.txt	1129470	5326245
5	99990	3Q- 2023	Rejected	Certification	Original	10/17/2024 14:54:06	10/17/2024 14:54:33	JSMED4DTVL_STS_UPGRDXXXXXXX	medkeyjs_ga252a_99990.txt	1129470	5325076
6	99990	3Q- 2023	Rejected	Certification	Original	10/17/2024 14:42:41	10/17/2024 14:43:32	JSMED4DTVL_STS_AUDTXXXXXXX	medkeyjs_ga252a_99990.txt	1129470	5325065
7	99990	4Q- 2022	Completed	Production	Original	10/15/2024 08:49:44	10/15/2024 08:57:20	AUDTst51903202410150840	medical.0519_03_test_o2.txt	1289989	5323701
8	99990	4Q- 2022	Completed	Production	Original	10/15/2024 08:38:55	10/15/2024 08:46:16	AUDTst51903202410150828	medical.0519_03_test_c.txt	1289989	5323690
9	99990	4Q- 2022	Completed	Production	Original	10/15/2024 08:26:30	10/15/2024 08:32:15	AUDTst5190320241015	medical.0519_03_test.txt	1289989	5323679

Three States of Editing

File Acceptance	Quality Tracking	Quarter-End Validation
<ul style="list-style-type: none">Submission, field, relational editsPass or reject and return file/records	<ul style="list-style-type: none">Field, logical, relational editsCount occurrencesResults available for viewing in MDC tool	<ul style="list-style-type: none">Logical and relational edits, distributionsCount occurrences are aggregatedResults available for viewing in MDC tool

File Acceptance—File Rejected

Can NCCI process the file?

- File naming convention is valid
- Data provider is authorized to report Medical data
- Record length is correct and contains valid characters
- Contains a File Control Record with valid values
- Key fields are populated

File Acceptance—Records Rejected

Can NCCI process the records in the file?

- Carrier Code is valid
- Cancellation record must have an associated Original or Replacement record in the submission or on NCCI's database



Data Now Program (DNP) Introduction to Medical Data Call Reporting

- Replacement record must match a previously reported record in the submission or on NCCI's database

Medical Data Collection

Search ncci.com

Contact Us Log Out My Profile

Manage My Data Tools and Information About

Submission Tracking

Quality Tracking

Quarter End Validation

Incentive Program

Key Field Verification

Latest Enhancements:
7/16/24 Enhancement: A new Medical data field, Provider Postal (Zip +4) Code, has now been implemented within the **Medical Data Collection** tool. The new field will be displayed as a Priority element within the following screens:

- Quality Tracking
- Quarter End Validation (within the Quality Results tab)
- Incentive Program (within the Quality Results tab)

There are 2 edits associated with this element (0534-01, 0534-02, 0534-03) which are viewable, (if applicable) by expanding the Provider Postal (Zip +4) Code element record. Refer to Part 5.A.24 of the **Medical Data Call Reporting Guidebook** for further details regarding the Provider Postal (Zip +4) Code field.

Quick Links:
No QUICK LINKS available for Medical Data Collection

Medical Data Collection

Search ncci.com

Contact Us Log Out My Profile

Manage My Data Tools and Information About

Quality Tracking

File Level Results Aggregate Results

Carrier Group Code 99990 Qtr/Year 2 Qtr / 2024 (Current Qtr/Year - 4 Qtr/2024)

Transmission Type Production

Data as of 10/23/2024 99990 - NCCI INC Quarter/Year 2 Qtr/2024

File Level Results Transmission Type Production

Med Data Provider ID	Med Data Provider Name
99990	NCCI INC

Submission File Id	Received Date	Nbr of Records	File Type	File Name	NCCI Tracking Id	
99990DISASTERTST2Q2024t	08/07/2024	5,920	Original	medical_3.txt	5289567	View Validation Results
99990DISASTERTST2Q2024s	08/07/2024	5,920	Original	medical_2.txt	5289563	View Validation Results
BILXOX20240716X0953000000	08/06/2024	27	Original	medical_1.txt	5288970	View Validation Results
BILXOX20240716X1036000000	08/06/2024	27	Original	medical_6.txt	5288969	View Validation Results
BILXOX20240716X1015000000	08/06/2024	19	Original	medical_3.txt	5288967	View Validation Results

Validation Results for Group 99990 - NCCI INC						
Submission File ID 99990DISASTERTST2Q2024t						
Data as of 10/23/2024 Quarter/Year 2 Qtr/2024 Transmission Type Production						
Edit Seq Nbr	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences	Tolerance %	
0505-02	Paid amount equals amount charged by provider.	36	5,650	0.6%	20%	
0153-02	Policy effective date is after accident date.	5,042	5,652	89.2%	10%	
0519-05	Replacement record contains the same transaction date as record to be replaced.	6	6	100.0%	10%	
0519-06	Cancellation record contains the same transaction date as record to be deleted.	12	12	100.0%	10%	
0519-07	Original record already exists.	512	5,902	8.7%	10%	
0505-03	Paid amount is greater than amount charged by provider.	5,454	5,650	96.5%	5%	
0506-03	Paid procedure code is missing and secondary procedure code is valid.	57	2,082	2.7%	5%	

Quality Tracking

Are the formats and values valid?

- Formatting is correct by field class
- Date fields are formatted YYYYMMDD
- Data is reported and values are valid from jurisdiction-approved codes



Data Now Program (DNP) Introduction to Medical Data Call Reporting



Example: Alpha fields are only A–Z or blank. Numeric fields are only 0–9.

Relational Edits

- Dates are in logical order (Policy, Accident, Service, Transaction)
- Conditional fields are reported when a condition exists
- Paid fields align with charged fields
- Primary field is reported when its associated secondary field is reported
- Original, Replacement, and Cancellation transactions occur in a logical order
- Transactions are reported in chronological order by Transaction Date

Edit Matrix

Medical Data Call Reporting Guidebook
Change Tracking Guide
Part 1—Medical Data Call Reporting Guidebook
Part 2—General Rules
Part 3—Medical Data Call Structure
Part 4—Record Layouts
Part 5—Data Dictionary
Part 6—Reporting Rules
Part 7—Editing and Other Validation Procedures
Part 8—Data Quality Programs
Part 9—Appendix
Manual in PDF Format
Edit Matrix Access

Edit Number	Data Field	Edit Message	Transaction Code	Edit Type	Stage of Editing
0505-02	Paid Amount	PAID AMOUNT EQUALS AMOUNT CHARGED BY PROVIDER.	01, 03	Logical	Quality Validation

Element Categories



Critical—Elements necessary for a transaction to have value



Priority—Elements needed for legislative analysis



Low—Elements used in specialized studies

Part 7
Editing
Process

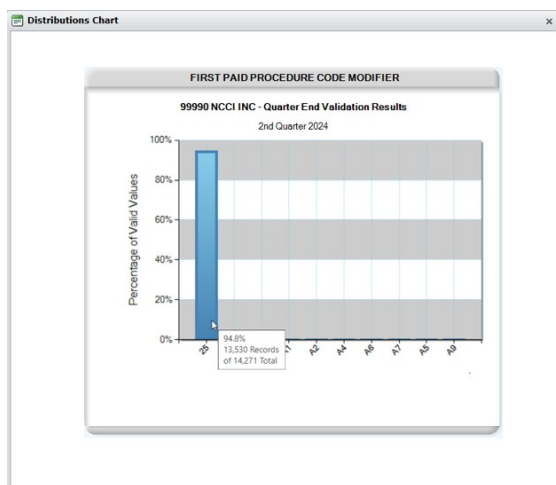


Data Now Program (DNP) Introduction to Medical Data Call Reporting

Elements by Category

Critical	Priority	Low
Accident Date	Network Service Code	Birth Year
Amount Charged by Provider	Provider Identification Number (NPI)	Claimant Gender Code
Jurisdiction State Code	Provider Postal ZIP Code	Second Paid Procedure Code Modifier
Paid Amount	Provider Postal ZIP+4 Code	Secondary ICD Diagnostic Code
Service Date(s)	Quantity/Number of Units	Secondary Procedure Code
	Paid Procedure Code	
	Place of Service Code	
	Provider Taxonomy Code	
	Primary ICD Diagnostic Code	
	First Paid Procedure Code Modifier	

Quarter-End Validation



NCCI compares quarterly aggregate results and provides the distribution bar graphs, percentages, and counts. We will review aggregate distributions and expected edits for reasonability.



Data Now Program (DNP) Introduction to Medical Data Call Reporting

Is the data complete?

- Submission checked for completeness and reasonability
- Transaction counts for elements that failed edits are evaluated against a tolerance threshold based on the element and the element category
- Aggregate validation distributions

Medical Data Call Compliance Overview

Compliance Programs

- **Medical Incentive Program (MIP)**—Applies monetary assessments for failure to meet minimum expectations
- **Carrier Data Quality Report Program (Carrier Report Card)** Medical Addendum—Criterion utilizes the **MIP** Completeness and Quality components

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

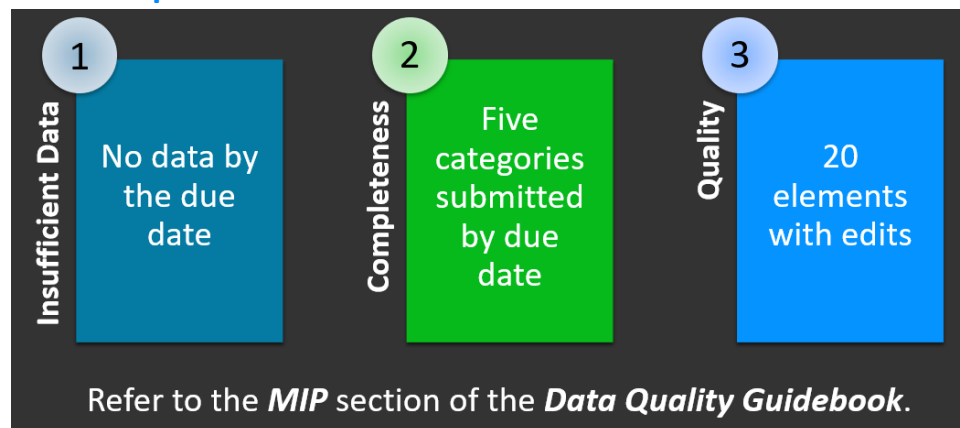
Medical Incentive Program Objectives



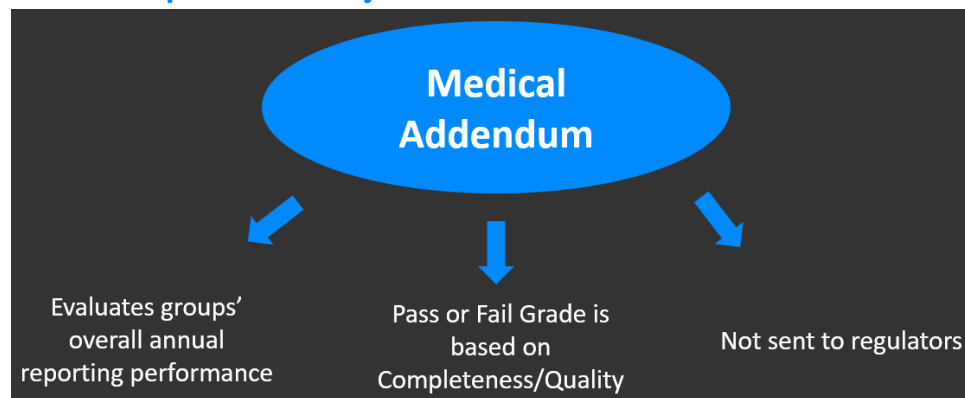


Data Now Program (DNP) Introduction to Medical Data Call Reporting

MIP Components



Carrier Report Card Objectives



Knowledge Check

Select the correct answer.


You can learn more about the **MIP** by ...

- A) Browsing through the **Data Quality Guidebook**
- B) Watching a webinar on **ncci.com**
- C) Attending the Medical Data Call Compliance class tomorrow
- D) All of the above



Data Now Program (DNP) Introduction to Medical Data Call Reporting

Carrier Report Card—Medical Data Addendum



2022 Final Medical Data Addendum
Company Specific Data Availability Results - Data Due in 2022

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

Evaluation Date: 01/01/2023
Creation Date: 02/27/2023

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 2021	3/31/2022	100%	Y		0	0	0	Y	
1Q 2022	6/30/2022	100%	Y		0	0	0	Y	
2Q 2022	9/30/2022	100%	Y		0	0	0	Y	
3Q 2022	12/31/2022	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

Compliance Resources

MIP

Carrier Report Card



Manuals Library

Filter By State Historical Table of Contents - Show NCCI Atlas About

- Underwriting Manuals
- Data Manuals
 - Data Quality Guidebook**
 - DCI Reporting Guidebook 2009 Edition
 - Electronic Transmission User's Guide
 - Experience Rating (ER) Split Data Reporting Guide
 - Financial Call Reporting Guidebook
 - Indemnity Data Call Reporting Guidebook
 - Medical Data Call Reporting Guidebook
 - Policy and POC Reporting Guidebook
 - Pool Data Reporting Guidebook
 - Statistical Plan Manual 2008 Edition
 - Unit Statistical Reporting Guidebook
- Previous Editions

Data Quality Guidebook—2023

The **Data Quality Guidebook** 2023 has been issued for use as of November 01, 2023.

Data Quality Guidebook

PDF

Data Quality Guidebook

Issued 10/31/2024 [Current PDF / View Updates](#)

Issued 12/15/2023 [Previous Version / Updates](#)

Issued 11/01/2023 [Previous Version](#)

Table of Contents

- Summary of Changes
- Comparison of Changes
- Table of Contents
- Preface
- NCCI's data quality approach
- Cross-data type comparisons
- Data quality compliance programs
 - Data Quality Incentive Program (DQIP)
 - Regulator Exception Program
 - Aggregate Data Quality Incentive Program (ADQIP)
 - Medical Incentive Program (MIP)
 - Indemnity Incentive Program (IIP)
 - Carrier Data Quality Report Program
 - Data Quality Remediation Program
- Alphabetical Index



Data Now Program (DNP) Introduction to Medical Data Call Reporting

Participating Independent Bureaus

Annual or Semiannual Data Extract

Quarterly Compliance Report

Completeness

- State
- Coverage Provider
- Medical Service—Pharmacy
- Service Date Distribution

Quality

- Critical Elements
- Priority Elements

Contact Us

- Contact your assigned validator directly
- Call our Customer Service Center
 - 800-NCCI-123 (800-622-4123), option 7
 - We're here to assist you Monday–Friday, 8:00 a.m.–8:00 p.m. ET
- Visit **ncci.com** and choose **Contact Us**
 - Customer Service will respond to your request within 24 hours

The NCCI content in the presentations and related materials is provided solely as a reference tool for informational purposes only. NCCI expressly disclaims any and all warranties of any kind as to the presentations and materials, with such being provided "AS IS." Any data shown in the presentation or materials is for demonstration purposes only and does not reflect actual data in a tool.