NCCI

Working together toward **data reporting** success

Medical Data Collection
Tool User's Guide

2015 Data Educational Program

January 27–30, 2015

Palm Beach County Convention Center
West Palm Beach, FL

Table of Contents

Medical Data Collection Overview

Medical Data Collection:

- ❑ Is a Web-based application.
- ❑ Enables you to monitor your data reporting performance.
- ❑ Is a read-only tool; therefore, you cannot make updates to your data via this tool.
- ❑ Can benefit anyone involved with data reporting (data reporters, management, etc.).

Benefits

- ❑ *Medical Data Collection* is a valuable source of information because it provides you with a view of your data reporting performance.
- ❑ It enables you to manage your data reporting more efficiently by targeting areas that are in need of improvement.

Key Features

- ❑ You can track your submissions with file level information such as received and process dates, as well as a status of the submission—completed or rejected.
- ❑ You can view data reporting statistics on:

  — Quality Tracking
  — Quarter End Validation distribution graphs
  — Quarter End Completeness and Quality results
  — Incentive Program results

- ❑ Two access levels:

  — **Medical Data Submitter Access**—Allows users who are not part of the coverage provider group to view processing results of files submitted by their company
  — **Group Results**—Allows users who are part of the coverage provider group to view processing results of all submissions submitted on the group's behalf
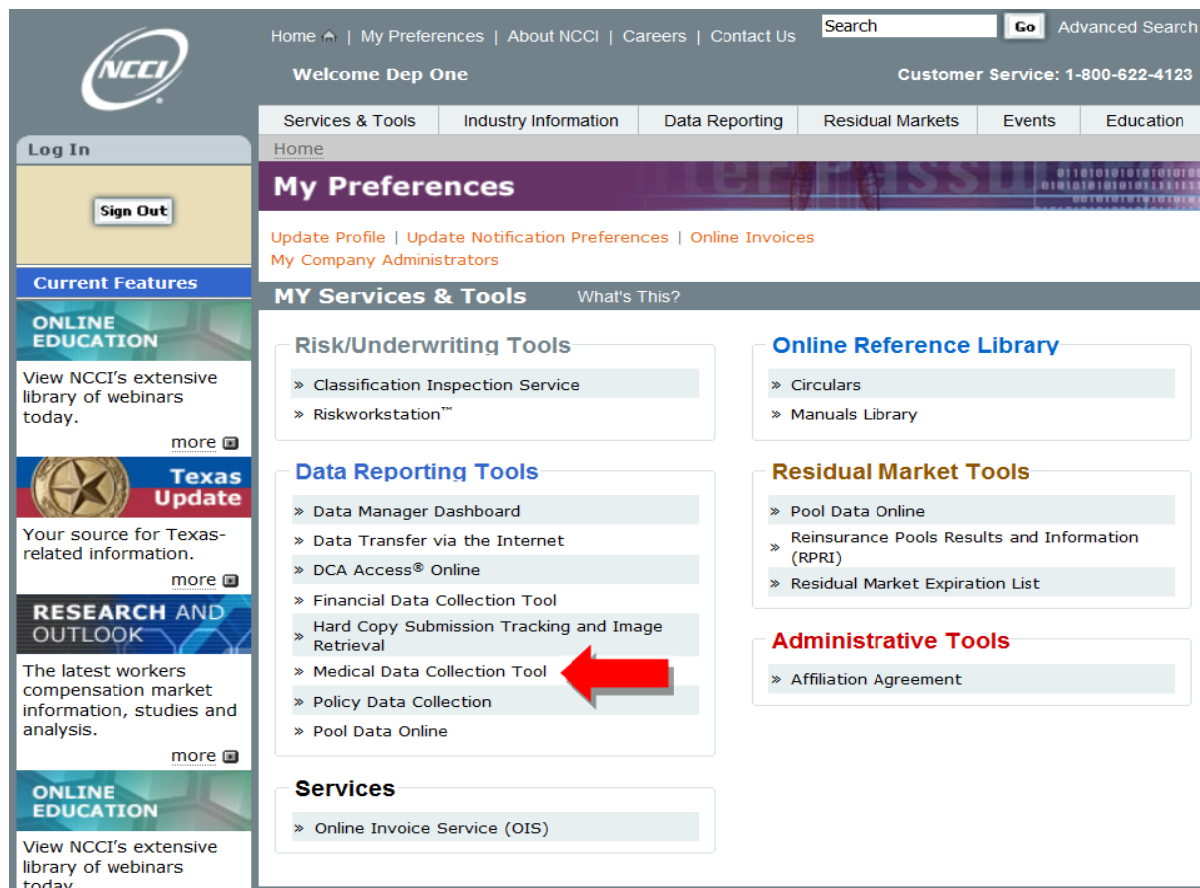
Logging In

- ❏ To receive access to *Medical Data Collection*, contact NCCI's Customer Service Center at 800-**NCCI**-123.

- ❏ Go to **ncci.com**.

- ❏ Enter your **User ID** and **Password** in the **Log In** box**.**

- ❏ Click the **Sign In** button.

- ❏ Click the **Medical Data Collection** link.

Main Page Features

The *Medical Data Collection* main page has important information for using the tool.
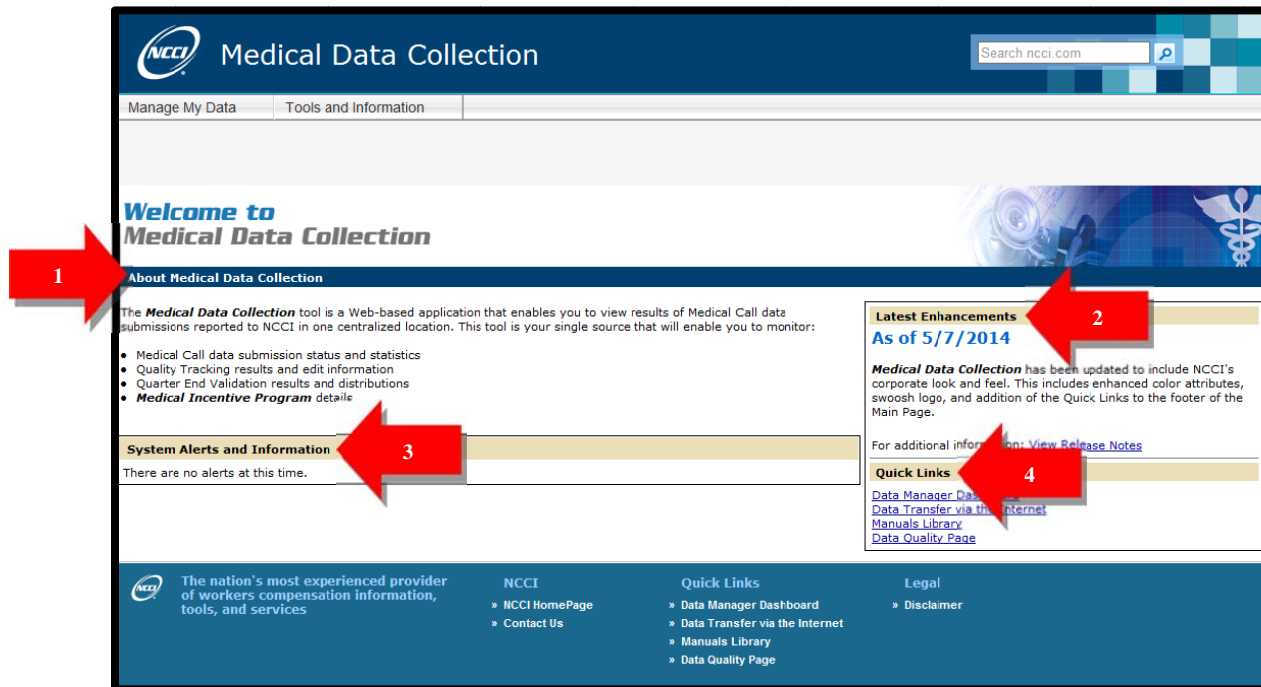
The Four Quadrants

- ❑ The **About Medical Data Collection** section (1) describes the various focus areas of *Medical Data Collection*.

- ❑ The **Latest Enhancements** section (2) displays the latest updates made to *Medical Data Collection*.

- ❑ The **System Alerts and Information** section (3) provides up-to-the-minute information on current system or data issues in *Medical Data Collection*.

- ❑ The **Quick Links** section (4) allows the user to easily access additional data-related information.

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**.

- ❑ To return to the *Medical Data Collection* main page from any window within the tool, click the **Medical Data Collection** link in that window.

❑ To perform a search within **ncci.com**, type a keyword into the **Search ncci.com** box at the top right of the screen and click the magnifying glass.

❑ In the blue section at the **bottom** of the screen, there are several links (in white font):

— **NCCI HomePage**
— **Contact Us**
— **Data Manager Dashboard**
— **Data Transfer via the Internet**
— **Manuals Library**
— **Data Quality Page**
— **Disclaimer**

Main Menu Features

❑ The **Manage My Data** tab allows you to select from one of four options: Submission Tracking, Quality Tracking, Quarter End Validation, or Incentive Program.
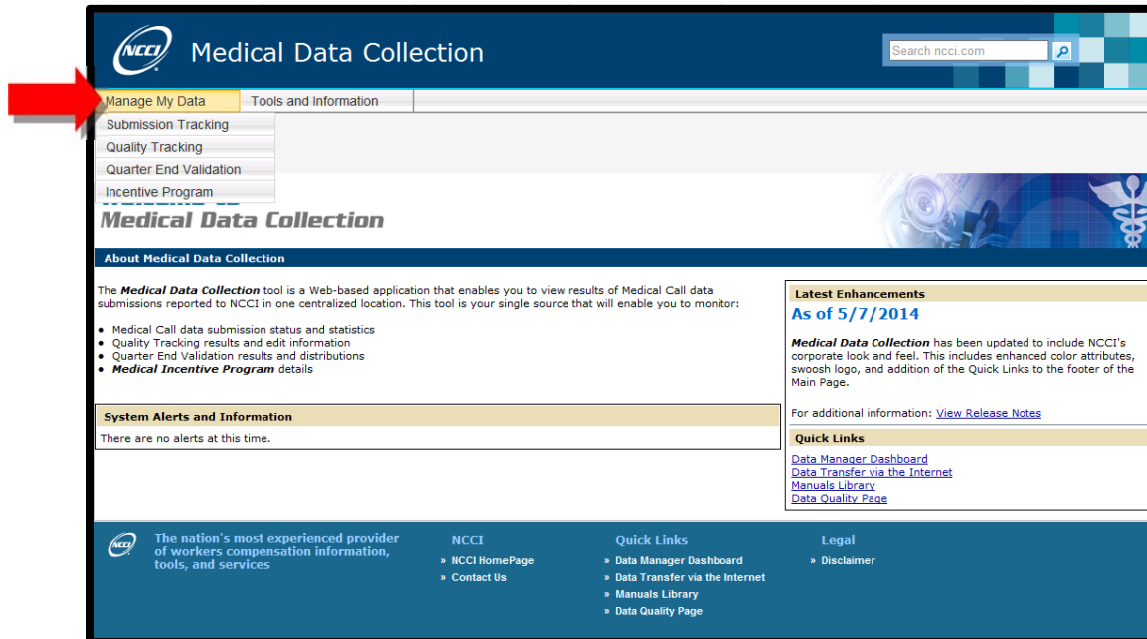
❑ The **Tools and Information** tab provides additional links to tools and information to assist you with data reporting.
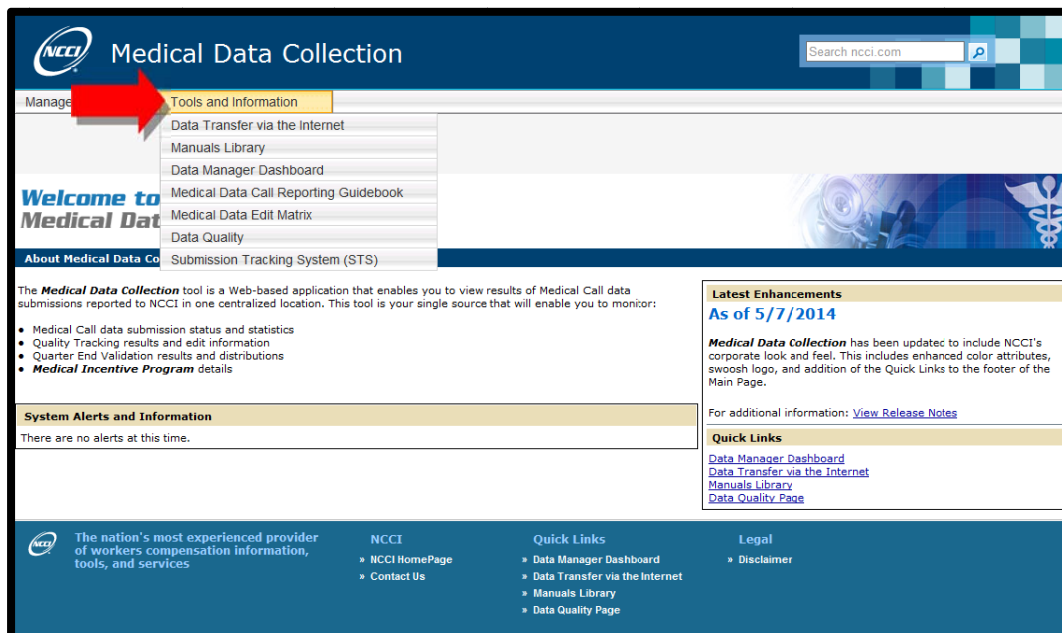
Submission Tracking

Submission tracking enables users to view the status of medical data submissions. Upon completion of file submission, the submitter can navigate to the *Medical Data Collection* tool and, under **Manage My Data**, choose the **Submission Tracking** option. All fields must be populated before selecting the **Refresh Data** button on the Submission Tracking Filter screen.

Follow the steps below to view your submissions.

1. Hover over the **Manage My Data** tab and click **Submission Tracking**.
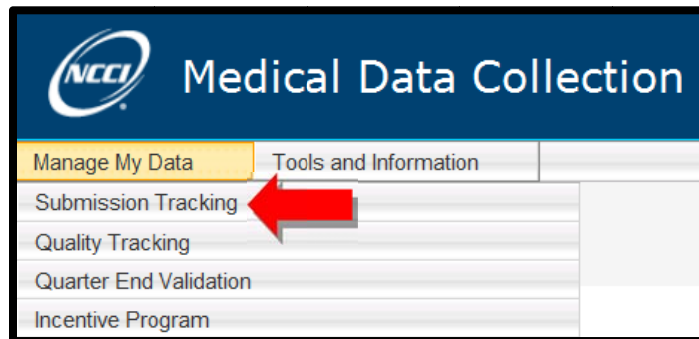
2. Select the following search criteria:
    ❑ Provider ID
    ❑ Reporting Qtr/Year or Received Date(s)
    ❑ Submission Status

    Note: Submission Status defaults to **All**.

3. Click the **Refresh Data** button.

   Note: If the search criteria you select bear no results, a prompt will appear stating, "No results found for selected criteria."

4. Based on the search criteria you entered, submissions are displayed with the following information:

   ❑ **#**—The sequential order of files

   ❑ **Med Data Provider ID**—The ID for who submitted the data file

   ❑ **Reporting Qtr/Yr**—The quarter/year for which the file was reported

   ❑ **Submission Status**—If the status is underlined, records from the file have been returned:

      — Completed—File has completed processing and was not rejected
      — In Progress—File is still processing
      — Rejected—File has been rejected during the File Acceptance Editing phase

   ❑ **Transmission Type**—Either Production or Certification based on the file naming convention

   ❑ **File Type**—The type of file (e.g., Original, Replacement)

   ❑ **Receive Date/Time**—The date and time the file was received

   ❑ **Process Date/Time**—The date and time the File Acceptance Editing was completed

   ❑ **Unique File Identifier**—The unique file name given by the submitter on the submission control record

   ❑ **Filename**—The name that the file was given by the submitter

   ❑ **User ID**—The ID of the user who submitted the file

Data as of: 10/30/2012							99990 - NCCI INC		Quarter/Year: 4 Qtr/2011	
									Submission Status:	All
#	Med Data Provider ID	Reporting Qtr/Yr	Submission Status	Transmission Type	File Type	Receive Date/Time	Process Date/Time	Unique File Identifier	Filename	User ID
1	99990	4Q - 2011	Completed	Production	Original	03/28/2012 17:31:21	03/29/2012 09:32:15	Group99990_DEC2011	medical.99990_dec2011_a.txt	1127065
2	99990	4Q - 2011	Completed	Production	Original	03/28/2012 17:18:15	03/28/2012 17:30:18	Group99990_NOV2011	medical.99990_nov2011_a.txt	1127065
3	99990	4Q - 2011	Completed	Production	Original	03/28/2012 17:11:26	03/28/2012 17:21:29	Group99990_OCT2011	medical.99990_oct2011_a.txt	1127065
4	33333	4Q - 2011	Completed	Production	Original	03/28/2012 16:00:02	03/28/2012 16:07:59	99990_4Q2011	medical.acct_99990_4q2011.txt	927922
5	99990	4Q - 2011	Rejected	Production	Original	03/28/2012 15:56:08	03/28/2012 15:57:13	99990_MDP_Pharmacy4Q11	medical.group99990_pharmacy4q2011_0001.txt	1127065

   ❑ **Printer Icon**—Link at the top right of the results table opens a pop-up version of the results for printing

5. To display the total number of records Submitted, Processed, and Rejected for any file, expand the line number by clicking the **+** button next to that file.

#	Med Data Provider ID	Reporting Qtr/Yr	Submission Status	Transmission Type	File Type	Receive Date/Time	Process Date/Time	Unique File Identifier	Filename	User ID
1	99990	4Q - 2011	Completed	Production	Original	03/28/2012 17:31:21	03/29/2012 09:32:15	Group99990_DEC2011	medical.99990_dec2011_a.txt	1127065

Submitted	Count	Processed	Count	Rejected	Count
Total	10004	Total	10000	Total	4

Count	Records Returned Reason
4	Carrier code is missing or not a valid carrier code.
4	Transaction date is outside the current submission period.

6. You now have the following options:

   ❑ To return to the application main page, click the **Medical Data Collection** link at the top left of the window

   ❑ To access another component from the main page, hover over **Manage My Data** and select another tab

   ❑ To exit the application, click the **NCCI** logo to go to the **My Preferences** section of **ncci.com**

Quality Tracking

The purpose of Quality Tracking is to validate the data elements and capture quality statistics for the submission file level and aggregate results. After a file completes Quality Tracking Editing, the submitter can navigate to the *Medical Data Collection* tool and, under **Manage My Data**, choose the **Quality Tracking** option. All fields must be populated before selecting the **Refresh Data** button on the Quality Tracking Filter screen.

Follow the steps below to view the Quality Tracking results.

1. Hover over the **Manage My Data** tab and click **Quality Tracking**.
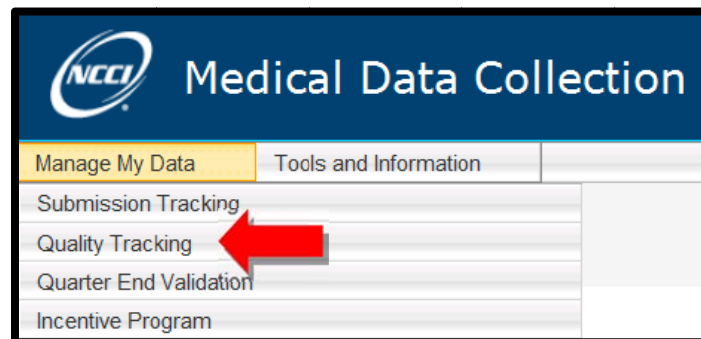
2. To select the type of results you want to view, choose one of two tabs—**File Level Results** or **Aggregate Results**.

3. Select the following search criteria:
    - ❑ Coverage Provider Group ID
    - ❑ Quarter/Year
    - ❑ Transmission Type

    Note: Transmission Type defaults to **Production**.

4. Click the **Refresh Data** button.
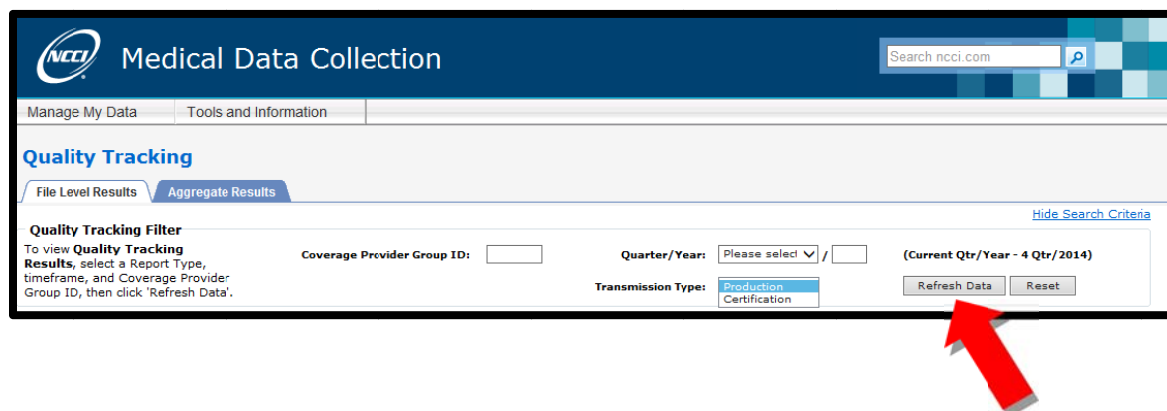
File Level Results Tab

Selecting the **File Level Results** tab displays each file submission for the Medical Data Provider. The results are grouped to display the results for each file submission at the file level.

Data as of: 10/30/2012		99990 - NCCI INC			Quarter/Year: 4 Qtr/2011	

Transmission Type: Production

File Level Results

Med Data Provider ID	Med Data Provider Name					
33333	CAA PARENT TEST ACCOUNT					
Submission File Id	Received Date	Nbr of Records	File Type	File Name		
99990_4Q2011	03/28/2012	4,959	Original	medical.acct_99990_4q2011.txt		View Validation Results
99990	NCCI INC					
Submission File Id	Received Date	Nbr of Records	File Type	File Name		
Group99990_DEC2011	03/28/2012	10,000	Original	medical.99990_dec2011_a.txt		View Validation Results
Group99990_NOV2011	03/28/2012	10,000	Original	medical.99990_nov2011_a.txt		View Validation Results
Group99990_OCT2011	03/28/2012	10,000	Original	medical.99990_oct2011_a.txt		View Validation Results

❑ **Medical Data Provider ID/Medical Data Provider Name**

— If the Medical Data Provider is not part of the reporting group, results will show only for files submitted by the Medical Data Provider
— If the Medical Data Provider is part of the Coverage Provider Group ID, the results will be grouped at an account level for all files submitted on behalf of the group

Med Data Provider ID	Med Data Provider Name
33333	CAA PARENT TEST ACCOUNT
99990	NCCI INC

Expanding the **Med Data Provider ID** displays:
— Submission File ID—Reported on the submission control record
— Received Date—Date NCCI received the file
— Nbr of Records—Number of records that passed into Quality Tracking
— File Type—Reported on the control record
— File Name—Name of the file, as submitted
— **View Validation Results** link—Opens a pop-up window to display Validation edit results

Med Data Provider ID	Med Data Provider Name				
33333	CAA PARENT TEST ACCOUNT				
Submission File Id	Received Date	Nbr of Records	File Type	File Name	
99990_4Q2011	03/28/2012	4,959	Original	medical.acct_99990_4q2011.txt	View Validation Results
99990	NCCI INC				

Expanding the **Submission File ID** displays Quality Tracking Element Results:
— Critical Element(s)
— Priority Element(s)
— Low Element(s)

Submission File Id	Received Date	Nbr of Records	File Type	File Name	
99990_4Q2011	03/28/2012	4,959	Original	medical.acct_99990_4q2011.txt	View Validation Results
⊞ 1 of 5 Critical Element(s) outside of range					
⊞ 0 of 9 Priority Element(s) outside of range					
⊞ 1 of 5 Low Element(s) outside of range					

Expanding **Critical**, **Priority**, or **Low Element(s)** further produces:
— Element—Lists elements that are in each edit category
— Threshold %—The minimum percentage that must be met for the data element to be considered in range
— % Passing Edits—Displays the percentage passing for the Quality Tracking Editing for each element

⊟ 1 of 5 Critical Element(s) outside of range

	Element	Threshold %	% Passing Edits
⊞	ACCIDENT DATE	95.0%	100.0%
⊞	AMOUNT CHARGED BY PROVIDER	95.0%	100.0%
⊞	JURISDICTION STATE CODE	95.0%	88.4%
⊞	PAID AMOUNT	95.0%	100.0%
⊞	SERVICE DATE(S)	95.0%	100.0%

Expanding **Element** displays additional information:
— Edit Seq Nbr—Lists individually the edit matrix sequence number
— Records that Failed Edits—Displays the number of files that failed the edit
— Edit Description—Displays the Edit Message from the edit matrix

	Element	Threshold %	% Passing Edits	Edit Seq Nbr	Records that Failed Edits	Edit Description
⊞	ACCIDENT DATE	95.0%	100.0%			
⊞	AMOUNT CHARGED BY PROVIDER	95.0%	100.0%			
⊟	JURISDICTION STATE CODE	95.0%	88.4%			
				0108-04	576	Jurisdiction state code is not an applicable jurisdiction.
⊞	PAID AMOUNT	95.0%	100.0%			
⊞	SERVICE DATE(S)	95.0%	100.0%			

❑ **Printer Icon**—Link at the top right of the results table opens a pop-up version of the results for printing.

Data as of: 10/30/2012	**99990 – NCCI INC**	Quarter/Year: 4 Q	🖨
		Transmission Type: Production	

File Level Results

	Med Data Provider ID	Med Data Provider Name
⊟	33333	CAA PARENT TEST ACCOUNT

❑ **Validation Results**

— Clicking the **View Validation Results** link displays additional validation results not considered part of element-level Quality Tracking

Med Data Provider ID	Med Data Provider Name				
⊟ 33333	CAA PARENT TEST ACCOUNT				
Submission File Id	**Received Date**	**Nbr of Records**	**File Type**	**File Name**	
⊞ 99990_4Q2011	03/28/2012	4,959	Original	medical.acct_99990_4q2011.txt	View Validation Results
⊞ 99990	NCCI INC				

The pop-up window displays Validation Results:
— Edit Seq Nbr—Lists individually the edit matrix sequence number
— Edit Description—Displays the Edit Message from the edit matrix
— Occurrences of Edit—Number of records with the specified edit condition
— Records Subject to Edit—Number of records the specified edit checked (e.g., paid amount equals amount charged by provider is tested only on records where these two fields are validly reported numbers)
— % of Occurrences—Indicates how often the edit condition existed when it could have existed

	Validation Results for Group: 99990 - NCCI INC **Submission File ID: 99990_4Q2011**				
	Data as of: 10/30/2012	**Quarter/Year:** 4 Qtr/2011		**Transmission Type:** Production	
Edit Seq Nbr	**Edit Description**		**Occurrences of Edit**	**Records Subject to Edit**	**% of Occurrences**
0505-02	Paid amount equals amount charged by provider.		0	4,959	0.0%
0153-02	Policy effective date is after accident date.		0	4,959	0.0%
0519-07	Original record already exists.		41	4,959	0.8%
0505-03	Paid amount is greater than amount charged by provider.		496	4,959	10.0%
0522-08	A valid service date or valid service from date and service to date have not been provided.		0	4,959	0.0%

❑ **Printer Icon**—Link at the top right of the results table opens a pop-up version of the results for printing.

Aggregate Results Tab

The **Aggregate Results** are calculated each time a new file is received for the same reporting quarter for the Coverage Provider Group ID and are provided at the Medical Data Provider and Coverage Provider Group levels.

❑ **Results by Medical Data Provider:**

— Displays aggregate statistics from all files submitted by each Medical Data Provider
— If the Medical Data Provider is not part of a reporting group, the results will be grouped at an account level showing only those file results submitted
— If the Medical Data Provider is part of a Coverage Provider Group ID, the results will be provided for all files

Results by Medical Data Provider		
Med Data Provider ID	Med Data Provider Name	
33333	CAA PARENT TEST ACCOUNT	View Validation Results
99990	NCCI INC	View Validation Results

Expanding the **Med Data Provider ID** displays:
— Critical Element(s)
— Priority Element(s)
— Low Element(s)

Med Data Provider ID	Med Data Provider Name
33333	CAA PARENT TEST ACCOUNT
99990	NCCI INC
0 of 5 Critical Element(s) outside of range	
0 of 9 Priority Element(s) outside of range	
0 of 5 Low Element(s) outside of range	

Expanding **Critical**, **Priority**, or **Low Element(s)** further produces:
— Element—Lists elements that are in each edit category
— Threshold %—The minimum percentage that must be met for the data element to be considered in range
— % Passing Edits—Displays the percentage passing for the Quality Tracking Editing for each element

0 of 9 Priority Element(s) outside of range

Element	Threshold %	% Passing Edits
NETWORK SERVICE CODE	95.0%	100.0%
PROVIDER IDENTIFICATION NUMBER	95.0%	100.0%
PROVIDER POSTAL ZIP CODE	95.0%	100.0%
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%
PAID PROCEDURE CODE	90.0%	90.0%

Expanding **Element** displays additional information:
— Edit Seq Nbr—Lists individually the edit matrix sequence number
— Records that Failed Edits—Displays the number of files that failed the edit
— Edit Description—Displays the Edit Message from the edit matrix

Element	Threshold %	% Passing Edits	Edit Seq Nbr	Records that Failed Edits	Edit Description
⊞ NETWORK SERVICE CODE	95.0%	100.0%			
⊞ PROVIDER IDENTIFICATION NUMBER	95.0%	100.0%			
⊞ PROVIDER POSTAL ZIP CODE	95.0%	100.0%			
⊞ QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%			
⊟ PAID PROCEDURE CODE	90.0%	90.0%			
			0506-01	2,000	Paid procedure code is missing.
			0506-02	1,000	Paid procedure code is not a valid procedure code.

❑ **Results by Medical Data Provider Validation Results**

— Clicking the **View Validation Results** link displays additional validation results not considered part of element-level Quality Tracking

Results by Medical Data Provider		
Med Data Provider ID	**Med Data Provider Name**	
⊞ 33333	CAA PARENT TEST ACCOUNT	View Validation Results
⊞ 99990	NCCI INC	View Validation Results

The pop-up window displays Validation Results:
— Edit Seq Nbr—Lists individually the edit matrix sequence number
— Edit Description—Displays the Edit Message from the edit matrix
— Occurrences of Edit—Number of records with the specified edit condition
— Records Subject to Edit—Number of records the specified edit checked (e.g., paid amount equals amount charged by provider is tested only on records where these two fields are validly reported numbers)
— % of Occurrences—Indicates how often the edit condition existed when it could have existed

Validation Results for Group: 99990 – NCCI INC
Medical Data Provider: 99990 NCCI INC

Data as of: 10/30/2012   **Quarter/Year:** 4 Qtr/2011   **Transmission Type:** Production

Edit Seq Nbr	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0505-02	Paid amount equals amount charged by provider.	2,000	30,000	6.7%
0153-02	Policy effective date is after accident date.	0	30,000	0.0%
0519-07	Original record already exists.	576	30,000	1.9%
0505-03	Paid amount is greater than amount charged by provider.	3,000	30,000	10.0%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	2,000	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	2,000	0.0%
0509-03	Primary ICD-9 diagnostic code is missing and secondary ICD-9 diagnostic code is valid.	0	3,000	0.0%
0514-02	Secondary ICD-9 diagnostic code is equal to the primary ICD-9 diagnostic code.	0	3,000	0.0%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	2,000	0.0%
0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	0	2,000	0.0%
0522-08	A valid service date or valid service from date and service to date have not been provided.	0	30,000	0.0%

❑ **Printer Icon**—Link at the top right of the results table opens a pop-up version of the results for printing.

❑ **Results by Coverage Provider Group ID** (Group Results access only):

— Displays aggregate statistics from all files submitted for the Coverage Provider Group ID

Results by Coverage Provider Group ID		
Cov Provider Group ID	**Cov Provider Group Name**	
⊟ 99990	NCCI INC	View Validation Results
⊞ 0 of 5 Critical Element(s) outside of range		
⊞ 0 of 9 Priority Element(s) outside of range		
⊞ 1 of 5 Low Element(s) outside of range		

Expanding the **Coverage Provider Group ID** displays:
— Critical Element(s)
— Priority Element(s)
— Low Element(s)

Expanding **Critical**, **Priority**, or **Low Element(s)** further produces:
— Element—Lists elements that are in each edit category
— Threshold %—The minimum percentage that must be met for the data element to be considered in range
— % Passing Edits—Displays the percentage passing for the Quality Tracking Editing for each element

⊟ 0 of 9 Priority Element(s) outside of range

⊞ **Element**	**Threshold %**	**% Passing Edits**
⊞ NETWORK SERVICE CODE	95.0%	100.0%
⊞ PROVIDER IDENTIFICATION NUMBER	95.0%	100.0%
⊞ PROVIDER POSTAL ZIP CODE	95.0%	100.0%
⊞ QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%
⊞ PAID PROCEDURE CODE	90.0%	91.3%

Expanding **Element** displays additional information:
— Edit Seq Nbr—Lists individually the edit matrix sequence number
— Records that Failed Edits—Displays the number of files that failed the edit
— Edit Description—Displays the Edit Message from the edit matrix

⊤ **Element**	**Threshold %**	**% Passing Edits**	**Edit Seq Nbr**	**Records that Failed Edits**	**Edit Description**
⊞ NETWORK SERVICE CODE	95.0%	100.0%			
⊞ PROVIDER IDENTIFICATION NUMBER	95.0%	100.0%			
⊞ PROVIDER POSTAL ZIP CODE	95.0%	100.0%			
⊞ QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%			
⊟ PAID PROCEDURE CODE	90.0%	91.3%			
			0506-01	2,000	Paid procedure code is missing.
			0506-02	1,000	Paid procedure code is not a valid procedure code.

❑ **Results by Coverage Provider Group ID Validation Results**

— Clicking the **View Validation Results** link displays additional validation results not considered part of element-level Quality Tracking

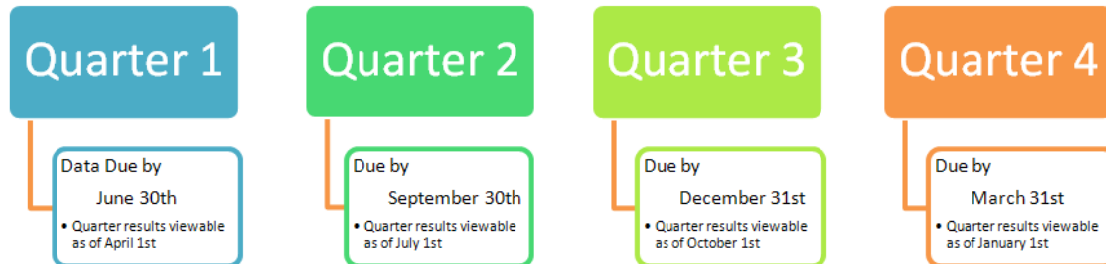| Results by Coverage Provider Group ID		
Cov Provider Group ID	Cov Provider Group Name	
99990	NCCI INC	View Validation Results
0 of 5 Critical Element(s) outside of range		
0 of 9 Priority Element(s) outside of range		
1 of 5 Low Element(s) outside of range		

The pop-up window displays Validation Results:
— Edit Seq Nbr—Lists individually the edit matrix sequence number
— Edit Description—Displays the Edit Message from the edit matrix
— Occurrences of Edit—Number of records with the specified edit condition
— Records Subject to Edit—Number of records the specified edit checked (e.g., paid amount equals amount charged by provider is tested only on records where these two fields are validly reported numbers)
— % of Occurrences—Indicates how often the edit condition existed when it could have existed

Validation Results for Group: 99990 - NCCI INC

Data as of: 10/30/2012   Quarter/Year: 4 Qtr/2011   Transmission Type: Production

Edit Seq Nbr	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0505-02	Paid amount equals amount charged by provider.	2,000	34,383	5.8%
0153-02	Policy effective date is after accident date.	0	34,383	0.0%
0519-07	Original record already exists.	617	34,383	1.8%
0505-03	Paid amount is greater than amount charged by provider.	3,438	34,383	10.0%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	2,000	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	2,000	0.0%
0509-03	Primary ICD-9 diagnostic code is missing and secondary ICD-9 diagnostic code is valid.	0	3,000	0.0%
0514-02	Secondary ICD-9 diagnostic code is equal to the primary ICD-9 diagnostic code.	0	3,000	0.0%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	2,000	0.0%
0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	0	2,000	0.0%
0522-08	A valid service date or valid service from date and service to date have not been provided.	0	34,383	0.0%

❑ **Printer Icon**—Link at the top right of the results table opens a pop-up version of the results for printing.

❑ To return to the application main page, click the **Medical Data Collection** link at the top left of the window.

❑ To access another component from the main page, hover over **Manage My Data** and select another tab.

❑ To exit the application, click the **NCCI** logo to go to the **My Preferences** section of **ncci.com**.

Quarter End Validation

As soon as a Reporting Quarter closes, the Quarter End Validation Distributions and Elements with Expected Values Not Reported will be displayed. If a search is conducted prior to the quarter end, an online message will be displayed stating, "Quarter End Validation results are not yet available." Quarter End Validation results are not viewable under Medical Data Submitter Access.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Data Due by June 30th	Due by September 30th	Due by December 31st	Due by March 31st
• Quarter results viewable as of April 1st	• Quarter results viewable as of July 1st	• Quarter results viewable as of October 1st	• Quarter results viewable as of January 1st

Follow the steps below to view the Quarter End results.

1. Hover over the **Manage My Data** tab and click **Quarter End Validation.**
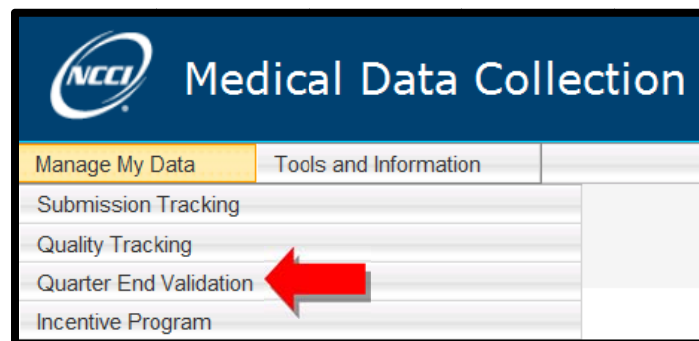
2. To select the type of results you want to view, choose one of three tabs—**Distributions**, **Completeness Results**, or **Quality Results**.

3. Select the following search criteria:
    ❑ Coverage Provider Group ID
    ❑ Quarter/Year
    ❑ State Filter (on Completeness Results and Quality Results tabs)

4. Click the **Refresh Data** button.
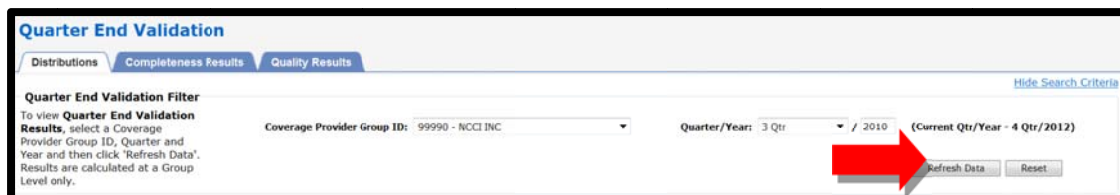
Distributions Tab

Selection of the **Distributions** tab displays the list of available Distribution Results charts and the Elements with Expected Values Not Reported.

❑ **Distribution Results**

The Distribution Results table displays the following column for available chart selections:

— Element—Lists elements for which distribution results are calculated
— Distribution Information—Description of chart
— Distribution Results—Graph icon

Data as of: 10/30/2012	99990 - NCCI INC	Quarter/Year: 4 Qtr/2011	🖨 📄 PDF
	Distribution Results		
Element	**Distribution Information**	**Distribution Results**	
PROCEDURE GROUP	Chart Of Procedure Group Description	📊	
FIRST PAID PROCEDURE CODE MODIFIER	Chart Of First Paid Procedure Code Modifier	📊	
DIAGNOSTIC GROUP	Chart Of Diagnostic Group	📊	
PROVIDER TAXONOMY GROUP	Chart Of Provider Taxonomy Group	📊	

Clicking the **graph icon** opens a new browser window, displaying the distribution chart of the requested data element.

— The top 10 valid values for a given data field will display (excluding missing and invalid values)
— Percentages are calculated based on the total valid population of the selected element, not total record count
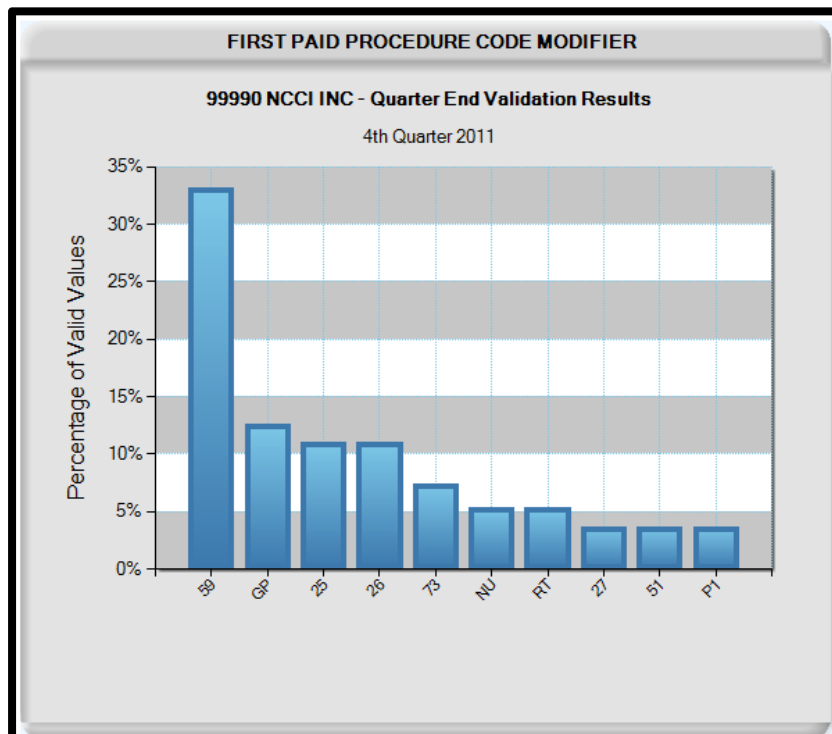
❑ **Elements with Expected Values Not Reported**

The Elements with Expected Values Not Reported table displays a list of the elements that did not have at least one record reporting a value expected by NCCI.

— Element—Lists Elements where the expected values were not reported
— Edit Seq Nbr—Lists individually the edit matrix sequence number
— Edit Description—Displays the Edit Message from the edit matrix
— Anticipated Values Not Reported—Displays the expected value(s) not reported

Element	Edit Seq Nbr	Edit Description	Anticipated Values Not Reported
FIRST PAID PROCEDURE CODE MODIFIER	0507-03	Value(s) expected for first paid procedure code modifier were not supplied.	TC

Completeness Results Tab

The **Completeness Results** tab provides additional detail about the categories that comprise a group's Completeness Results.

❑ **Completeness Results**

Summarizes a group's Completeness Results by category, with the following columns displayed:

— Completeness Category—Lists the five Completeness Categories (State, Coverage Provider, Medical Data Provider, Medical Service, and Service Date Distribution)

— Completion Date—The date when the category met the minimum thresholds

— Complete on Time—Yes/No flag that indicates whether the category met the minimum thresholds

Completeness Results		
Completeness Category	**Completion Date**	**Complete on Time**
State		No
Coverage Provider		No
Medical Data Provider	06/28/2012	Yes
Medical Service		No
Service Date Distribution		No

Expanding the categories displays the following:

— State, Coverage Provider, Medical Data Provider, Medical Service, and Service Date Distribution—The specific state, coverage provider, medical data provider, medical service, or service date distribution evaluated for completeness

— Threshold—The minimum count or percentage of transactions that must be met for the specific state, coverage provider, medical data provider, medical service, or service date distribution to be considered complete

— Actual Transactions—The actual number or percentage of transactions submitted to NCCI for the Reporting Quarter

— Completion Date—The date when the specific state, coverage provider, medical data provider, medical service, or service date distribution met the minimum threshold

— Complete on Time—Yes/No flag that indicates whether the specific state, coverage provider, medical data provider, medical service, or service date distribution met the minimum threshold

State				No
State	**Threshold**	**Actual Transactions**	**Completion Date**	**Complete on Time**
AZ	384	0		No
CO	0	1	04/01/2012	Yes
CT	936	0		No
FL	0	396	04/01/2012	Yes
IA	2,880	0		No
IL	5,040	0		No
KS	2,256	0		No
LA	0	3	04/01/2012	Yes
MO	288	0		No
NE	2,088	0		No
NH	233	0		No
SD	1,704	0		No

Quality Results Tab

The **Quality Results** tab provides additional detail about the data elements that comprise a group's Quality Results.

❑ **Quality Results**

Summarizes a group's Quality Results by category, with the following columns displayed:

— Element Category—Critical, Priority, or Low
— Element(s) Out of Range—Number of data elements per category that do not meet the minimum threshold
— Fine Per Element—The assessment per data element that does not meet the minimum threshold
— Fine Amount—The assessment that would apply due to elements out of range (below threshold) for that category

Quality Results			
Element Category	Element(s) Out of Range	Fine Per Element	Fine Amount
Critical	0 of 5	$250	$0
Priority	0 of 9	$125	$0
Low	1 of 5	$25	$25
		TOTAL FINE AMOUNT:	$25

Expanding the categories (**Critical**, **Priority**, or **Low)** further produces:

— Element—Lists elements that are in each edit category
— Threshold %—The minimum percentage that must be met for the data element to be considered in range
— % Passing Edits—Displays the percentage passing for the Quality Tracking Editing for each element
— Fine Amount—The assessment that applies when the data element is out of range (below threshold)

Low	1 of 5		
Element	**Threshold %**	**% Passing Edits**	**Fine Amount**
SECOND PAID PROCEDURE CODE MODIFIER	95.0%	100.0%	$0
BIRTH YEAR	80.0%	100.0%	$0
CLAIMANT GENDER CODE	80.0%	100.0%	$0
SECONDARY ICD-9 DIAGNOSTIC CODE	10.0%	**8.9%**	$25
SECONDARY PROCEDURE CODE	0.0%	6.6%	$0

Expanding **Element** displays additional information:
- Edit Seq Nbr—Lists individually the edit matrix sequence number
- Records that Failed Edits—Displays the number of files that failed the edit
- Edit Description—Displays the Edit Message from the edit matrix

Low		1 of 5			$25		$25
Element	**Threshold %**	**% Passing Edits**	**Fine Amount**	**Edit Seq Nbr**	**Records that Failed Edits**	**Edit Description**	
SECOND PAID PROCEDURE CODE MODIFIER	95.0%	100.0%	$0				
BIRTH YEAR	80.0%	100.0%	$0				
CLAIMANT GENDER CODE	80.0%	100.0%	$0				
SECONDARY ICD-9 DIAGNOSTIC CODE	10.0%	8.9%	$25				
		Click on Edit Seq Nbr link to request report		0514-03	23,917	Secondary ICD-9 diagnostic code is missing.	
SECONDARY PROCEDURE CODE	0.0%	6.6%	$0				

❑ **Request Report**

Clicking the **Edit Seq Nbr** link opens the Request Reported Failing Values Information screen. Users may request a frequency report and/or extract file. The report and/or file will be delivered to the requestor's *Data Transfer via the Internet* mailbox.

Request Reported Failing Values Information

◯ **Request Report** - Frequency listing of reported failing values for edit

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

◉ **Request Both**

Submit   Cancel

❑ **Quality Results Validation Results**

Clicking the **View Validation Results** link displays additional validation results not considered part of element-level Quality Tracking

Quality Results	View Validation Results
Element Category	**Element(s) Out of Range**
Critical	0 of 5
Priority	0 of 9
Low	1 of 5

The pop-up window displays Validation Results:
— Edit Seq Nbr—Lists individually the edit matrix sequence number
— Edit Description—Displays the Edit Message from the edit matrix
— Occurrences of Edit—Number of records with the specified edit condition
— Records Subject to Edit—Number of records the specified edit checked (e.g., paid amount equals amount charged by provider is tested only on records where these two fields are validly reported numbers)
— % of Occurrences—Indicates how often the edit condition existed when it could have existed

Validation Results for Group: 99990 - NCCI INC State Filter: All Medical States				
Data as of: 11/27/2012	**Quarter/Year:** 4 Qtr/2011		**Due Date:** 03/31/2012	
Edit Seq Nbr	**Edit Description**	**Occurrences of Edit**	**Records Subject to Edit**	**% of Occurrences**
0505-02	Paid amount equals amount charged by provider.	2,000	34,383	5.8%
0153-02	Policy effective date is after accident date.	0	34,383	0.0%
0519-07	Original record already exists.	617	34,383	1.7%
0505-03	Paid amount is greater than amount charged by provider.	3,438	34,383	9.9%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	2,000	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	2,000	0.0%
0509-03	Primary ICD-9 diagnostic code is missing and secondary ICD-9 diagnostic code is valid.	0	3,000	0.0%
0514-02	Secondary ICD-9 diagnostic code is equal to the primary ICD-9 diagnostic code.	0	3,000	0.0%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	2,000	0.0%
0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	0	2,000	0.0%
0522-08	A valid service date or valid service from date and service to date have not been provided.	0	34,383	0.0%

❑ **Printer Icon**—Link at the top right of the results table opens a pop-up version of the results for printing.

❑ To return to the application main page, click the **Medical Data Collection** link at the top left of the window.

❑ To access another component from the main page, hover over **Manage My Data** and select another tab.

❑ To exit the application, click the **NCCI** logo to go to the **My Preferences** section of **ncci.com**.

Incentive Program

The *Medical Incentive Program (MIP)* provides incentives to submit Medical Call data in a timely and accurate manner. The program will apply monetary assessments when Call submissions do not meet the defined criteria by the Due Date.

A data provider group's *MIP* results will be displayed as soon as a Reporting Quarter closes. The results will be updated every time a Medical Data Call file is submitted for the group until the quarter's Due Date passes.

Note: Only users with Group Results access may view the *MIP* screens.

Follow the steps below to view the *Medical Incentive Program* results.

1. Hover over the **Manage My Data** tab and click **Incentive Program**.
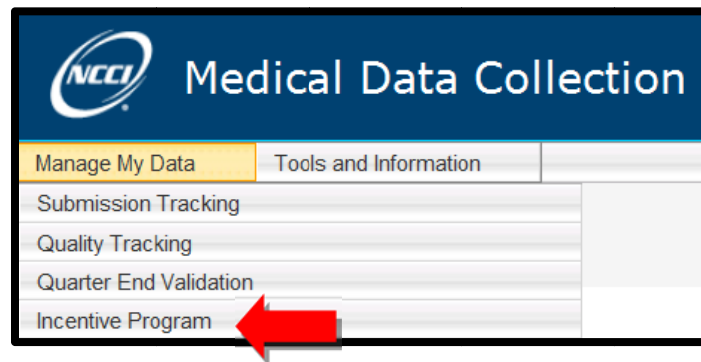
2. To select the type of results you want to view, choose one of three tabs—**Incentive Results**, **Completeness Results**, or **Quality Results**.

3. Select the following search criteria:
    ❑   Coverage Provider Group ID
    ❑   Quarter/Year

4. Click the **Refresh Data** button.
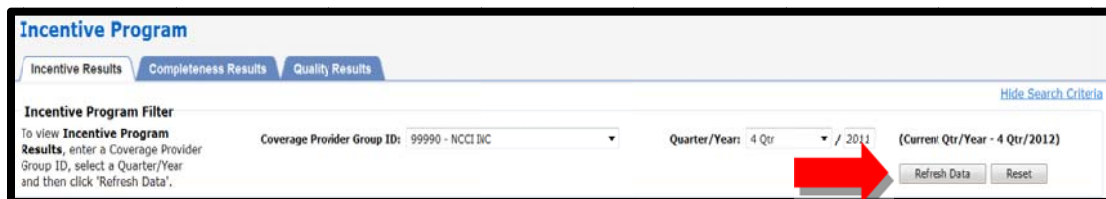
Incentive Results Tab

The **Incentive Results** tab summarizes a group's Completeness Results, Quality Results, and assessment for the quarter.

❑ **Incentive Results (Data Submitted)**

If a group has submitted data for the Reporting Quarter, the Incentive Results table displays the following:

— Fine Information
  • Countrywide Market Share—Shows the average market share of the group among the states eligible for the NCCI *Medical Incentive Program*.
  • Total Fine—Shows the amount of the assessment that would be billed to the group if all assessments were in effect.
  • Total Billed Fine—Shows the amount of the assessment that will be billed to the group.
— Completeness—Shows the Completeness categories not complete by the Due Date and the resulting assessments
— Quality—Shows the number of data elements out of range (below the minimum threshold) and the resulting assessments.

Incentive Results   View Incentive Fine Parameters

Countrywide Market Share: 0.17%
TOTAL FINE: $650
TOTAL BILLED FINE: $0

(*) The Total Fine amount for this quarter is informational only. It is intended to provide an estimate of the potential impact of your Medical Incentive Program results. The Total Billed Fine is what will actually be assessed.

Completeness	Fine Amount
Categories Not Complete On Time	1
Base Fine Amount	$625
Fine Multiplier	x 1.00
Total Completeness Fine	$625 *

Quality	Out of Range	Fine Amount
Critical Data Elements	0	$0
Priority Data Elements	0	$0
Low Data Elements	1	$25
Base Fine Amount		$25
Fine Multiplier		x 1.00
Total Quality Fine		$25 *

❑ **Incentive Results (Data Not Submitted)**

If a group has not submitted any data for the Reporting Quarter, the Incentive Results table displays the following:

— Fine information
  • Countrywide Market Share—Shows the average market share of the group among the states eligible for the NCCI *Medical Incentive Program*.
  • Total Fine—Shows the amount of the assessment that would be billed to the group if all assessments were in effect.
  • Total Billed Fine—Shows the amount of the assessment that will be billed to the group.
— Insufficient Data Received—Shows Insufficient Data assessments

Incentive Results   View Incentive Fine Parameters

Countrywide Market Share: 0.17%	*(*) The Total Fine amount for this quarter is informational only. It is intended to provide an estimate of the potential impact of your Medical Incentive Program results. The Total Billed Fine is what will actually be assessed.*
TOTAL FINE: $3,750	
TOTAL BILLED FINE: $0	

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

❑ **View Incentive Fine Parameters**

Clicking the **View Incentive Fine Parameters** link opens a separate window showing the assessments that apply for falling below given criteria based on market share.

Medical Data Collection – Compliance Incentive Fine Parameters

Data as of: 10/15/2012

Insufficient Data

Assessment Level	Market Share Ranges	Insufficient Data Assessment
1	0.00% - 0.25%	$3,750
2	0.26% - 1.50%	$7,500
3	1.51% - 100.00%	$15,000

Completeness

Assessment Level	Market Share Ranges	Total Completeness Assessment Based on Categories Not Complete On Time				
		1	2	3	4	5
1	0.00% - 0.25%	$625	$1,250	$2,500	$2,500	$2,500
2	0.26% - 1.50%	$1,250	$2,500	$5,000	$5,000	$5,000
3	1.51% - 100.00%	$2,500	$5,000	$10,000	$10,000	$10,000

Quality

Assessment Level	Market Share Ranges	Quality Assessment per Data Element Based on Element Category		
		Low	Priority	Critical
1	0.00% - 0.25%	$25	$125	$250
2	0.26% - 1.50%	$50	$250	$500
3	1.51% - 100.00%	$100	$500	$1,000

Fine Multiplier

Consecutive Quarters with an Assessment	Fine Multiplier
1	1.00
2	1.00
3	1.25
4	1.25
5	1.50
6	2.00
7	2.50
8 - 999	3.00

Completeness Results Tab

The **Completeness Results** tab provides additional detail about the categories that comprise a group's Completeness Results.

❑ **Completeness Results**

Summarizes a group's Completeness Results by category, with the following columns displayed:

— Completeness Category—Lists the five Completeness Categories (State, Coverage Provider, Medical Data Provider, Medical Service, and Service Date Distribution)
— Completion Date—The date when the category met the minimum thresholds
— Complete on Time—Yes/No flag that indicates whether the category met the minimum thresholds

Completeness Results		
Completeness Category	**Completion Date**	**Complete on Time**
State		No
Coverage Provider		No
Medical Data Provider	06/28/2012	Yes
Medical Service		No
Service Date Distribution		No

Expanding the categories displays the following:

⎯ State, Coverage Provider, Medical Data Provider, Medical Service, and Service Date Distribution—The specific state, coverage provider, medical data provider, medical service, or service date distribution evaluated for completeness

⎯ Threshold—The minimum count or percentage of transactions that must be met for the specific state, coverage provider, medical data provider, medical service, or service date distribution to be considered complete

⎯ Actual Transactions—The actual number or percentage of transactions submitted to NCCI for the Reporting Quarter

⎯ Completion Date—The date when the specific state, coverage provider, medical data provider, medical service, or service date distribution met the minimum threshold

⎯ Complete on Time—Yes/No flag that indicates whether the specific state, coverage provider, medical data provider, medical service, or service date distribution met the minimum threshold

State				No
State	**Threshold**	**Actual Transactions**	**Completion Date**	**Complete on Time**
AZ	384	0		No
CO	0	1	04/01/2012	Yes
CT	936	0		No
FL	0	396	04/01/2012	Yes
IA	2,880	0		No
IL	5,040	0		No
KS	2,256	0		No
LA	0	3	04/01/2012	Yes
MO	288	0		No
NE	2,088	0		No
NH	233	0		No
SD	1,704	0		No

Quality Results Tab

The **Quality Results** tab provides additional detail about the data elements that comprise a group's Quality Results.

❑ **Quality Results**

Summarizes a group's Quality Results by category, with the following columns displayed:

⎯ Element Category—Critical, Priority, or Low

⎯ Element(s) Out of Range—Number of data elements per category that do not meet the minimum threshold

⎯ Fine Per Element—The assessment per data element that does not meet the minimum threshold

⎯ Fine Amount—The assessment that would apply due to elements out of range (below threshold) for that category

		Quality Results		
	Element Category	**Element(s) Out of Range**	**Fine Per Element**	**Fine Amount**
	Critical	0 of 5	$250	$0
	Priority	0 of 9	$125	$0
	Low	1 of 5	$25	$25
			TOTAL FINE AMOUNT:	**$25**

Expanding the categories (**Critical**, **Priority**, or **Low)** further produces:
⎯ Element—Lists elements that are in each edit category
⎯ Threshold %—The minimum percentage that must be met for the data element to be considered in range
⎯ % Passing Edits—Displays the percentage passing for the Quality Tracking Editing for each element
⎯ Fine Amount—The assessment that applies when the data element is out of range (below threshold)

Low		1 of 5		
	Element	**Threshold %**	**% Passing Edits**	**Fine Amount**
	SECOND PAID PROCEDURE CODE MODIFIER	95.0%	100.0%	$0
	BIRTH YEAR	80.0%	100.0%	$0
	CLAIMANT GENDER CODE	80.0%	100.0%	$0
	SECONDARY ICD-9 DIAGNOSTIC CODE	10.0%	**8.9%**	$25
	SECONDARY PROCEDURE CODE	0.0%	6.6%	$0

Expanding **Element** displays additional information:
⎯ Edit Seq Nbr—Lists individually the edit matrix sequence number
⎯ Records that Failed Edits—Displays the number of files that failed the edit
⎯ Edit Description—Displays the Edit Message from the edit matrix

Low	1 of 5			$25		$25
Element	Threshold %	% Passing Edits	Fine Amount	Edit Seq Nbr	Records that Failed Edits	Edit Description
SECOND PAID PROCEDURE CODE MODIFIER	95.0%	100.0%	$0			
BIRTH YEAR	80.0%	100.0%	$0			
CLAIMANT GENDER CODE	80.0%	100.0%	$0			
SECONDARY ICD-9 DIAGNOSTIC CODE	10.0%	8.9%	$25			
	Click on Edit Seq Nbr link to request report			0514-03	23,917	Secondary ICD-9 diagnostic code is missing.
SECONDARY PROCEDURE CODE	0.0%	6.6%	$0			

❑ **Request Report**

Clicking the **Edit Seq Nbr** link opens the Request Reported Failing Values Information screen. Users may request a frequency report and/or extract file. The report and/or file will be delivered to the requestor's *Data Transfer via the Internet* mailbox.

Request Reported Failing Values Information

◯ **Request Report** - Frequency listing of reported failing values for edit

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

◉ **Request Both**

[Submit]   [Cancel]

Notes

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