

# **NCCI'S 2016 DATA EDUCATIONAL PROGRAM**



# Medical Data Collection Tool User's Guide

January 26-29, 2016

Palm Beach County Convention Center West Palm Beach, FL

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## **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 need 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 Carrier Group Code to view processing results of files submitted by their company
  - Group Results—Allows users who are part of the Carrier Group Code to view processing results of all submissions submitted on the group's behalf

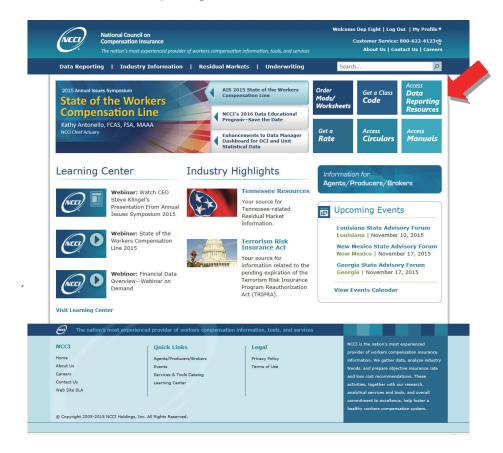
# Logging In

- □ To receive access to *Medical Data Collection*, contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).
- □ Go to **ncci.com**.
- □ Enter your **User ID** and **Password** in the Login box.
- Click Log In.

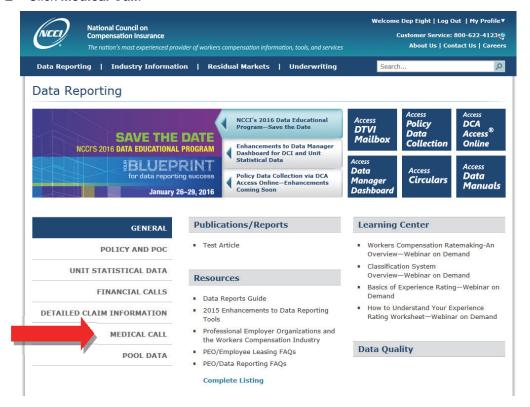


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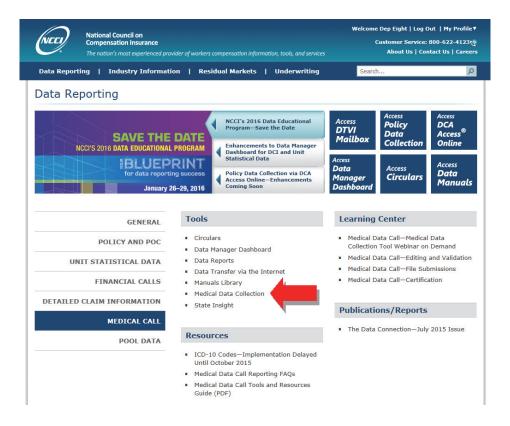
Click the Access Data Reporting Resources task tile.



Click Medical Call.

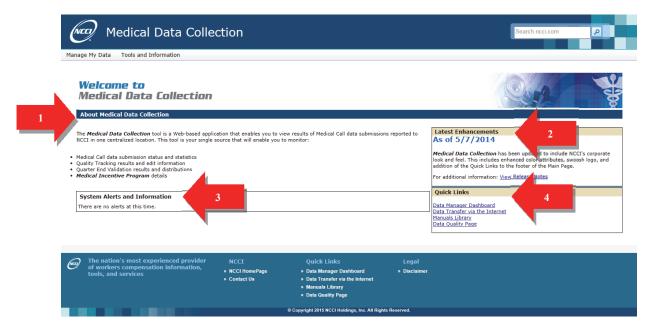


Select Medical Data Collection from the Tools section.



### 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 users 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 Services and Tools** 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.

#### 2016 Data Educational Program Medical Data Collection Tool User's Guide

- □ 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.

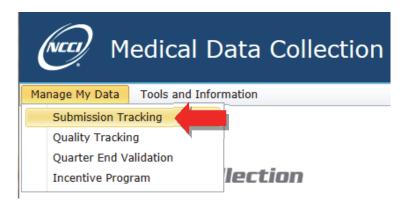


# **Submission Tracking**

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 **Search** button on the Submission Tracking Filter screen.

Follow the steps below to view your submissions.

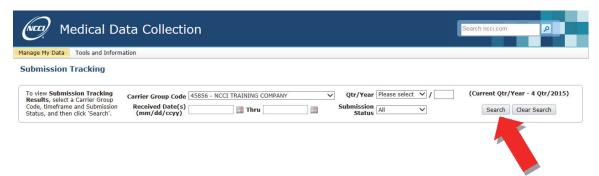
1. Hover over the Manage My Data tab and click Submission Tracking.



- 2. Select from the following search criteria:
  - Carrier Group Code
  - Qtr/Year or Received Date(s)
  - Submission Status

Note: Submission Status defaults to All.

3. Click the Search button.



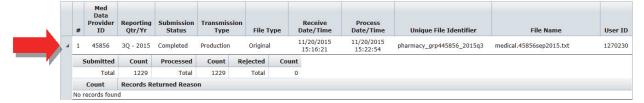
**Note:** If the search criteria you select bear no results, a prompt will appear stating, "No results found for selected criteria."

- 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 filename given by the submitter on the submission control record
- □ File Name—The name that the file was given by the submitter
- □ User ID—The ID of the user who submitted the file



- □ **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.



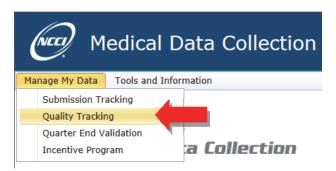
- **6.** You now have the following options:
  - To return to the application main page, click the Medical Data Collection link at the top left of the window
  - To access another component from the main page, hover over Manage My Data and select another tab
  - To exit the application, click the NCCI 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 **Search** button on the Quality Tracking Filter screen.

Follow the steps below to view the Quality Tracking results.

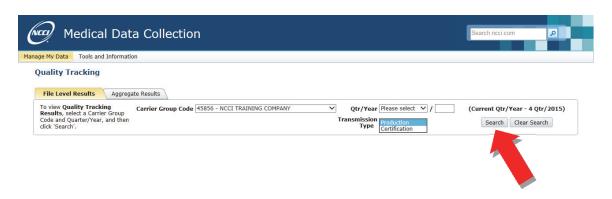
1. Hover over the Manage My Data tab and click Quality Tracking.



- To select the type of results you want to view, choose one of two tabs—File Level Results or Aggregate Results.
- 3. Select from the following search criteria:
  - Carrier Group Code
  - □ Qtr/Year
  - Transmission Type

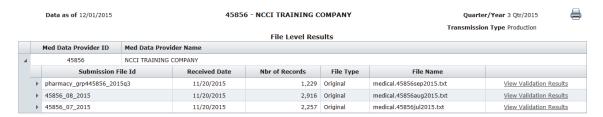
**Note:** Transmission Type defaults to **Production**.

4. Click the Search 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.

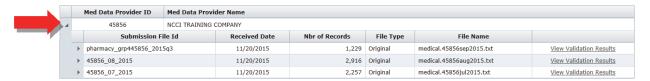


#### Medical Data Provider ID/Medical Data Provider Name

- ☐ 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 Carrier Group Code, 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	
•	45856	NCCI TRAINING COMPANY	

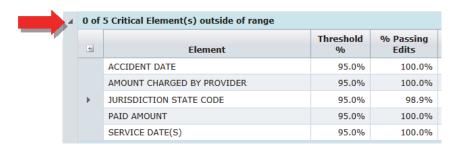
- □ Expanding the **Med Data Provider ID** displays:
  - Submission File Id—Reported on the submission control record
  - Received Date—Date NCCI received the file
  - Nbr of Records—Number of records that passed into Quality Tracking
  - File Type—Reported on the control record
  - File Name—Name of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



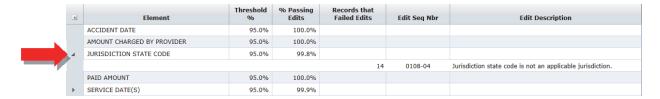
- □ Expanding the **Submission File Id** displays Quality Tracking Element Results:
  - Critical Element(s)
  - Priority Element(s)
  - Low Element(s)



- □ 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



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



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

Data as of 12/01/2015

45856 - NCCI TRAINING COMPANY

Quarter/Year 3 Q

Transmission Type Production

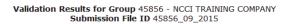
File Level Results

#### **Validation Results**

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



- ☐ The pop-up window displays Validation Results:
  - Edit Seq Nbr—Displays 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





-	<b>Data as of</b> 12/01/2015 <b>Quarter/Year</b> 3 Qtr/2015		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.	431	1229	35.1%	
0153-02	Policy effective date is after accident date.	0	1229	0.0%	
0519-07	Original record already exists.	1229	1229	100.0%	
0505-03	Paid amount is greater than amount charged by provider.	0	1229	0.0%	
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	1	0.0%	
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	25	0.0%	
0509-03	Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid. $ \\$	0	634	0.0%	
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	0	634	0.0%	
0515-02	Secondary procedure code is equal to the paid procedure code.	0	1	0.0%	
0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	0	25	0.0%	
0522-08	$\ensuremath{A}$ valid service date or valid service from date and service to date have not been provided.	0	1229	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**

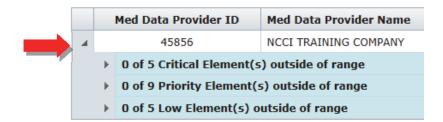
The **Aggregate Results** are calculated each time a new file is received for the same reporting quarter for the Carrier Group Code and are provided at the Medical Data Provider and Carrier Group Code levels.

#### **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 Carrier Group Code, the results will be provided for all files

	Med Data Provider ID	Med Data Provider Name	
-	45856	NCCI TRAINING COMPANY	View Validation Results

- □ Expanding the **Med Data Provider 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

4	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%				
	<b>+</b>	PAID PROCEDURE CODE	90.0%	99.9%				

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

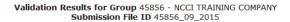


#### Results by Medical Data Provider Validation Results

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



- ☐ The pop-up window displays Validation Results:
  - Edit Seq Nbr—Displays 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



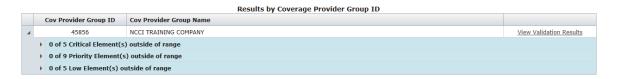


	<b>Data as of</b> 12/01/2015 <b>Quarter/Year</b> 3 Qtr/2015			Transmission Type Prod	duction
Edit Seq Nbr		Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0505-02	Paid amount equals amount cha	arged by provider.	431	1229	35.1%
0153-02	Policy effective date is after acc	dent date.	0	1229	0.0%
0519-07	Original record already exists.		1229	1229	100.0%
0505-03	Paid amount is greater than am	ount charged by provider.	0	1229	0.0%
0506-03	Paid procedure code is missing	and secondary procedure code is valid.	0	1	0.0%
0507-04	First paid procedure code modified modifier is valid.	ier is missing and second paid procedure code	0	25	0.0%
0509-03	Primary ICD diagnostic code is rvalid.	nissing and secondary ICD diagnostic code is	0	634	0.0%
0514-02	Secondary ICD diagnostic code	is equal to the primary ICD diagnostic code.	0	634	0.0%
0515-02	Secondary procedure code is ed	qual to the paid procedure code.	0	1	0.0%
0521-02	Second paid procedure code mo modifier.	odifier is equal to the first paid procedure code	0	25	0.0%
0522-08	A valid service date or valid ser been provided.	vice from date and service to date have not	0	1229	0.0%

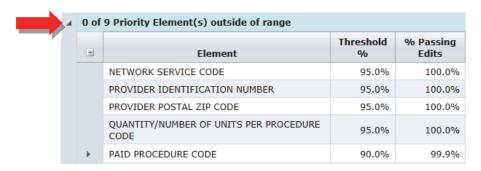
**Printer Icon**—Link at the top right of the results table opens a pop-up version of the results for printing.

#### Results by Carrier Group Code (Group Results access only):

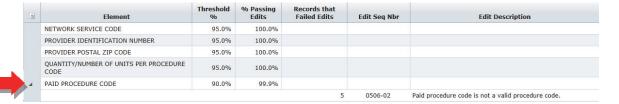
Displays aggregate statistics from all files submitted for the Carrier Group Code



- □ Expanding the Carrier Group Code 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



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



#### **Results by Carrier Group Code Validation Results**

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



- ☐ The pop-up window displays Validation Results:
  - Edit Seq Nbr—Displays 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





	Data as of 12/01/2015 Quarter/Year 3 Qtr/2015		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.	739	6402	11.5%	
0153-02	Policy effective date is after accident date.	0	6402	0.0%	
0519-07	Original record already exists.	1229	6402	19.2%	
0505-03	Paid amount is greater than amount charged by provider.	0	6402	0.0%	
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	948	0.0%	
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	76	0.0%	
0509-03	Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid.	0	2439	0.0%	
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	95	2439	3.9%	
0515-02	Secondary procedure code is equal to the paid procedure code.	0	948	0.0%	
0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	0	76	0.0%	
0522-08	A valid service date or valid service from date and service to date have not been provided.	1	6402	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.

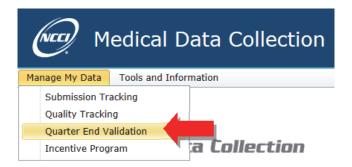
# **Quarter End Validation**

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.



Follow the steps below to view the Quarter End Validation 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 from the following search criteria:
  - Carrier Group Code
  - □ Qtr/Year
  - State Filter (on Completeness Results and Quality Results tabs)
- Click the Search button.



#### **Distributions Tab**

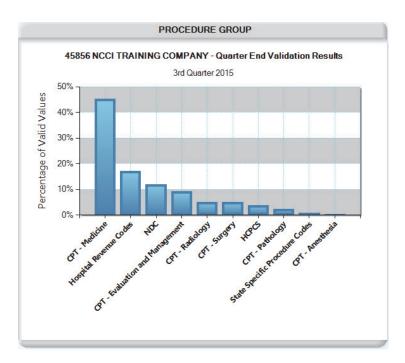
Selecting the **Distributions** tab displays the list of available Distribution Results charts and the Elements with Expected Values Not Reported.

#### **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



- 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 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—Displays 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
PLACE OF SERVICE CODE	0508-03	Value(s) expected for place of service code were not supplied.	Ambulatory Surgical Center Inpatient Hospital Urgent Care Facility

#### **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	11/20/2015	Yes
<b>+</b>	Coverage Provider	11/20/2015	Yes
•	Medical Data Provider	11/20/2015	Yes
•	Medical Service	11/20/2015	Yes
•	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

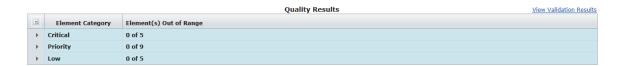


#### **Quality Results Tab**

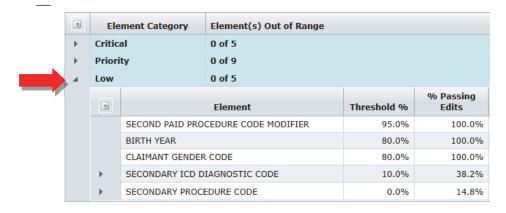
The **Quality Results** tab provides additional detail about the data elements that comprise a group's Quality Results.

#### **Quality Results**

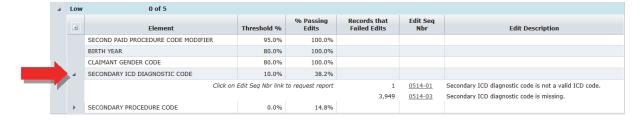
- Summarizes a group's Quality Results by category, with the following columns displayed:
  - Element Category—Critical, Priority, or Low
  - Element(s) Out of Range—Number of data elements per category that do not meet the minimum threshold



- □ 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



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



#### 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.



#### **Quality Results Validation Results**

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



0522-08

- ☐ The pop-up window displays Validation Results:
  - Edit Seq Nbr—Displays 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 State Filter All Medical States



0.0%

been provided.

A valid service date or valid service from date and service to date have not

1	<b>Quarter/Year</b> 3 Qtr/2015		Due Date 12/3	31/2015
Edit Seq Nbr	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0505-02	Paid amount equals amount charged by provider.	727	6388	11.3%
0153-02	Policy effective date is after accident date.	0	6388	0.0%
0519-07	Original record already exists.	1215	6388	19.0%
0505-03	Paid amount is greater than amount charged by provider.	0	6388	0.0%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	948	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure cod modifier is valid.	е 0	76	0.0%
0509-03	Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid.	0	2438	0.0%
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	95	2438	3.8%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	948	0.0%
0521-02	Second paid procedure code modifier is equal to the first paid procedure cod	e 0	76	0.0%

6388

- 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**

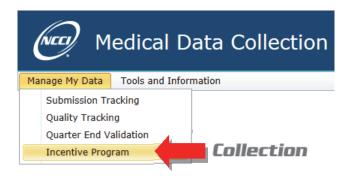
The **Medical Incentive Program (MIP)** provides incentives to submit Medical Call data in a timely and accurate manner. The program will apply monetary assessments when Call submissions do not meet the defined criteria by the due date.

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 from the following search criteria:
  - Carrier Group Code
  - □ Qtr/Year
- 4. Click the Search 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 NCCI's 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 I	Results	View Incent	<u>ive Fine Parar</u>
Countrywide Market Sha TOTAL FI TOTAL BILLED FI	<b>NE</b> \$625			
Completeness	Fine Amount	Quality	Out of Range	Fine Amount
Categories Not Complete On Time	L	Critical Data Elements	0	\$
		Priority Data Elements	0	\$
		Low Data Elements	0	\$
Base Fine Amount	\$625	Base Fine Amount		\$
Fine Multiplier	x 1.00	Fine Multiplier		x 1.0
Total Completeness Fine	\$625	Total Quality Fine		\$

#### **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 NCCI's 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

# Countrywide Market Share 0.41% TOTAL FINE \$7,500 TOTAL BILLED FINE \$7,500 Insufficient Data Received Amount Base Fine Amount \$7,500 Fine Multiplier x 1.00 Total Fine \$7,500

#### **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 12/01/2015



# Insufficient Data

Assessment Level	Market Share Ranges	Insufficient Data Assessment
0	0.00% - 0.25%	\$3,750
1	0.26% - 1.50%	\$7,500
2	1.51% - 100.00%	\$15,000

#### Completeness

Assessment		Base		pleteness A ories Not Co		ime
Level	Market Share Ranges	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		Quality Asessment per Data Element Based on Element Category			
Level	Market Share Ranges	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 - 2	1.00
3 - 4	1.25
5	1.50
6	2.00
7 - 999	2.50

#### **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	11/20/2015	Yes
•	Coverage Provider	11/20/2015	Yes
•	Medical Data Provider	11/20/2015	Yes
•	Medical Service	11/20/2015	Yes
•	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

+	Comp	leteness Catego	Completion Date	Complete on Time	
4	State			11/20/2015	Yes
	State	Threshold	Actual Transactions	Completion Date	Complete on Time
	FL	0	6,388	11/20/2015	Yes

#### **Quality Results Tab**

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

#### **Quality Results**

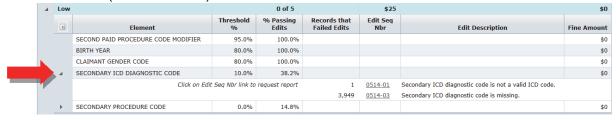
- Summarizes a group's Quality Results by category, with the following columns displayed:
  - Element Category—Critical, Priority, or Low
  - Element(s) Out of Range—Number of data elements per category that do not meet the minimum threshold
  - Fine Per Element—The assessment per data element that does 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	0 of 5	\$25	\$0
				Total Fine Amount \$0

- □ 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)

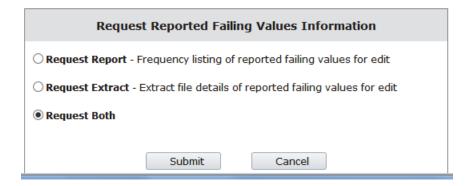


- Expanding Element displays additional information:
  - Records that Failed Edits—Displays the number of files that failed the edit
  - Edit Seg Nbr—Displays the edit matrix sequence number
  - Edit Description—Displays the Edit Message from the edit matrix
  - Fine Amount—The assessment that applies when the data element is out of range (below threshold)



#### **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.



	Notes	
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