



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

**YOUR BLUEPRINT**  
for data reporting success

# **Medical Incentive Program**

**January 26–29, 2016**

Palm Beach County Convention Center  
West Palm Beach, FL





# Medical Incentive Program

Presented by:

Chris Mercer and Lisa Ferguson

## 2016 DATA EDUCATIONAL PROGRAM

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## Objectives

MIP

Learn the details of the **Medical Incentive Program** compliance criteria and how to monitor your reporting performance using the **Medical Data Collection** tool.

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## Agenda

MEDICAL CENTER

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

**R**

- **Overview**
- **Incentive Program Components**
  - Completeness
  - Quality
- **Assessment Calculation**
- **Review and Appeals**
- **Resources**

LABEL \_\_\_\_\_ SIGNATURE \_\_\_\_\_

REFILL 0 1 2 3 4 5 PRN NR



## Medical Compliance Programs Overview

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## Compliance Programs

- **Medical Incentive Program**
  - Quarterly
  - Applies monetary assessments for failure to meet minimum expectations
- **Carrier Data Quality Report Program (Report Card) Medical Addendum**
  - Annual
  - Pass/fail summarized grade of category results from the **Medical Incentive Program** Completeness and Quality components



## Applicability

- All coverage provider groups required to report the Medical Data Call in all NCCI states
- Independent bureau states are not subject to the incentive program

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



# Evaluation Timing

- Evaluate each reporting group quarterly
  - Data received as of due date

Transaction Quarter	Due Date
Q1	June 30
Q2	September 30
Q3	December 31
Q4	March 31

- Assessments are billed in the second month following the due date



# Incentive Program Components

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## Compliance Objectives

### Medical Incentive Program

Ensure full scope of submissions are sent by due date

Ensure data meets or exceeds quality tracking criteria

Identify extreme outliers of reporting behavior

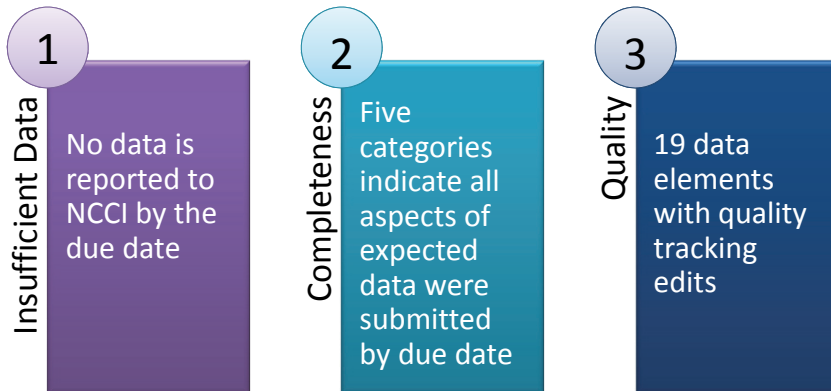
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## Incentive Program Components



Each category within a component is judged pass/fail based on an individually determined threshold.

Refer to *Data Quality Guidebook* on [ncci.com](http://ncci.com) for details

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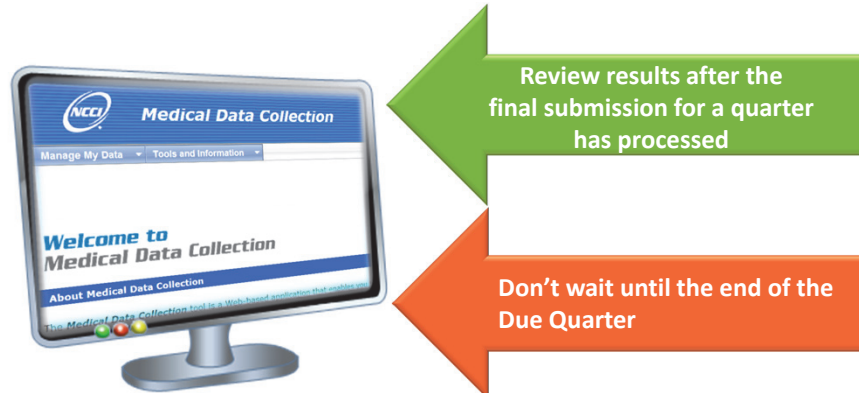
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## Incentive Program Results

During the Due Quarter, the Quarter End Validation and Incentive Program results in the **Medical Data Collection** tool update as each file processes.

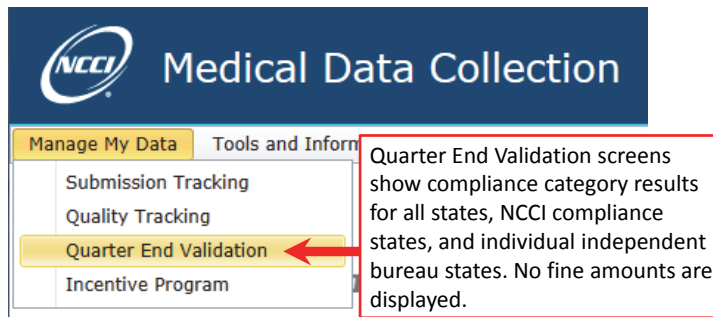


Early review allows time to respond to issues.

## Medical Data Collection

Compliance results available in **Medical Data Collection** tool

- Quarter End Validation
- Incentive Program



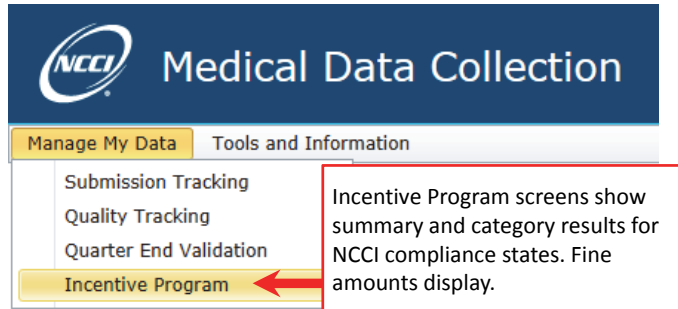


## Medical Data Collection

Compliance results available in **Medical Data Collection** tool

- Quarter End Validation
- Incentive Program

The compliance information contained in the two sections is similar. We will focus on the Incentive Program screens.



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## Incentive Results Screen

- Search results by reporting quarter, i.e., transaction dates

To view Incentive Program Results, select a Carrier Group Code and Quarter/Year, and then click 'Search'.

Carrier Group Code: 45856 - NCCI TRAINING COMPANY

Qtr/Year: 3 Qtr / 2015 (Current Qtr/Year - 4 Qtr/2015)

Search Clear Search

- View the highest level of results:
  - Which components are failing?
  - How much is the fine amount?

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## Insufficient Data Assessment

- Group Is Noncompliant for the Quarter
- No Data Submitted by Due Date

 Insufficient Data Assessment

 Completeness Assessment

 Quality Assessment

## Incentive Results—Insufficient Data


**Incentive Program**

Incentive Results    Completeness Results    Quality Results    [Hide Search Criteria](#)

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

Coverage Provider Group ID:     Quarter/Year:  /  (Current Qtr/Year - 1 Qtr/2015)

Data as of: 01/21/2015    **45856 - NCCI TRAINING COMPANY**    Quarter/Year: 4 Qtr/2014 

Due Date: 03/31/2015

**Incentive Results**    [View Incentive Fine Parameters](#)

Countrywide Market Share: 0.11%  
 TOTAL FINE: \$3,750  
 TOTAL BILLED FINE: \$3,750

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

# Submission Tracking

**Medical Data Collection**

Manage My Data | Tools and Information

**Submission Tracking** (highlighted with a red arrow)

Quality Tracking  
Quarter End Validation  
Incentive Program

Carrier Group Code: 45856 - NCCI TRAINING COMPANY | Qtr/Year: 1 Qtr / 2016 (Current Qtr/Year - 4 Qtr/2015)

Received Date(s) (mm/dd/ccyy)  Thru  | Submission Status: All | Search | Clear Search

Data as of 12/10/2015 | 45856 - NCCI TRAINING COMPANY | Quarter/Year 1 Qtr/2016 | 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	File Name	User ID
No results found									

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## Completeness Component

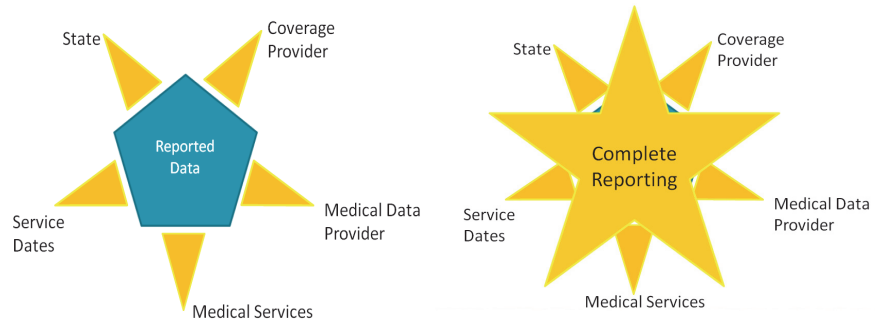
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## Completeness

- Ensures full scope of data received on time
- Five categories are evaluated against **minimum** quarterly thresholds



## State

Verify that transactions are received for each expected state.

Medical Paid Amount	Paid Loss	Assumption
Approximately one transaction per \$500 in medical paid amount	At least \$1,000,000 NAIC Paid Loss in the state	Medical/ Indemnity split assumption: 55%

Minimum transaction threshold based on group's NAIC Paid Loss in that state

## Coverage Provider

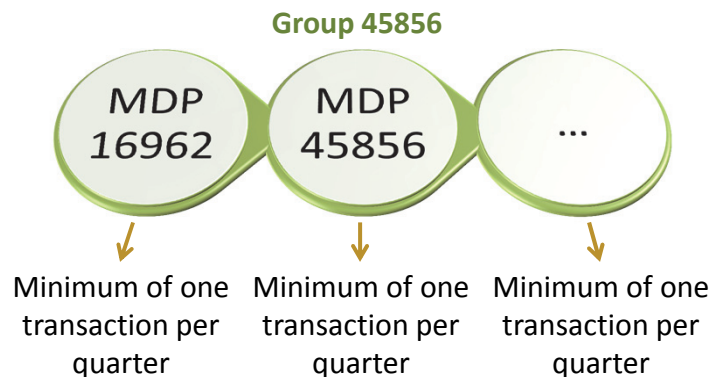
Verify that transactions are received for each expected coverage provider.

Medical Paid Amount	Paid Loss	Assumption
Approximately one transaction per \$500 in medical paid amount	At least \$1,000,000 NAIC Paid Loss for a coverage provider	Medical/ Indemnity split assumption: 55%

Minimum transaction threshold based on coverage provider's NAIC Paid Loss in all NCCI compliance states

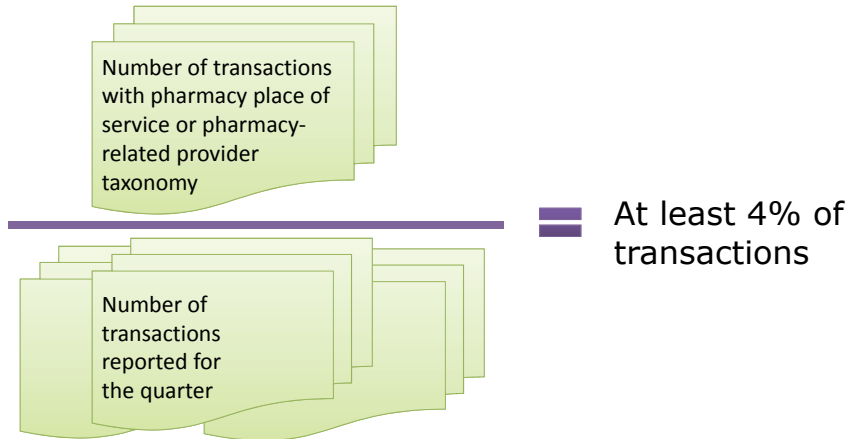
## Medical Data Provider

Verify that transactions are received for each expected medical data provider.



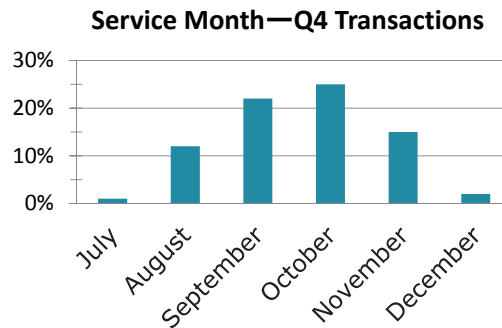
## Medical Service

Presently only verifies that pharmacy data has been included in the quarterly data.



## Service Date Distribution

The most recent six service months must have three consecutive months each containing more than 12% of the transactions submitted for the quarter.



# Incentive Results—Completeness

Incentive Program

**Incentive Results** | Completeness Results | Quality Results

To view Incentive Program Results, select a Carrier Group Code and Quarter/Year, and then click 'Search'.  
 Carrier Group Code: 45856 - NCCI TRAINING COMPANY | Qtr/Year: 3 Qtr / 2015 (Current Qtr/Year - 4 Qtr/2015)  
 Search | Clear Search

Data as of 12/08/2015 | 45856 - NCCI TRAINING COMPANY | Quarter/Year 3 Qtr/2015

## Incentive Results

Countrywide Market Share 0.00%  
 TOTAL FINE \$625  
 TOTAL BILLED FINE \$625

Completeness	Fine Amount	Quality	Out of Range	Fine Amount
Categories Not Complete On Time	1	Critical Data Elements	0	\$0
		Priority Data Elements	0	\$0
		Low Data Elements	0	\$0
Base Fine Amount	\$625	Base Fine Amount		\$0
Fine Multiplier	x 1.00	Fine Multiplier		x 1.00
Total Completeness Fine	\$625	Total Quality Fine		\$0

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# Completeness Results

Incentive Program

Incentive Results | **Completeness Results** | Quality Results

To view Incentive Program Completeness Results, select a Carrier Group Code and Quarter/Year, and then click 'Search'.  
 Carrier Group Code: 45856 - NCCI TRAINING COMPANY | Qtr/Year: 3 Qtr / 2015 (Current Qtr/Year - 4 Qtr/2015)  
 Search | Clear Search

Data as of 12/08/2015 | 45856 - NCCI TRAINING COMPANY | Quarter/Year 3 Qtr/2015

## 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

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## Service Date Trending

Completeness Results		
Completeness Category	Completion Date	Complete on Time
State	01/21/2015	Yes
Coverage Provider		No
Medical Data Provider	01/21/2015	Yes
Medical Service	01/21/2015	Yes
Service Date Distribution		No

Service Month	Actual Percent
Jul-14	3.1%
Aug-14	10.1%
Sep-14	31.6%
Oct-14	34.1%
Nov-14	9.3%
Dec-14	0.8%

In order to qualify for Complete On Time, a minimum of three consecutive service months must be greater than or equal to the 12.0% threshold.

Identify the gap in service dates.

Very Few Transactions for November

Review file submissions for missing monthly file(s).  
Contact bill review vendors for any major changes to the timing of payments.

## Trending Within a Category

Completeness Results				
Completeness Category	Completion Date	Complete on Time		
State	01/21/2015	Yes		
Coverage Provider		No		
Coverage Provider	Threshold	Actual Transactions	Completion Date	Complete on Time
16962	1,500	700		No
45856	5,000	20,500	01/21/2015	Yes

Compare count of Actual Transactions to Threshold for each State or Coverage Provider.

Low Actual Transactions count may indicate missing data or an issue with Jurisdiction State Code or Carrier Code mapping in medical billing system/extract program.



## Trending Across Quarters

4 <sup>th</sup> Quarter 2014				
Coverage Provider				No
Coverage Provider	Threshold	Actual Transactions	Completion Date	Complete on Time
16962	1,500	700		No
45856	5,000	20,500	01/21/2015	Yes

3 <sup>rd</sup> Quarter 2014					
Coverage Provider				10/21/2014	Yes
Coverage Provider	Threshold	Actual Transactions	Completion Date	Complete on Time	
16962	1,500	4,500	10/21/2014	Yes	
45856	5,000	15,500	10/21/2014	Yes	

Compare count of Actual Transactions to prior quarter for each State or Coverage Provider.

Unbalanced reporting may indicate an issue with Jurisdiction State Code or Carrier Code mapping in medical billing system/extract program.

## Research File Submissions

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 16962	4Q - 2014	Completed	Production	Original	01/21/2015 10:32:09	01/21/2015 10:38:40	NCCI16962_2014Q4	medical.ncci_4q2014_16962.txt	1270223
		Submitted	Count	Processed	Count	Rejected	Count		
		Total	700	Total	700	Total	0		
		Count	Records Returned	Reason					
There are no records to display									
2 45856	4Q - 2014	Completed	Production	Original	01/21/2015 09:47:16	01/21/2015 09:56:40	45856_12_2014	medical.45856dec2014.txt	1270225
3 45856	4Q - 2014	Completed	Production	Original	01/21/2015 09:36:54	01/21/2015 09:49:38	45856_11_2014	medical.45856nov2014.txt	1270225
4 45856	4Q - 2014	Completed	Production	Original	01/21/2015 09:34:38	01/21/2015 09:41:38	45856_10_2014	medical.45856oct2014.txt	1270225

Review file submission results

- Rejected Files

Research cause of reject, make necessary corrections, and resubmit data

- No Rejected Files

Research volume of transactions in medical billing system for the quarter



## Quality Component

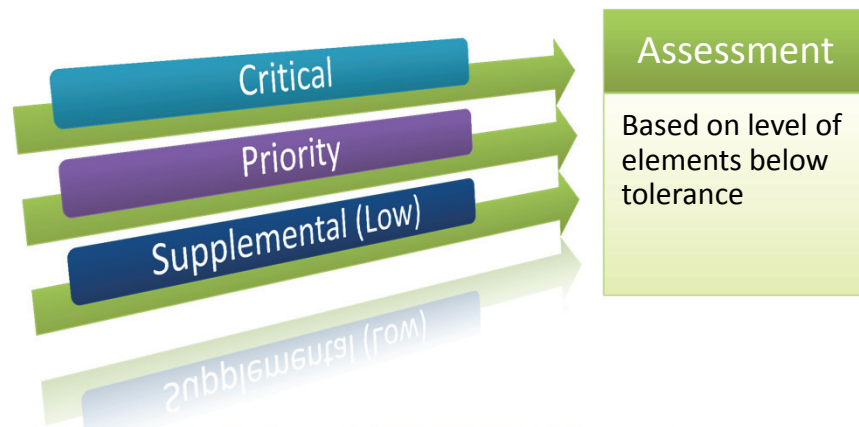
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## Quality

Evaluate quality by data element.



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## Critical Elements

Elements necessary for a transaction to have value:

Element	Tolerance %
Accident Date	95
Amount Charged by Provider	95
Jurisdiction State Code	95
Paid Amount	95
Service Dates	95

## Priority Elements

Elements needed for legislative analysis:

Element	Tolerance %
Network Service Code	95
Provider Identification Number	95
Provider Postal Zip Code	95
Quantity	95
Paid Procedure Code	90
Place of Service Code	80
Provider Taxonomy Code	80
Primary ICD Diagnostic Code	70
First Paid Procedure Code Modifier	5

## Supplemental Elements

Elements used in specialized studies:

Element	Tolerance %
Second Paid Procedure Code Modifier	95
Birth Year	80
Claimant Gender Code	80
Secondary ICD Diagnostic Code	10
Secondary Procedure Code	0

## Incentive Results—Quality

**Incentive Program**

Incentive Results | Completeness Results | Quality Results

[Hide Search Criteria](#)

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

Coverage Provider Group ID: 45856 - NCCI TRAINING COMPANY | Quarter/Year: 4 Qtr / 2014 (Current Qtr/Year - 1 Qtr/2015)

[Refresh Data](#) [Reset](#)

Data as of: 01/21/2015 | 45856 - NCCI TRAINING COMPANY | Quarter/Year: 4 Qtr/2014

Due Date: 03/31/2015

**Incentive Results** [View Incentive Fine Parameters](#)

Countrywide Market Share: 0.11%  
 TOTAL FINE: \$1,500  
 TOTAL BILLED FINE: \$1,500

Completeness	Fine Amount	Quality	Out of Range	Fine Amount
Categories Not Complete On Time	2	Critical Data Elements	0	\$0
Base Fine Amount	\$1,250	Priority Data Elements	2	\$250
Fine Multiplier	x 1.00	Low Data Elements	0	\$0
Total Completeness Fine	\$1,250	Base Fine Amount		\$250
		Fine Multiplier	x 1.00	
		Total Quality Fine		\$250

# Quality Results

**Incentive Program**

**Incentive Quality Filter**

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

Coverage Provider Group ID: 45856 - NCCI TRAINING COMPANY

Quarter/Year: 4 Qtr / 2014 (Current Qtr/Year - 1 Qtr/2015)

Buttons: Refresh Data, Reset

Data as of: 01/22/2015      45856 - NCCI TRAINING COMPANY      Quarter/Year: 4 Qtr/2014

Due Date: 03/31/2015

Quality Results			
Element Category	Element(s) Out of Range	Fine Per Element	Fine Amount
Critical	0 of 5	\$250	\$0
Priority	2 of 9	\$125	\$250
Low	0 of 5	\$25	\$0
<b>TOTAL FINE AMOUNT:</b>			<b>\$250</b>



# Quality Results

Quality Results							
Element Category	Element(s) Out of Range	Fine Per Element		Fine Amount			
Critical	0 of 5	\$250		\$0			
Priority	2 of 9	\$125		\$250			
Element	Threshold %	% Passing Edits	Fine Amount	Edit Seq Nbr	Records that Failed Edits	Edit Description	
NETWORK SERVICE CODE	95.0%	100.0%	\$0				
PROVIDER IDENTIFICATION NUMBER	95.0%	100.0%	\$0				
PROVIDER POSTAL ZIP CODE	95.0%	62.8%	\$125				
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%	\$0				
PAID PROCEDURE CODE	90.0%	96.1%	\$0				
PLACE OF SERVICE CODE	80.0%	98.8%	\$0				
PROVIDER TAXONOMY CODE	80.0%	62.9%	\$125				
PRIMARY ICD DIAGNOSTIC CODE	70.0%	100.0%	\$0				
FIRST PAID PROCEDURE CODE MODIFIER	5.0%	24.3%	\$0				
Low	0 of 5		\$25				\$0
<b>TOTAL FINE AMOUNT:</b>			<b>\$250</b>				



## Review Edit Extracts

Request reports of failing reported values in the Quality Results tab on the Quarter End Validation or Incentive Program screens.

Element	Threshold %	% Passing Edits	Fine Amount	Edit Seq Nbr	Records that Failed Edits	Edit Description
NETWORK SERVICE CODE	95.0%	100.0%	\$0			
PROVIDER IDENTIFICATION NUMBER	95.0%	100.0%	\$0			
PROVIDER POSTAL ZIP CODE	95.0%	62.8%	\$125			
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%					
PAID PROCEDURE CODE	90.0%					
PLACE OF SERVICE CODE	80.0%					
PROVIDER TAXONOMY CODE	80.0%					
Click on Edit Seq Nbr						
PRIMARY ICD	70.0%	100.0%				

**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

Requested edit reports will be sent to your DTVI mailbox.

## Requests for Failing Values

Delimited files provide information to help diagnose data quality issues.

### Edit Frequency Report

Count of bill lines reporting invalid values

Identifies which reported values failed the edit

### Edit Detail Extract

Key details of bill lines reporting invalid values

Allows investigation within source system



## Assessment Calculation

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## Assessment Levels

Assessment amounts are based on market share tiers:

Assessment Level	Market Share Range
1	0.00%–0.25%
2	> 0.25%–1.50%
3	> 1.50%

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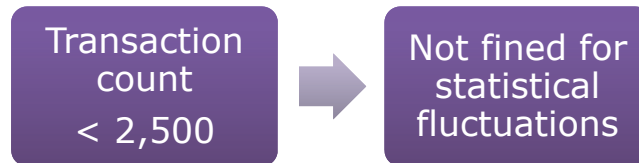
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## Volume Eligibility

- Statistical inferences are less reliable for low transaction volumes



- Applies to:
  - Service Date and Medical Service Completeness categories
  - All quality data elements

## Assessment Amounts—Insufficient Data

Based on the reporting group's market share

Assessment Level	Market Share Range	Insufficient Data Assessment
1	0.00%–0.25%	\$ 3,750
2	> 0.25%–1.50%	\$ 7,500
3	> 1.50%	\$15,000



## Assessment Amounts—Completeness

Based on the reporting group's market share and the number of completeness categories that did not pass

Assessment Level	Market Share Range	Total Completeness Assessment Based on Categories Not Complete on Time		
		1	2	3-5
1	<= 0.25%	\$ 625	\$1,250	\$ 2,500
2	> 0.25%–1.50%	\$1,250	\$2,500	\$ 5,000
3	> 1.50%	\$2,500	\$5,000	\$10,000

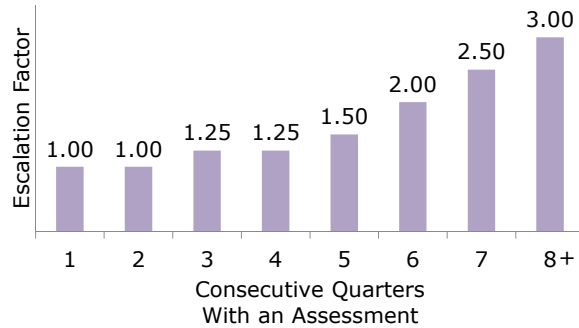
## Assessment Amounts—Quality

Based on the reporting group's market share and the tolerance level (Critical, Priority, or Low) of the data element

Assessment Level	Market Share Range	Quality Assessment per Data Element Based on Tolerance Level		
		Low	Priority	Critical
1	<= 0.25%	\$ 25	\$125	\$ 250
2	> 0.25%–1.50%	\$ 50	\$250	\$ 500
3	> 1.50%	\$100	\$500	\$1,000

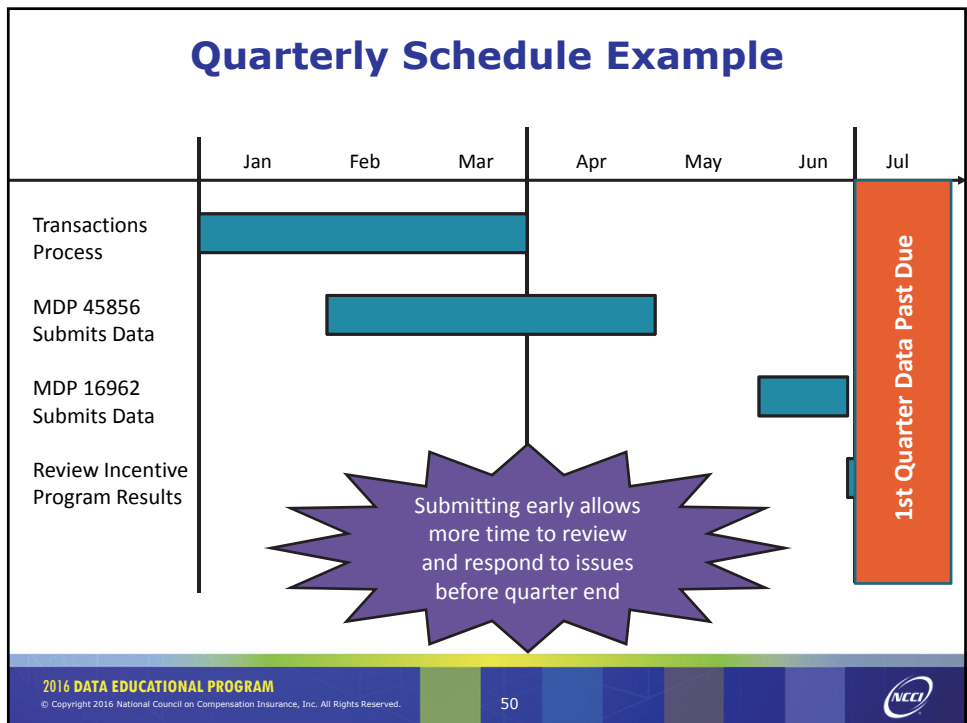
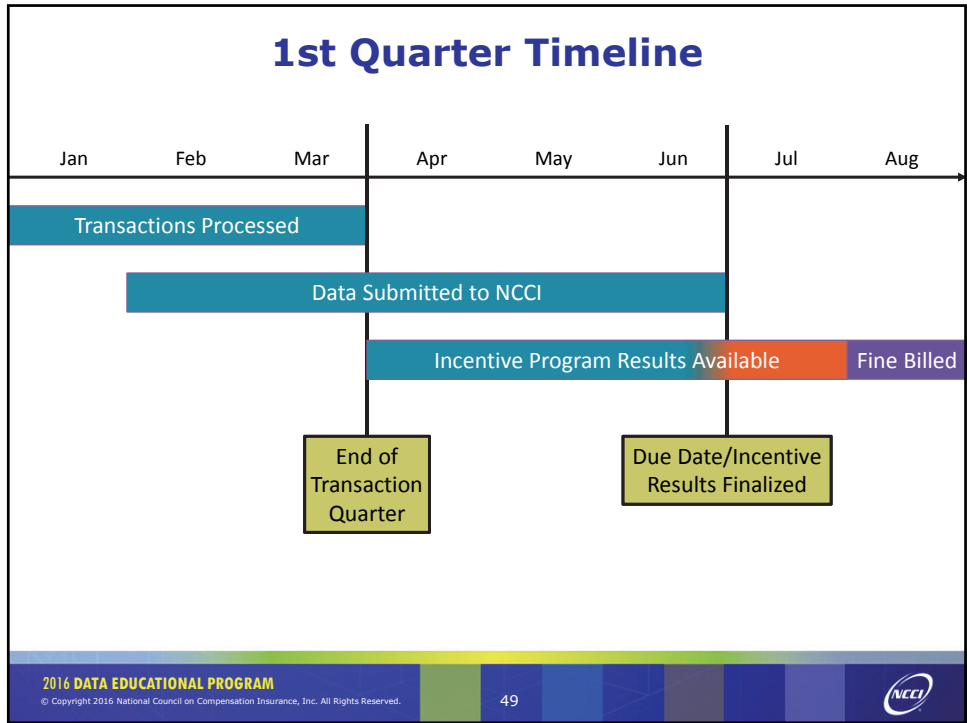
## Assessment Amounts—Fine Multiplier

Assessment amount increases for groups having multiple consecutive quarters with an assessment



## Group 45856—NCCI Training Company

- Small-sized regional carrier
- Provides coverage in FL and GA
- Two carriers in the group
- Each carrier is their own Medical Data Provider (MDP)
  - Carrier/MDP 45856 reports monthly
  - Carrier/MDP 16962 reports quarterly





## Review and Appeals

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## Review Process

Implement  
corrective action

Research the issue



If you don't know your  
assigned validator, call  
800-NCCI-123 or email  
[customer\\_service@ncci.com](mailto:customer_service@ncci.com)

Contact your validator to discuss your results

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## Research the Issue—Completeness

If you have a Completeness Issue:

### Check Submission Tracking



Determine cause of issue:

- Did a submission reject?
- Did your Medical Data Provider(s) submit all of the data for the quarter?
- Did something change (e.g., new Bill Review Vendor)?

### Implement Corrective Action



Determine plan for issue resolution:

- Correction of issue in future submissions
- Possible correction of historical data
- Testing system changes

## Research the Issue—Quality

If you have a Quality Issue:

### Check Quality Results



Determine cause of issue:

- Did you or your Medical Data Provider(s) make a system change?
- Did something change (e.g., new Bill Review Vendor)?

### Implement Corrective Action



Determine plan for issue resolution:

- Correction of issue in future submissions
- Possible correction of historical data
- Testing system changes

## Talk to NCCI

Contact your validator when the issue is in your system or processes.

### For these issues, your assigned validator may request additional information:

Cause of the issue	<ul style="list-style-type: none"><li>• Outside Medical Data Provider/Bill Review Vendor/ Pharmacy Benefits Manager</li><li>• System change—Likely require submission of test file post change</li></ul>
What will be corrected	<ul style="list-style-type: none"><li>• Historical data</li><li>• Future submissions only</li></ul>

## Talk to NCCI

Contact your validator when the issue is **not** in your system or processes.

### For these issues, your assigned validator may request additional information:

Completeness	<ul style="list-style-type: none"><li>• Updated quarterly total medical paid losses</li><li>• Updated business exclusion(s)</li><li>• Details of any large losses being handled by a third party</li></ul>
Quality	<ul style="list-style-type: none"><li>• Reference showing that edited values are valid industry-standard codes</li><li>• Documentation of in-house codes for review</li></ul>



# Resources

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### Data Reporting

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NCCI Introduces the New Data Quality Guidebook  
2016 Financial Call Season

Access DTVI Mailbox  
Access Policy Data Collection  
Access DCA Access Online  
Access Data Manager Dashboard  
Access Circulars  
Access Data Manuals

- GENERAL
- POLICY AND POC
- UNIT STATISTICAL DATA
- FINANCIAL CALLS
- DETAILED CLAIM INFORMATION
- MEDICAL CALL**
- POOL DATA

#### Tools

- Circulars
- Data Manager Dashboard
- Data Transfer via the Internet
- Manuals Library
- Medical Data Collection
- State Insight

#### Resources

- Medical Edit Matrix
- Medical Data Call Reporting FAQs
- Medical Data Call Tools and Resources (PDF)

#### Learning Center

- Medical Data Call—Overview—Webinar on Demand
- Medical Data Call—Editing and Validation—Webinar on Demand
- Medical Data Call—File Submission and Certification—Webinar on Demand
- Medical Data Call—Medical Data Collection Tool—Webinar on Demand

#### Publications/Reports

- ICD-10 Codes—Implementation October 1, 2015

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# Questions





# **Supplemental Information**



## Presenter Biographies

**Christopher Mercer** manages NCCI's Medical Data and Detailed Claim Information Validation teams. Chris possesses more than 19 years of experience in the insurance industry, predominantly in the workers compensation field. He has served as a manager in NCCI's Data Resources Division for more than 13 years, which includes time managing the Financial Data Validation and Unit Data Validation teams. Prior to that, he spent six years working for an insurance carrier, auditing and reporting data to NCCI as well as being responsible for carrier compliance.

**Lisa Ferguson** has worked at NCCI for 20 years and is a lead data analyst in the Medical Data Validation Department. Lisa has held several positions in Customer Operations and Data Resources, including customer service consultant, Unit data collection and validation analyst, operational lead of the Bureau Compliance Statistical Service, and New York Policy Services, residual market Pool data collection and validation analyst, and voluntary data services analyst.

Presently, her responsibilities include collecting, editing, storing, and validating data that is associated with NCCI's Medical Data Call. Lisa provides Medical Data Call systems support as well as data quality review.