



Data Now Program (DNP) Medical Data Call Compliance

Topics

- Medical Compliance Program
- Incentive Program Components
 - Insufficient
 - Completeness
 - Quality
- Assessment Calculation
- Review and Appeals

Key Takeaways

- Details of the **Medical Incentive Program (MIP)** compliance criteria
- Monitor your reporting performance using the **Medical Data Collection (MDC)** tool

Chapter 1: Medical Compliance Programs Overview

Compliance Programs

Medical Incentive Program

- Quarterly
- Effective for New Medical Data Participants after 4 Quarters of data

Carrier Data Quality Report Program – Medical Data Addendum

- Annually
- Included separately in Preliminary and Final

Medical Incentive Program

Separate criteria for Completeness and Quality.

The screenshot shows the Medical Data Collection (MDC) web application interface. At the top left is the NCCI logo and the text "Medical Data Collection". To the right is a search bar with "Search ncci.com" and a magnifying glass icon. Below the search bar are links for "Contact Us", "Log Out", and "My Profile". A navigation bar contains "Manage My Data", "Tools and Information", and "About". A yellow banner message states: "Medical Data Call fine amounts for the quarter will be finalized on 12/31/2024 12:00:00 AM. Until finalized, fine amounts are considered preliminary and may change with each data submission." Below this is the "Incentive Program" section with tabs for "Incentive Results", "Completeness Results", and "Quality Results". The "Incentive Results" tab is active. It contains a search form with a dropdown for "Carrier Group Code" (45856 - NCCI TRAINING COMPANY), a dropdown for "Qtr/Year" (3 Qtr / 2024), and a "(Current Qtr/Year - 4 Qtr/2024)" label. There are "Search" and "Clear Search" buttons.



Data Now Program (DNP) Medical Data Call Compliance

Applicability

- All groups and coverage providers are required to report the Medical Data Call in all NCCI States
- Independent bureau states are not subject to the **Medical Incentive Program**

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

All Companies for an Affiliate

- Contracts are signed at an affiliate level.
- Groups of an affiliate have all data rolled up for units, **Data Quality Incentive Program (DQIP)**, **Carrier Report Card**, and Medical Compliance. Each group reports in the **MDC** tool.
- Each individual company (coverage provider) under a group must report in the **MDC** tool.

Evaluation Timing

Evaluate each reporting group quarterly

- Date received as of due date

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

- Assessments (if any) are billed in the second month following the due date.

Chapter 2: Incentive Program Components

Compliance Objectives

Medical Incentive Program

- Full Submissions by Due Date
- Identifies Extreme Outliers
- Data Meet or Exceed Criteria

Incentive Program Components

1. Insufficient Date – No data by the due date
2. Completeness – Five categories submitted by due date
3. Quality – 20 elements with edits

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



Data Now Program (DNP) Medical Data Call Compliance

Medical Data Collection Tool

- Results are displayed in the **MDC** tool as each file processes.
- Review results after final submission for a quarter has been processed.
- Don't wait until the end of the Due Quarter.

NOTE: Early review allows time to respond to any issues.

- Compliance results available in the MDC tool:
 - Quarter End Validation
 - Incentive Program

Quarter End Validation

- Displays Compliance Category Results
 - All medical states
 - NCCI compliance states
 - Independent bureau states (individually by State)
- Fine Amounts Are Not Displayed
- Will Show Independent Bureau States: IN, MI, MN, NC

Incentive Program

- Displays Compliance Category Results
 - NCCI Compliance States Only
- Fine Amounts are Displayed

Incentive Results Screen

- Search Results by Reporting Quarter
- View the Highest Level of Results
 - Which components are failing?
 - How much is the fine amount?

Incentive Program Assessment Categories

1. Insufficient Data
2. Completeness
3. Quality

Insufficient Data Assessment

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

- ✓ Insufficient Data Assessment
- ✗ Completeness Assessment
- ✗ Quality Assessment



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Submission Tracking

- Search Results by Reporting Quarter
- View the Status of Your Submissions
 - Was the file submitted?
 - Was the file processed or rejected?
 - Were any records returned?

Chapter 3: Completeness Components

Paid Losses

NCCI's minimum threshold is derived from NAIC Calendar Year (CY) Paid Losses

- Policy Year Paid Losses – Losses for policies written in a given year.
- Accident Year Paid Losses – Losses for accidents occurring in a given year.
- Calendar Year Paid Losses – Transactions occurring in a given year.

Five Categories to Measure Completeness

- State
- Coverage Provider
- Medical Data Provider
- Medical Service
- Service Date Distribution

State

Verify that transactions are received for each expected state.

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

NOTE: Minimum transaction threshold is based on a group's NAIC CY Paid Losses in that state.

Coverage Provider

Verify that transactions are received for each expected coverage provider.

- Paid Loss – At least \$1,000,000 NAIC Paid Loss in all states
- Medical Paid Amount – Approximately one transaction per \$500 in medical paid
- Assumption – Medical/Indemnity split assumptions: 55%

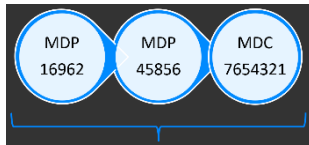
NOTE: Minimum transaction threshold is based on coverage provider's NAIC CY Paid Losses in all NCCI compliance states.



Data Now Program (DNP) Medical Data Call Compliance

Medical Data Provider

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



Minimum of **one** transaction per quarter.

Medical Service

Verify that sufficient pharmacy data has been included in the quarterly data.

of Transactions (Place of Service = Pharmacy + Taxonomy = Pharmacist)

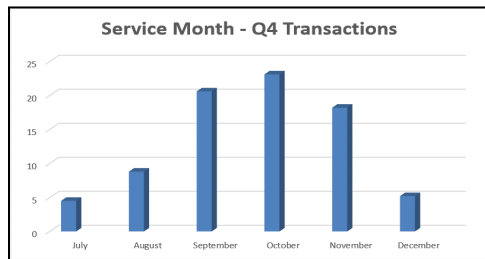
of Transactions Reported for the Quarter



At least 4%
of transactions

Service Date Distribution

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



Knowledge Check

Which of the following is not a category for Completeness (circle the correct answer):

- A. Coverage Provider
- B. State
- C. Transaction Date Distribution

Incentive Results—Completeness

Incentive Results

Countrywide Market Share: 0.99%
TOTAL FINE: \$1,550
TOTAL BILLED FINE: \$1,550

Category	Fine Amount	Quality	Out of Range	Fine Amount
Completeness				
Categories Not Complete On Time	2	Critical Data Elements	0	\$0
		Priority Data Elements	1	\$250
		Low Data Elements	1	\$50
Base Fine Amount	\$1,250	Base Fine Amount		\$300
Fine Multiplier	x1.00	Fine Multiplier		x1.00
Total Completeness Fine	\$1,250	Total Quality Fine		\$300



Data Now Program (DNP) Medical Data Call Compliance

Completeness Results

Medical Data Call fine amounts for the quarter will be finalized on 12/31/2024 12:00:00 AM. Until finalized, fine amounts are considered preliminary and may change with each data submission.

Incentive Program

Carrier Group Code: 45856 - NCCI TRAINING COMPANY | Qtr/Year: 3 Qtr / 2024 | (Current Qtr/Year - 4 Qtr/2024)

Data as of 10/23/2024 | Due Date 12/31/2024

Completeness Category	Completion Date	Complete on Time
State	09/30/2024	Yes
Coverage Provider		No
Medical Data Provider	08/30/2024	Yes
Medical Service	08/30/2024	Yes
Service Date Distribution		No

Service Date Distribution

Identifying the gap in service dates can reveal potentially missing transactions for May, August, or September.

Service Month	Actual Percent
Apr-24	3.1%
May-24	10.1%
Jun-24	31.6%
Jul-24	34.1%
Aug-24	9.3%
Sep-24	0.8%

In order to qualify for Complete On Time, a minimum of three consecutive service months must be greater than or equal to 12.5% threshold.

Trending Within a Category

Comparing the count of Actual Transactions to the Threshold for each State or Coverage Provider can reveal a potentially missing file for a Coverage Provider.

Completeness Category	Completion Date	Complete on Time		
State	09/30/2024	Yes		
State	Threshold	Actual Transactions	Completion Date	Complete on Time
FL	1,485	8,000	09/30/2024	Yes
GA	368	2,000	08/30/2024	Yes
Coverage Provider				No
Coverage Provider	Threshold	Actual Transactions	Completion Date	Complete on Time
16962	1,485	0	07/01/2024	No
45856	1,633	10,000	09/30/2024	Yes
Medical Data Provider			08/30/2024	Yes
Medical Service			08/30/2024	Yes
Service Date Distribution				No

Research File Submissions

From Manage My Data

- Submission Status Column
- Rejected File row can be expanded for the results and reject reason
- Research Cause of reject, make necessary corrections, and resubmit data

Submission Tracking

Provider ID: 45856 | Qtr/Year: 3 Qtr / 2024 | Current Qtr/Year - 4 Qtr/2024

Prod ID	Qtr/Year	Status	Trans Type	File Type	Receive Date/Time	Process Date/Time	Unique File Identifier	File Name	User ID	NCCI Tag	Mbr
45856	3Q-2024	Completed	Production	Original	10/11/2024 22:24:22	10/11/2024 22:24:22	45856_3q2024_45856	medical_3q2024_4445161.txt	1219247	3381048	
45856	3Q-2024	Rejected	Production	Original	10/05/2024 22:14:32	10/05/2024 22:14:32	45856_3q2024_116942	medical_3q2024_4458551.txt	1219247	3381047	

Count: Submitted: 3000, Processed: 3000, Rejected: 0




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Chapter 4: Quality Components

Quality

The quality component consists of three categories comprising of the 20 data elements:

- Critical
 - Priority
 - Supplemental
- 

Assessment
Based on level of elements
below tolerance.

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 (NPI)	95
Provider Postal (ZIP+4) Code	95
Quantity/Number of Units per Procedure Code	95
Paid Procedure Code	80
Place of Service Code	80
Provider Taxonomy Code	80
Primary IDC Diagnostic Code	70
(First) Paid Procedure Code Modifier	5

Supplemental (Low) 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



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Quality Component Example

- From the Manage My Data, select the Incentive Program
- Quality Results on the right
- Priority Data category shows one of the priority data elements does not meet the criteria

Medical Data Collection

Search ncci.com

Contact Us Log Out My Profile

Manage My Data Information About

Medical Data Call fine amounts for the quarter will be finalized on 12/31/2024 12:00:00 AM. Until finalized, fine amounts are considered preliminary and may change with each data submission.

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 / 2024 (Current Qtr/Year - 4 Qtr/2024)

Data as of 10/23/2024 Due Date 12/31/2024 45856 - NCCI TRAINING COMPANY Quarter/Year 3 Qtr/2024

Incentive Results

Category	Count	Fine Amount	Quality	Out of Range	Fine Amount
Countrywide Market Share	0.99%		Critical Data Elements	0	\$0
TOTAL FINE		\$750	Priority Data Elements	1	\$125
TOTAL BILLED FINE		\$750	Base Data Elements	0	\$0
Completeness			Base Fine Amount		\$125
Categories Not Complete On Time	3		Fine Multiplier		x1.00
Base Fine Amount		\$425	Total Quality Fine		\$125
Fine Multiplier		x1.00			
Total Completeness Fine		\$425			

Primary ICD Diagnostic Code Element Example

Data as of 10/23/2024 Due Date 12/31/2024 45856 - NCCI TRAINING COMPANY Quarter/Year 3 Qtr/2024

Quality Results

Element Category	Element (s) Out of Range	Fine Per Element	Fine Amount
Critical	0 of 5	\$250	\$0
Priority	1 of 9	\$125	\$125
Low	0 of 3	\$25	\$0

Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description	Fine Amount
NETWORK SERVICE CODE	95.0%	100.0%				\$0
PROVIDER IDENTIFICATION NUMBER	95.0%	100.0%				\$0
PROVIDER POSTAL ZIP CODE	95.0%	100.0%				\$0
QUANTITY NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%				\$0
PAID PROCEDURE CODE	90.0%	100.0%				\$0
PLACE OF SERVICE CODE	80.0%	100.0%				\$0
PROVIDER TAXONOMY CODE	80.0%	100.0%				\$0
PRIMARY ICD DIAGNOSTIC CODE	70.0%	65.1%				\$125
FIRST PAID PROCEDURE CODE MODIFIER	5.0%	100.0%				\$0

PRIMARY ICD DIAGNOSTIC CODE 70.0% 65.1%

Click on Edit Seq Nbr link to request report 3,490 0509-02 Primary ICD diagnostic code is not a valid ICD code.

Click on Edit Sequence Number link to request a report.

Quality Results—Review Edit Extracts

- Request reports of failing reported values.
 - Quarter End Validation
 - Incentive Program

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



Requested edit reports will be sent to your **Data Transfer via the Internet (DTVI)** mailbox.



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Request 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 fail the edit

Edit Detail Extract

- Key details of bill lines reporting invalid values
- Allows investigation within source system

Knowledge Check

A minimum threshold per state is established if Calendar Year Paid Losses are at least (circle the correct answer):

- A. \$1
- B. \$2,500
- C. \$1,000,000

Which of the following is not an independent bureau state required to report medical data to NCCI (circle the correct answer)?

- A. IN
- B. PA
- C. NC

Chapter 5: Assessment Calculation

Assessment Levels

Assessment amounts are based on countrywide market share tiers:

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

Volume Eligibility

- Statistical inferences are less reliable for low transaction volumes
 - Transaction Count <2,500 → Not fined for statistical fluctuations
- Applies to:
 - Medical Services and Service Date Distribution Completeness categories
 - All Quality data elements



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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

Insufficient Data = No Files

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
1	0.00%–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

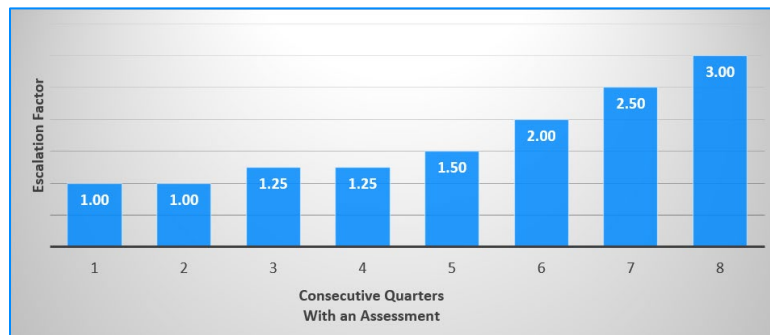
Assessment Amounts—Quality

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

Assessment Level	Market Share Range	Quality Assessment per Data Element Based on Tolerance Level		
		Low	Priority	Critical
1	0.00%–0.25%	\$ 25	\$125	\$ 250
2	>0.25%–1.50%	\$ 50	\$250	\$ 500
3	>1.50%	\$100	\$500	\$1,000

Assessment Amounts—Fine Multiplier

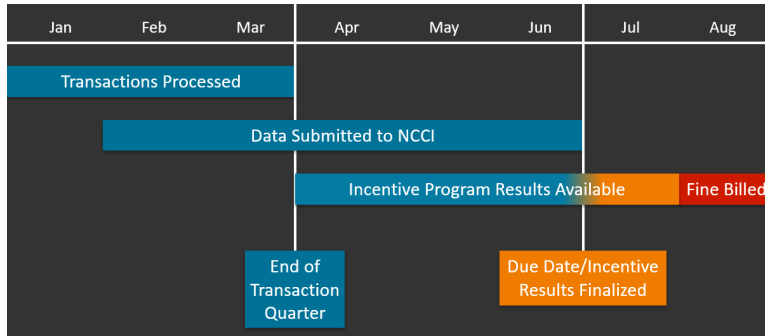
Assessment amount increases for groups having multiple consecutive quarters with an assessment.





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First Quarter Transactions Timeline

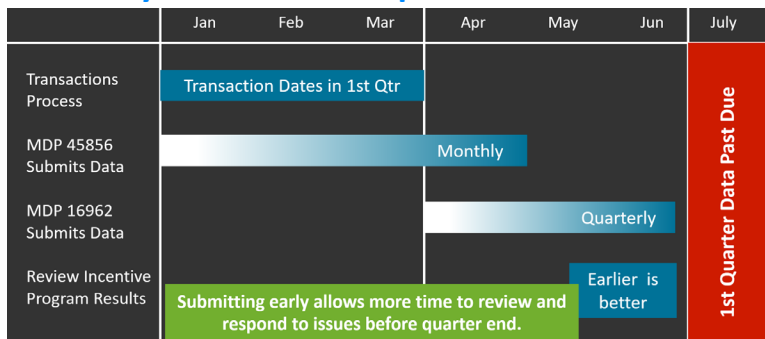


Quarterly Schedule Example

Group 45856—NCCI Training Company

- Small-sized regional carrier
- Provides coverages in Florida and Georgia
- Two coverage providers in the group 45856/16962
- Each carrier is its own Medical Data Provider (MDP)
 - Carrier/MDP 45856 reports monthly
 - Carrier/MDP 16962 reports quarterly

Quarterly Schedule Example



Chapter 6: Carrier Data Quality Report—Medical Addendum Carrier Data Quality Report Program (Carrier Report Card) Objectives

Medical Addendum

- Evaluates groups' overall annual reporting performance
- Pass or Fail Grade is based on Completeness/Quality
- Not sent to regulators



Data Now Program (DNP) Medical Data Call Compliance

Carrier Data Quality Report—Medical Data Addendum – Example

		Completeness			Quality					
Reporting Quarter	Due Date	% Categories Completed on Time	Quarters Completed on Time	Grade	Critical Elements	Priority Elements	Low Elements	Quarters Passing	Grade	
4Q 2021	3/31/2022	100%	Y		0	0	0	Y		
1Q 2022	6/30/2022	100%	Y		0	0	0	Y		
2Q 2022	9/30/2022	100%	Y		0	0	0	Y		
3Q 2022	12/31/2022	100%	Y		0	0	0	Y		
				4	PASS				4	PASS

Completeness Grading	Quality Grading
<p>Completeness Grade is based on the number of Quarters Completed on Time.</p> <p>A quarter is complete when 100% of categories are completed by Due Date.</p> <p>PASS >= 3 quarter(s) completed on time FAIL < 3 quarter(s) completed on time</p>	<p>Quality Grade is based on the number of Quarters Passing.</p> <p>A quarter passes if:</p> <ul style="list-style-type: none"> • 0 Fined Critical Elements • <=2 Fined Priority Elements • <=2 Fined Low Elements <p>PASS >= 3 quarter(s) passing FAIL < 3 quarter(s) passing</p>

Knowledge Check

Why does the 2022 Carrier Report Card start with Q4 2021 transactions (enter your response below)?

Would Completeness pass if only Q4 2021 failed (enter your response below)?

Is the overall grade for 2022 pass or fail and why (enter your response below)?



Chapter 7: Review and Appeals

Review Process

1. Research the Issue
2. Contact Your Validator to Discuss Your Results
3. Implement Correction Action

If you don't know your assigned validator:

Call: 800-NCCI-123

Email: customer_service@ncci.com

Research the Issue

Completeness

Check Submission Tracking

- Determine cause of issue:
 - Did a submission reject?
 - Did your Medical Data Provider(s) submit 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 (**required**)!

Quality

Check Quality Results

- Determine cause of issue:
 - Did you or your Medical Data Provider(s) make a system change?
 - Did you report NPI for the Provider ID?
 - Are there new tables (e.g., ICD or CMS)?
 - 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 (**required**)!



Data Now Program (DNP) Medical Data Call Compliance

Contact NCCI

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

- Cause of the Issue
 - Outside Medical Data Provider/Bill Review Vendor/Pharmacy Benefits Manager
 - System Changes—requires submission of test files post change
- What will be corrected
 - Historical data
 - Future submissions only

NOTE: NCCI may require additional information.

Contact your validator when the issue is NOT with your system or processes.

- Completeness
 - Quarterly total medical paid
 - Business exclusion(s)
 - Details of any large losses or losses being handled as a lump sum
 - Details of any losses outside the Medical Data Call reporting period
- Quality
 - Reference showing that edited values are valid industry-standard codes
 - Documentation of in-house codes for review

NOTE: NCCI may require additional information.

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