



Medical Data Collection Tool

User's Guide

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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
 - Key Field Verification
- ❑ 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.
 - **Carrier 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. Carrier Group access provides aggregate Quarter End Validation, Incentive Program and Key Field Verification Group level results.

Note: Quarter End Validation, Incentive Program and Key Field Verification Group results are not viewable under Medical Data Submitter Access.

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**



Login

User ID

[Forgot User ID?](#)

Password

[Forgot Password/Reset Password](#)

Remember me



[Login Assistance](#)

New User

Don't have a user ID and password?

Please contact us at **800-622-4123** or email Customer Service.

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Data Reporting	Industry Information	Residual Markets	Underwriting	Agents/Brokers	Insights
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Access DTVI Mailbox	Access Policy Data Collection	Access Unit Data Collection
Access Data Manager Dashboard	Access DCI Data Collection	Access Data Manuals

GENERAL

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

RESOURCES

- Data Now Program (DNP) Resource Library
- Data Reporting: Electronic Certification and Recertification Requirements
- Data Reports Guide
- WCIO Data Specifications

PUBLICATIONS / REPORTS

- Save the Date for NCCI's Data Now Program (DNP) 2025 **New**
- Data Manager Dashboard Tool User's Guide (PDF)
- The Data Connection - 2023, Edition One
- NCCI Data Type Tools and Resources
- Solutions

[Complete Listing](#)

LEARNING CENTER

- NCCI Academy (Exclusively for Carriers and Regulators)
- General Data Reporting Module (6 courses)

EXPERIENCE RATING SPLIT DATA

- Experience Rating (ER) Split Data Reporting Template
- PEO - Employee Leasing Forms
- Experience Rating - Request for Separate Experience Data

- ❑ Click **MEDICAL DATA CALL**

The screenshot shows the NCCI Atlas website interface. At the top, there are navigation tabs: Data Reporting, Industry Information, Residual Markets, Underwriting, Agents/Brokers, and Insights. Below the navigation is a banner with the text "Discover the Advantages of NCCI ATLAS" and an image of a group of people working together. To the right of the banner are three columns of links: "Access DTVI Mailbox", "Access Policy Data Collection", "Access Unit Data Collection", "Access Data Manager Dashboard", "Access DCI Data Collection", and "Access Data Manuals". Below the banner is a sidebar menu with the following items: GENERAL, POLICY AND POC, UNIT STATISTICAL DATA, FINANCIAL CALLS, INDEMNITY DATA CALL, DETAILED CLAIM INFORMATION, MEDICAL DATA CALL (highlighted with a red arrow), and POOL DATA. The main content area is divided into three sections: RESOURCES, PUBLICATIONS / REPORTS, and LEARNING CENTER. The RESOURCES section includes links to "Data Now Program (DNP) Resource Library", "Data Reporting: Electronic Certification and Recertification Requirements", "Data Reports Guide", and "WCIO Data Specifications". The PUBLICATIONS / REPORTS section includes links to "Save the Date for NCCI's Data Now Program (DNP) 2025 New", "Data Manager Dashboard Tool User's Guide (PDF)", "The Data Connection - 2023, Edition One", "NCCI Data Type Tools and Resources", and "Solutions". The LEARNING CENTER section includes links to "NCCI Academy (Exclusively for Carriers and Regulators)" and "General Data Reporting Module (6 courses)".

- ❑ Select **Medical Data Collection** from the Products section

The screenshot shows the NCCI Atlas website interface. At the top, there are navigation tabs: Data Reporting, Industry Information, Residual Markets, Underwriting, Agents/Brokers, and Insights. Below the navigation is a banner with the text "Discover the Advantages of NCCI ATLAS" and an image of a group of people working together. To the right of the banner are three columns of links: "Access DTVI Mailbox", "Access Policy Data Collection", "Access Unit Data Collection", "Access Data Manager Dashboard", "Access DCI Data Collection", and "Access Data Manuals". Below the banner is a sidebar menu with the following items: GENERAL, POLICY AND POC, UNIT STATISTICAL DATA, FINANCIAL CALLS, INDEMNITY DATA CALL, DETAILED CLAIM INFORMATION, MEDICAL DATA CALL (highlighted with a green background), and POOL DATA. The main content area is divided into three sections: PRODUCTS, PUBLICATIONS / REPORTS, and LEARNING CENTER. The PRODUCTS section includes links to "Circulars (part of Atlas Underwriting Bundle)", "Data Manager Dashboard", "Data Transfer via the Internet", "Medical Data Collection" (highlighted with a red arrow), "NCCI Atlas (Access Manuals)", and "State Insight". The PUBLICATIONS / REPORTS section includes links to "Medical Data Collection Tool User's Guide (PDF)". The LEARNING CENTER section includes links to "Medical Data Call Module (7 courses)".

Main Page Features

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

The screenshot shows the main page of the Medical Data Collection tool. 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, and links for "Contact Us", "Log Out", and "My Profile". Below this is a navigation bar with "Manage My Data", "Tools and Information", and "About". The main content area is titled "Welcome to Medical Data Collection" and "About Medical Data Collection". It contains a description of the tool, a list of focus areas (Medical Call data submission status and statistics, Quality Tracking results and edit information, Quarter End Validation results and distributions, Medical Incentive Program details), a "System Alerts and Information" section (no alerts at this time), a "Latest Enhancements" section (7/16/24 Enhancement: a new Medical data field, Provider Postal (Zip +4) Code, has now been implemented within the Medical Data Collection tool), and a "Quick Links" section (Data Transfer via the Internet, Medical Data Edit Matrix). The footer contains "NCCI" (NCCI Homepage, Contact Us), "QUICK LINKS" (Data Transfer via the Internet, Data Manager Dashboard, Manuals Library, Medical Data Collection Tool User's Guide), and "LEGAL" (Disclaimer). Copyright information is at the bottom: © Copyright 2010 - 2024 National Council on Compensation Insurance, Inc. All Rights Reserved.

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

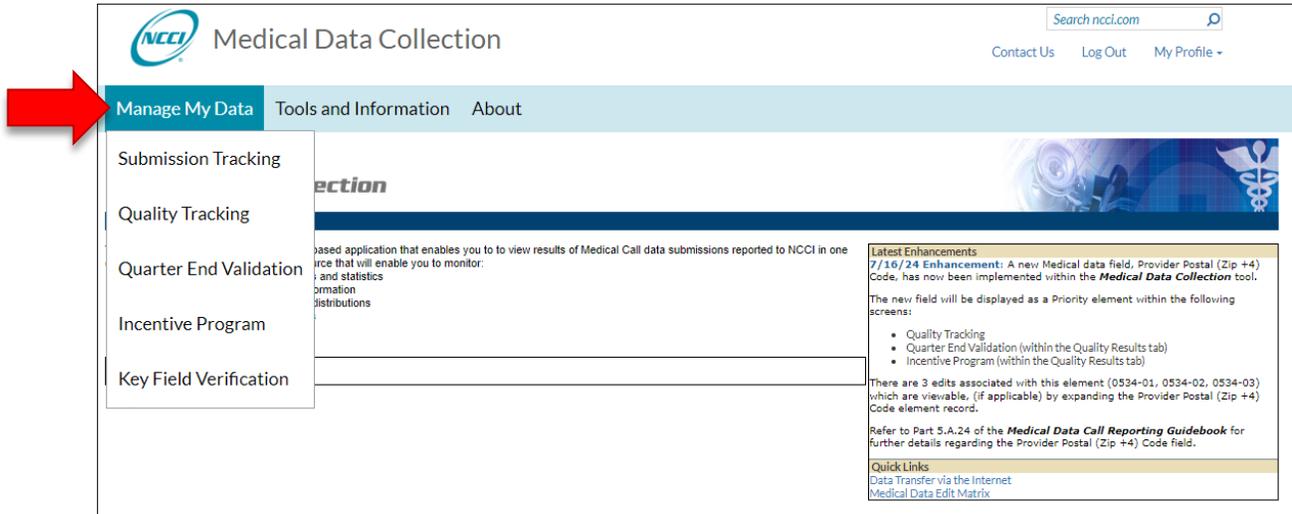
Useful Features

- ❑ At the top-left of the screen is the **NCCI** logo. Click this logo to return to **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 icon**
- ❑ In the footer at the bottom of the screen, there are several links:
 - NCCI Home Page
 - Contact Us
 - Data Transfer via the Internet
 - Data Manager Dashboard
 - Manuals Library
 - Medical Data Collection Tool User's Guide
 - Disclaimer

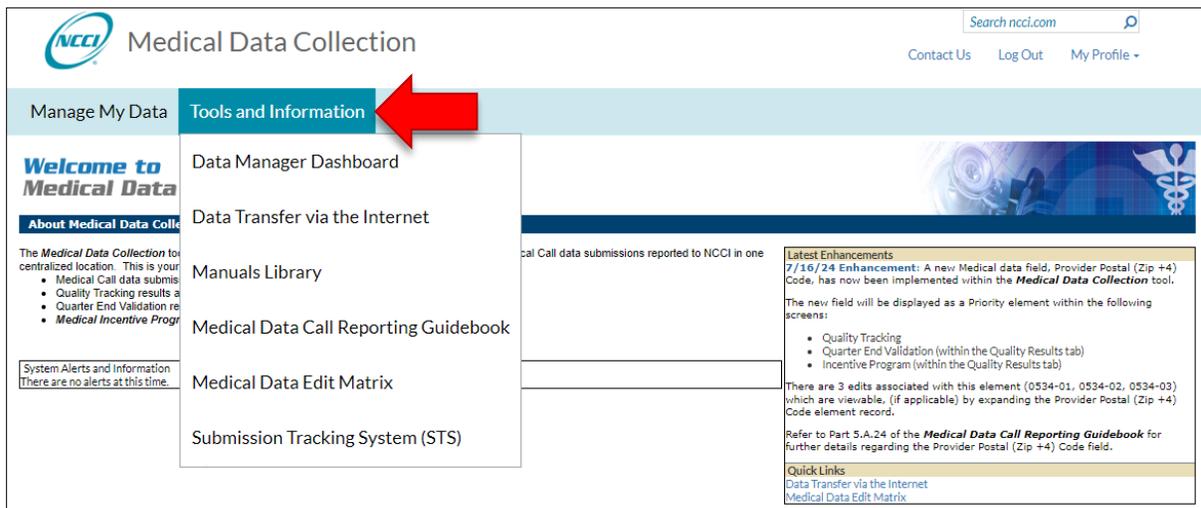
Main Menu Features

- ❑ The **Manage My Data** tab allows you to select from one of five options: Submission Tracking, Quality Tracking, Quarter End Validation, * Incentive Program, * or Key Field Verification*



* Based on the user's level of access.

- ❑ The **Tools and Information** tab provides additional links to tools and information to assist you with data reporting

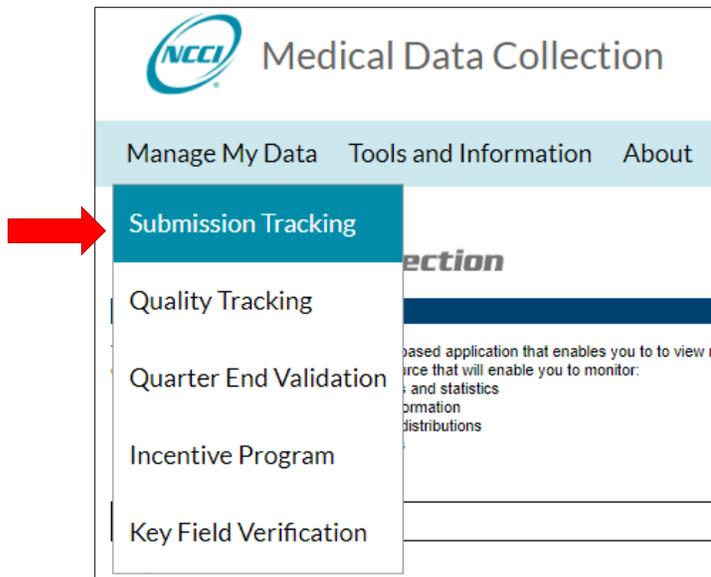


Submission Tracking

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.

Follow the steps below to view your submissions.

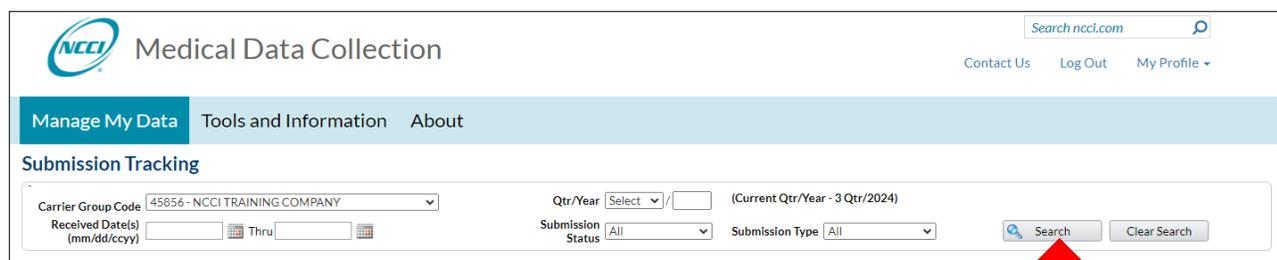
1. Hover over the **Manage My Data** tab and click **Submission Tracking**.



2. Select from the following search criteria:
 - Carrier Group Code
 - Qtr/Year or Received Date(s)
 - Submission Status: All, Completed, In Progress, Rejected
 - Submission Type: All, Transaction, Key Field Change

Note: Submission Status and Submission Type default to **All**.

3. Click **Search**.



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

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, Key Field Change)
 - 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
 - NCCI Tracking Number**—Assigned by NCCI to track the submission

Data as of 07/21/2020 99990 - NCCI INC Received Dates From 7/15/2020

Submission Status All

#	Med Data Prvdr ID	Rpt Qtr/Yr	Sbmn Status	Trans Type	File Type	Receive Date/Time	Process Date/Time	Unique File Identifier	File Name	User ID	NCCI Trkng Nbr
▶ 1	99990	1Q - 2020	In Progress	Production	Key Field Change	07/21/2020 13:45:15		99990LF_KFCTST1Q2020	medkeylisatest99990.txt	1127065	3974239
▶ 2	99990	2Q - 2020	<u>Completed</u>	Production	Replacement	07/21/2020 13:44:59	07/21/2020 13:56:44	99990MEDKEY_TST2Q2020	medical.lfnfratest2q2020r.txt	1127065	3974238
▶ 3	99990	2Q - 2020	<u>Completed</u>	Certification	Original	07/21/2020 13:43:23	07/21/2020 13:54:46	99990MEDKEY_TST2Q2020	medical.lfnfratest2q2020.tst	1127065	3974237
▶ 4	99990	2Q - 2020	<u>Rejected</u>	Production	Original	07/21/2020 13:34:59	07/21/2020 13:42:36	99990MEDKEY_TST2Q2020	medical.lfnfratest2q2020.txt	1127065	3974233
▶ 5	99990	2Q - 2020	<u>Completed</u>	Production	Original	07/21/2020 13:10:48	07/21/2020 13:41:45	99990MEDKEY_TST2Q2020	medical.lfnfratest2q2020.txt	1127065	3974227
▶ 6	99990	1Q - 2020	<u>Completed</u>	Production	Original	07/21/2020 13:10:33	07/21/2020 13:30:50	99990MEDKEY1_TST1Q2020	medical.lfnfratest1q2020.txt	1127065	3974226
▶ 7	99990	1Q - 2020	<u>Completed</u>	Production	Original	07/21/2020 13:08:02	07/21/2020 13:19:53	99990LF_INFRTST1Q2020	medical.lfnfratest1q2020.txt	1127065	3974224

- 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, as well as the Key Field Verification results for the file, expand the line number by clicking the expand arrow next to that file.

Medical Data Collection Tool User's Guide

Data as of 08/22/2024 45856 - NCCI TRAINING COMPANY Quarter/Year 2 Qtr/2024 Submission Status All

#	Med Data Prvdr ID	Rpt Qtr/Yr	Sbmn Status	Trans Type	File Type	Receive Date/Time	Process Date/Time	Unique File Identifier	File Name	User ID	NCCI Trkng Nbr
1	45856	2Q - 2024	Completed	Production	Original	08/21/2024 09:42:44	08/21/2024 09:50:41	BILXOX20240821X0922000000	medical.mdc_userguide_screenshots.txt	1219237	5296816
		Transaction		Submitted	Processed	Rejected					
		Total		2,966	2,964	2					
Edit Seq Nbr	Reject Details						Occurrences of Edit	Records Subject to Edit	% of Occurrences		
0028-01	Carrier code is missing or not a valid carrier code.						1	2,966	0.0%		
0033-01	Claim number identifier is invalid, missing, or all zeros.						1	2,966	0.0%		
Data Type	Verification Parameters					Key Fields Reviewed	Key Fields Found	Percentage Found	Key Fields Not Found		
Policy	Carrier Code, Policy Number					2,616	0	0.0%	2,616		
Policy	Carrier Code, Policy Number, Policy Effective Date					2,616	0	0.0%	2,616		
Unit	Carrier Code, Policy Number, Policy Effective Date					2,616	0	0.0%	2,616		
Unit	Carrier Code, Policy Number, Policy Effective Date, Claim Number					2,616	0	0.0%	2,616		

- ❑ Key Field Verification results displayed in the Submission Tracking screen provide medical data reporters a view of individual file level results for the Medical Data Call key fields
- ❑ The Medical Claim Keys are verified against the keys reported in the Policy and Unit Statistical Data
- ❑ Users with Carrier Group Level access will be able to download the Key Field Verification results at the file level, from the Submission Tracking Screen by selecting the blue download icon

Note: For the Key Field Verification, comparison between the Medical Data Call and the Policy Data key fields occurs on a rolling 48-month basis starting with the current month, based on the Policy Effective Date of the claim submitted on the Medical Data Call.

The Key Field Verification comparison between the Medical Data Call and the Unit Statistical Data key fields occurs on a rolling 28-month basis starting with the current month minus 20 months, based on the Policy Effective Date of the claim submitted on the Medical Data Call.

The parameters evaluated are noted on the header of the Key Fields Not Found Download.

For information on how to make Key Field Changes to previously reported Medical Data Call records, please refer to the **Medical Data Call Reporting Guidebook**.

6. You now have the following options:

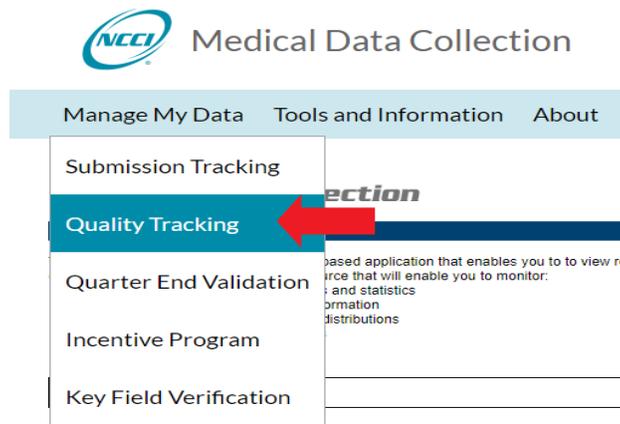
- ❑ To return to the application main page, click the **Medical Data Collection** link at the top left of the window
- ❑ To access another component from the main page, hover over **Manage My Data** and select another tab
- ❑ To exit the application, click the **NCCI** logo to return to **ncci.com**

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**.



2. 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 **Search**.



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 08/22/2024		45856 - NCCI TRAINING COMPANY		Quarter/Year 2 Qtr/2024		
File Level Results						
Transmission Type Production						
Med Data Provider ID	Med Data Provider Name					
▶ 45856	NCCI TRAINING COMPANY					

Medical Data Provider ID/Medical Data Provider Name

- ❑ If the Medical Data Provider is not part of the reporting group, results will show only forfiles 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

Data as of 08/22/2024		45856 - NCCI TRAINING COMPANY		Quarter/Year 2 Qtr/2024		
File Level Results						
Transmission Type Production						
Med Data Provider ID	Med Data Provider Name					
▶ 45856	NCCI TRAINING COMPANY					
Submission File Id	Received Date	Nbr of Records	File Type	File Name		
▶ BILXOX20240821X0922000000	08/21/2024	2,964	Original	medical.mdc_userguide_screenshots.txt		View Validation Results

- ❑ 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	
BILXOX20240821X0922000000	08/21/2024	2,964	Original	medical.mdc_userguide_screenshots.txt	View Validation Results
<ul style="list-style-type: none"> ▶ 1 of 5 Critical Element(s) outside of range ▶ 3 of 10 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

1 of 5 Critical Element(s) outside of range						
Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description	
ACCIDENT DATE	95.0%	100.0%				
AMOUNT CHARGED BY PROVIDER	95.0%	100.0%				
JURISDICTION STATE CODE	95.0%	88.3%				
PAID AMOUNT	95.0%	100.0%				
SERVICE DATE(S)	95.0%	100.0%				

- ❑ 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

Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description
ACCIDENT DATE	95.0%	100.0%			
AMOUNT CHARGED BY PROVIDER	95.0%	100.0%			
JURISDICTION STATE CODE	95.0%	88.3%	348	0108-04	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 09/18/2019

45856 - NCCI TRAINING COMPANY

Quarter/Year 2 Qtr/2019

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

Submission File Id	Received Date	Nbr of Records	File Type	File Name	
BILXOX20240821X0922000000	08/21/2024	2,964	Original	medical.mdc_userguide_screenshots.txt	View Validation Results
<ul style="list-style-type: none"> ▶ 1 of 5 Critical Element(s) outside of range ▶ 3 of 10 Priority Element(s) outside of range ▶ 0 of 5 Low Element(s) outside of range 					



- ❑ The pop-up window displays Validation Results:

Validation Results for Group 45856 - NCCI TRAINING COMPANY Submission File ID BILXOX20240821X0922000000				
Data as of 08/22/2024		Quarter/Year 2 Qtr/2024	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	2,964	0.0%
0153-02	Policy effective date is after accident date.	0	2,964	0.0%
0519-07	Original record already exists.	0	2,964	0.0%
0505-03	Paid amount is greater than amount charged by provider.	0	2,964	0.0%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	2,964	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	2,964	0.0%
0509-03	Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid.	0	2,964	0.0%
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	0	2,964	0.0%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	2,964	0.0%



- 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

- ❑ **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

Results by Medical Data Provider

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)

Med Data Provider ID	Med Data Provider Name
45856	NCCI TRAINING COMPANY
<ul style="list-style-type: none"> ▶ 1 of 5 Critical Element(s) outside of range ▶ 3 of 10 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

3 of 10 Priority Element(s) outside of range

Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description
▶ NETWORK SERVICE CODE	95.0%	100.0%			
▶ PROVIDER IDENTIFICATION NUMBER	95.0%	1.6%			
▶ PROVIDER POSTAL (ZIP +4) CODE	95.0%	0.0%			
▶ PROVIDER POSTAL ZIP CODE	95.0%	91.9%			
▶ QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%			
▶ PAID PROCEDURE CODE	90.0%	100.0%			
▶ PLACE OF SERVICE CODE	80.0%	100.0%			
▶ PROVIDER TAXONOMY CODE	80.0%	100.0%			
▶ PRIMARY ICD DIAGNOSTIC CODE	70.0%	100.0%			
▶ FIRST PAID PROCEDURE CODE MODIFIER	5.0%	100.0%			

- 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



Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description
NETWORK SERVICE CODE	95.0%	100.0%			
PROVIDER IDENTIFICATION NUMBER	95.0%	1.6%	5	0510-01	Provider identification number is missing.
			2,911	0510-02	Provider identification number is not valid per the table
PROVIDER POSTAL (ZIP +4) CODE	95.0%	0.0%			
PROVIDER POSTAL ZIP CODE	95.0%	91.9%			
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%			
PAID PROCEDURE CODE	90.0%	100.0%			
PLACE OF SERVICE CODE	80.0%	100.0%			
PROVIDER TAXONOMY CODE	80.0%	100.0%			
PRIMARY ICD DIAGNOSTIC CODE	70.0%	100.0%			
FIRST PAID PROCEDURE CODE MODIFIER	5.0%	100.0%			

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	
45856	NCCI TRAINING COMPANY	View Validation Results

- The pop-up window displays Validation Results:



Edit Seq Nbr	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0505-02	Paid amount equals amount charged by provider.	0	2,964	0.0%
0153-02	Policy effective date is after accident date.	0	2,964	0.0%
0519-07	Original record already exists.	0	2,964	0.0%
0505-03	Paid amount is greater than amount charged by provider.	0	2,964	0.0%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	2,964	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	2,964	0.0%
0509-03	Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid.	0	2,964	0.0%
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	0	2,964	0.0%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	2,964	0.0%

- 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
- **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)

Results by Carrier Group		
Carrier Group Code	Carrier Group Name	
45856	NCCI TRAINING COMPANY	View Validation Results
<ul style="list-style-type: none"> ▶ 1 of 5 Critical Element(s) outside of range ▶ 3 of 10 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

3 of 10 Priority Element(s) outside of range						
Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description	
NETWORK SERVICE CODE	95.0%	100.0%				
▶ PROVIDER IDENTIFICATION NUMBER	95.0%	1.6%				
▶ PROVIDER POSTAL (ZIP +4) CODE	95.0%	0.0%				
▶ PROVIDER POSTAL ZIP CODE	95.0%	91.9%				
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%				
PAID PROCEDURE CODE	90.0%	100.0%				
PLACE OF SERVICE CODE	80.0%	100.0%				
PROVIDER TAXONOMY CODE	80.0%	100.0%				
PRIMARY ICD DIAGNOSTIC CODE	70.0%	100.0%				
FIRST PAID PROCEDURE CODE MODIFIER	5.0%	100.0%				

- ❑ 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

Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description
▶ NETWORK SERVICE CODE	95.0%	100.0%			
▶ PROVIDER IDENTIFICATION NUMBER	95.0%	1.6%			
			5	0510-01	Provider identification number is missing.
			2,911	0510-02	Provider identification number is not valid per the table
▶ PROVIDER POSTAL (ZIP +4) CODE	95.0%	0.0%			
▶ PROVIDER POSTAL ZIP CODE	95.0%	91.9%			
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%			
PAID PROCEDURE CODE	90.0%	100.0%			
PLACE OF SERVICE CODE	80.0%	100.0%			
PROVIDER TAXONOMY CODE	80.0%	100.0%			
PRIMARY ICD DIAGNOSTIC CODE	70.0%	100.0%			
FIRST PAID PROCEDURE CODE MODIFIER	5.0%	100.0%			

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

Results by Carrier Group		
Carrier Group Code	Carrier Group Name	
45856	NCCI TRAINING COMPANY	View Validation Results
<ul style="list-style-type: none"> ▶ 1 of 5 Critical Element(s) outside of range ▶ 3 of 10 Priority Element(s) outside of range ▶ 0 of 5 Low Element(s) outside of range 		



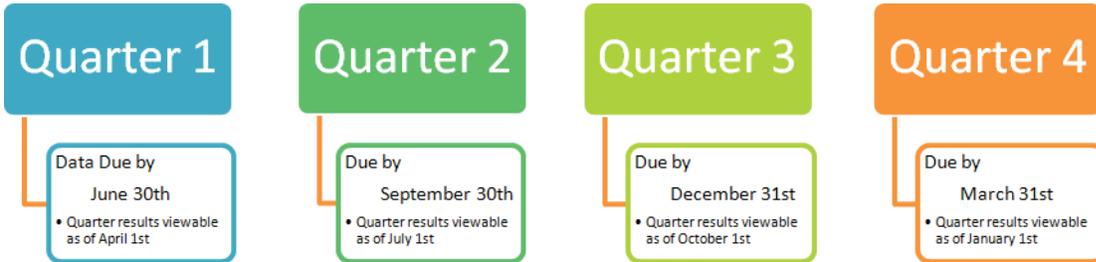
- ❑ The pop-up window displays Validation Results:

Validation Results for Group 45856 - NCCI TRAINING COMPANY				
Data as of 08/22/2024		Quarter/Year 2 Qtr/2024		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	2,964	0.0%
0153-02	Policy effective date is after accident date.	0	2,964	0.0%
0519-07	Original record already exists.	0	2,964	0.0%
0505-03	Paid amount is greater than amount charged by provider.	0	2,964	0.0%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	2,964	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	2,964	0.0%
0509-03	Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid.	0	2,964	0.0%
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	0	2,964	0.0%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	2,964	0.0%

- 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
- ❑ **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 return to **ncci.com**

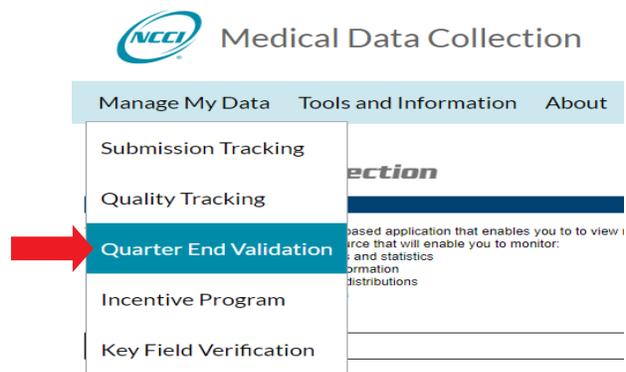
Quarter End Validation

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)
4. Click **Search**.

The screenshot shows the 'Quarter End Validation' search interface. It has three tabs: 'Distributions', 'Completeness Results', and 'Quality Results'. The 'Distributions' tab is selected. Below the tabs, there is a search form with a 'Carrier Group Code' dropdown menu set to '45856 - NCCI TRAINING COMPANY', a 'Qtr/Year' dropdown menu set to 'Select', and a text input field. To the right of the input field, it says '(Current Qtr/Year - 3 Qtr/2024)'. At the bottom right of the form, there are 'Search' and 'Clear Search' buttons. A red arrow points to the 'Search' button.

Distributions Tab

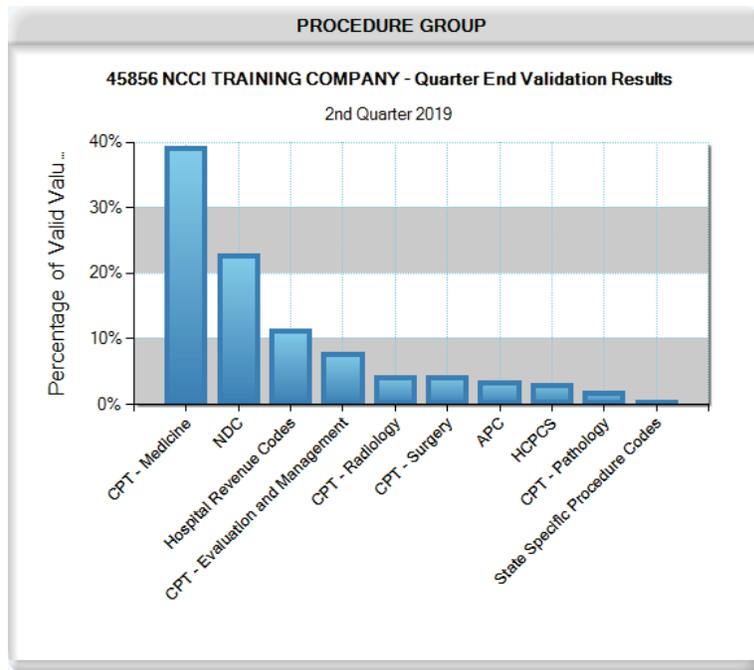
Selecting the **Distributions** tab displays the list of available Distribution Results charts and the Elements with Expected Values Not Reported.

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**

Data as of 08/22/2024		45856 - NCCI TRAINING COMPANY		Quarter/Year 2 Qtr/2024	
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	📊			
PROVIDER TAXONOMY GROUP	Chart Of Provider Taxonomy Group	📊			
NETWORK SERVICE CODE	Chart Of Network Service Code	📊			
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	Chart Of Quantity/Number of Units per Procedure Code	📊			
PLACE OF SERVICE CODE	Chart Of Place of Service Code	📊			
CLAIMANT GENDER CODE	Chart Of Claimant Gender Code	📊			
AMOUNT CHARGED BY PROVIDER	Chart Of Amount Charged by Provider	📊			
PAID AMOUNT	Chart Of Paid Amount	📊			
AGE AT INJURY	Chart Of Age at Injury	📊			
ACCIDENT DATE	Chart Of Accident Date	📊			
SERVICE DATE	Chart Of Service Date	📊			

- ❑ 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

Elements with Expected Values 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.	51 TC
PLACE OF SERVICE CODE	0508-03	Value(s) expected for place of service code were not supplied.	Inpatient Hospital
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	0513-02	Value(s) expected for quantity/number of units per procedure code for drug/medication-related records were not supplied.	30 60 90 120

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	08/21/2024	Yes
▶	Coverage Provider	08/21/2024	Yes
▶	Medical Data Provider	08/21/2024	Yes
▶	Medical Service		No
▶	Service Date Distribution		No

- ❑ Expanding the categories displays the following:
 - State—The specific state that is being evaluated
 - 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

Completeness Results

▶	Completeness Category	Completion Date	Complete on Time										
▶	State	08/21/2024	Yes										
▶	<table border="1"> <thead> <tr> <th>State</th> <th>Threshold</th> <th>Actual Transactions</th> <th>Completion Date</th> <th>Complete on Time</th> </tr> </thead> <tbody> <tr> <td>FL</td> <td>0</td> <td>2,616</td> <td>08/21/2024</td> <td>Yes</td> </tr> </tbody> </table>	State	Threshold	Actual Transactions	Completion Date	Complete on Time	FL	0	2,616	08/21/2024	Yes		
State	Threshold	Actual Transactions	Completion Date	Complete on Time									
FL	0	2,616	08/21/2024	Yes									
▶	Coverage Provider	08/21/2024	Yes										
▶	Medical Data Provider	08/21/2024	Yes										
▶	Medical Service		No										
▶	Service Date Distribution		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

Quality Results		View Validation Results
▶	Element Category	Element(s) Out of Range
▶	Critical	0 of 5
▶	Priority	3 of 10
▶	Low	0 of 5

- 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

▶	Element Category	Element(s) Out of Range						
▶	Critical	0 of 5						
▶	Priority	3 of 10						
▶			Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description
			NETWORK SERVICE CODE	95.0%	100.0%			
			PROVIDER IDENTIFICATION NUMBER	95.0%	1.3%			
			PROVIDER POSTAL (ZIP +4) CODE	95.0%	0.0%			
			PROVIDER POSTAL ZIP CODE	95.0%	90.9%			
			QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%			
			PAID PROCEDURE CODE	90.0%	100.0%			
			PLACE OF SERVICE CODE	80.0%	100.0%			
			PROVIDER TAXONOMY CODE	80.0%	100.0%			
			PRIMARY ICD DIAGNOSTIC CODE	70.0%	100.0%			
			FIRST PAID PROCEDURE CODE MODIFIER	5.0%	100.0%			
▶	Low	0 of 5						



- 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

Priority		3 of 10				
Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description	
▶ NETWORK SERVICE CODE	95.0%	100.0%				
▶ PROVIDER IDENTIFICATION NUMBER	95.0%	1.3%				
Click on Edit Seq Nbr link to request report			2,583	0510-02	Provider identification number is not valid per the table	
▶ PROVIDER POSTAL (ZIP +4) CODE	95.0%	0.0%				
▶ PROVIDER POSTAL ZIP CODE	95.0%	90.9%				
▶ QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%				

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

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	3 of 10	
▶ Low	0 of 5	

Medical Data Collection Tool User's Guide

- ❑ 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 45856 - NCCI TRAINING COMPANY
State Filter All Medical States 

Data as of 08/23/2024 Quarter/Year 2 Qtr/2024 Due Date 09/30/2024

Edit Seq Nbr	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0505-02	Paid amount equals amount charged by provider.	0	2,794	0.0%
0153-02	Policy effective date is after accident date.	0	2,794	0.0%
0519-07	Original record already exists.	0	2,794	0.0%
0505-03	Paid amount is greater than amount charged by provider.	0	2,794	0.0%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	2,794	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	2,794	0.0%
0509-03	Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid.	0	2,794	0.0%
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	0	2,794	0.0%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	2,794	0.0%
0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	0	2,794	0.0%
0522-08	A valid service date or valid service from date and service to date have not been provided.	0	2,794	0.0%

If there are no validation edits, the following screen displays:

Validation Results for Group 45856 - NCCI TRAINING COMPANY
State Filter All Medical States 

Data as of 08/22/2024 Quarter/Year 2 Qtr/2024 Due Date 09/30/2024

Edit Seq Nbr	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
No records to display.				

- ❑ **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 return to **ncci.com**

Incentive Program

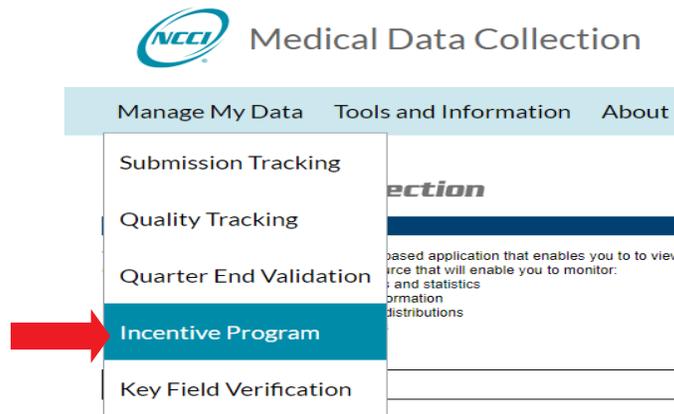
The **Medical Incentive Program (MIP)** provides incentives to submit the Medical Data Call in a timely and accurate manner. The program will apply monetary assessments when Call submissions do not meet the defined criteria by the due date.

A data provider group's **MIP** results will be finalized when the reporting quarter closes. The preliminary 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 Level 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 **Search**.



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 Results		View Incentive Fine Parameters																														
<p>Countrywide Market Share 0.00%</p> <p>TOTAL FINE \$625</p> <p>TOTAL BILLED FINE \$625</p>																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Completeness</th> <th style="text-align: right;">Fine Amount</th> </tr> </thead> <tbody> <tr> <td>Categories Not Complete On Time 1</td> <td></td> </tr> <tr> <td style="text-align: right;">Base Fine Amount</td> <td style="text-align: right;">\$625</td> </tr> <tr> <td style="text-align: right;">Fine Multiplier</td> <td style="text-align: right;">x 1.00</td> </tr> <tr> <td style="text-align: right;">Total Completeness Fine</td> <td style="text-align: right;">\$625</td> </tr> </tbody> </table>	Completeness	Fine Amount	Categories Not Complete On Time 1		Base Fine Amount	\$625	Fine Multiplier	x 1.00	Total Completeness Fine	\$625	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Quality</th> <th style="text-align: right;">Out of Range</th> <th style="text-align: right;">Fine Amount</th> </tr> </thead> <tbody> <tr> <td>Critical Data Elements</td> <td style="text-align: right;">0</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Priority Data Elements</td> <td style="text-align: right;">0</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Low Data Elements</td> <td style="text-align: right;">0</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td style="text-align: right;">Base Fine Amount</td> <td></td> <td style="text-align: right;">\$0</td> </tr> <tr> <td style="text-align: right;">Fine Multiplier</td> <td></td> <td style="text-align: right;">x 1.00</td> </tr> <tr> <td style="text-align: right;">Total Quality Fine</td> <td></td> <td style="text-align: right;">\$0</td> </tr> </tbody> </table>	Quality	Out of Range	Fine Amount	Critical Data Elements	0	\$0	Priority Data Elements	0	\$0	Low Data Elements	0	\$0	Base Fine Amount		\$0	Fine Multiplier		x 1.00	Total Quality Fine		\$0
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	0	\$0																														
Base Fine Amount		\$0																														
Fine Multiplier		x 1.00																														
Total Quality Fine		\$0																														

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

Incentive Results

[View Incentive Fine Parameters](#)

<p>Countrywide Market Share 0.41%</p> <p>TOTAL FINE \$7,500</p> <p>TOTAL BILLED FINE \$7,500</p>	
Insufficient Data Received	Fine 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 09/19/2019

Insufficient Data

Assessment Level	Market Share Ranges	Insufficient Data Assessment
1	0.00% - 0.25%	\$4,750
2	0.26% - 1.50%	\$8,500
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 - 2	1.00
3 - 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	09/18/2019	Yes
▶	Coverage Provider	09/18/2019	Yes
▶	Medical Data Provider	09/18/2019	Yes
▶	Medical Service		No
▶	Service Date Distribution		No

- Expanding the categories displays the following:
 - State—The specific state that is being evaluated
 - 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

Completeness Results

	Completeness Category	Completion Date	Complete on Time										
▶	State	09/18/2019	Yes										
▲	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>State</th> <th>Threshold</th> <th>Actual Transactions</th> <th>Completion Date</th> <th>Complete on Time</th> </tr> </thead> <tbody> <tr> <td>FL</td> <td>0</td> <td>7,329</td> <td>09/18/2019</td> <td>Yes</td> </tr> </tbody> </table>	State	Threshold	Actual Transactions	Completion Date	Complete on Time	FL	0	7,329	09/18/2019	Yes		
State	Threshold	Actual Transactions	Completion Date	Complete on Time									
FL	0	7,329	09/18/2019	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

Element Category	Element(s) Out of Range	Fine Per Element	Fine Amount
▶ Critical	0 of 5	\$250	\$0
▶ Priority	0 of 10	\$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)



Low		0 of 5		\$25	\$0	
Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description	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 DIAGNOSTIC CODE	10.0%	38.2%				\$0
▶ SECONDARY PROCEDURE CODE	0.0%	14.8%				\$0
Total Fine Amount						\$0

- 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
 - Fine Amount—The assessment that applies when the data element is out of range (below threshold)

Low	0 of 5		\$25		\$0	
Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description	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 DIAGNOSTIC CODE	10.0%	38.2%				\$0
<i>Click on Edit Seq Nbr link to request report</i>			1	0514-01	Secondary ICD diagnostic code is not a valid ICD code.	
			3,949	0514-03	Secondary ICD diagnostic code is missing.	
SECONDARY PROCEDURE CODE	0.0%	14.8%				\$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 requester'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

Key Field Verification

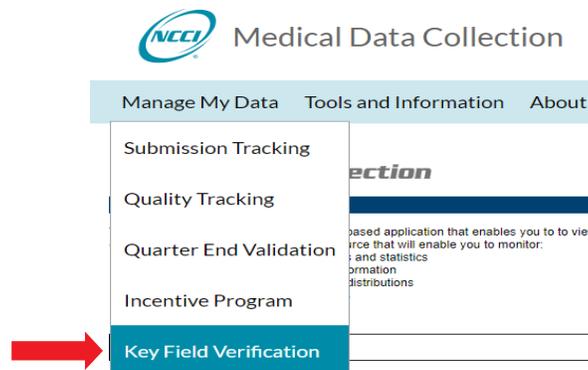
The Medical Key Field Verification (KfV) provides aggregate results at the Carrier Group Level.

The Medical Data Call Claim Keys are verified against the keys reported in the Policy and Unit Statistical Data.

Note: Only Users with Carrier Group Level access may view the KfV Carrier Group results screen and will be able to download Medical Data Call claim key fields which are not found in the Policy and Unit Statistical by selecting the blue download icon.

Follow the steps below to view the Key Field Verification results.

1. Hover over the **Manage My Data** tab and click **Key Field Verification**.



2. The Key Field Verification screen displays the Carrier Group Code.

Key Field Verification

Carrier Group Code: 45856 - NCCI TRAINING COMPANY

NCCI TRAINING COMPANY

Data is refreshed with each file submission Last Refresh 08/21/2024

Data Type	Verification Parameters	Key Fields Reviewed	Key Fields Found	Percentage Found	Key Fields Not Found
Policy	Carrier Code, Policy Number	2,616	0	0.0%	2616
Policy	Carrier Code, Policy Number, Policy Effective Date	2,616	0	0.0%	2616
Unit	Carrier Code, Policy Number, Policy Effective Date	2,616	0	0.0%	2616
Unit	Carrier Code, Policy Number, Policy Effective Date, Claim Number	2,616	0	0.0%	2616

The Key Field Verification screen allows users to review aggregated results for Medical Data Call key fields that are not found in the Policy and Unit Statistical Data.

Key Field Verification uses the following Medical Data Call fields for verification against the Policy and Unit Statistical Data as follows:

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

Medical Data Collection Tool User's Guide

Policy Data Verification Parameters:

- Carrier Code and Policy Number Identifier
- Carrier Code, Policy Number Identifier, and Policy Effective Date

Unit Statistical Data Verification Parameters:

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

The Key Field Verification process between the Medical Data Call and the Policy Data key fields occurs on a rolling 48-month basis starting with the current month, based on the Policy Effective Date of the claim submitted on the Medical Data Call. The Key Field Verification process between the Medical Data Call and the Unit Statistical Data key fields occurs on a rolling 28-month basis starting with the current month minus 20 months, based on the Policy Effective Date of the claim submitted on the Medical Data Call.

The parameters evaluated are noted on the header of the Key Fields Not Found Download, which can be accessed by clicking on the download icon to the right of the row in question.

NCCI TRAINING COMPANY					
Data is refreshed with each file submission					Last Refresh 08/21/2024
Data Type	Verification Parameters	Key Fields Reviewed	Key Fields Found	Percentage Found	Key Fields Not Found
Policy	Carrier Code, Policy Number	2,616	0	0.0%	 2616
Policy	Carrier Code, Policy Number, Policy Effective Date	2,616	0	0.0%	 2616
Unit	Carrier Code, Policy Number, Policy Effective Date	2,616	0	0.0%	 2616
Unit	Carrier Code, Policy Number, Policy Effective Date, Claim Number	2,616	0	0.0%	 2616

Once the CSV file is ready, click the link to open the spreadsheet containing the key fields needed to research your source system.

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 45856 - NCCI TRAINING COMPANY
 Refresh Date: 08/21/2024
 Key Field Verification Download: 08/22/2024 4:37 PM
 Policy Verification Parameters: Carrier Code - Policy Number
 Policy Effective Date Range: 08/01/2020 - 08/31/2024
 The number of records may be less than the amount displayed on the screen.

Carrier Code	Policy Number	Policy Effective Date	Claim Number	Data Provider
45856	NPINBR051002	11/1/2022	MDCUSRGDB115	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB116	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB117	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB118	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB119	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB120	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB121	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB122	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB123	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB124	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB125	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB126	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB127	45856
45856	NPINBR051002	11/1/2022	MDCUSRGDB128	45856

For information on how to make Key Field Changes to previously reported Medical Data Call records, please refer to the ***Medical Data Call Reporting Guidebook***.