Medical Data Collection Tool

User's Guide
2020

Table of Contents

Medical Data Collection Overview **2**
Benefits 2
Key Features 2
Logging In 3
Main Page Features 5
The Four Quadrants 5
Useful Features 5
Main Menu Features 7
Submission Tracking **8**
Quality Tracking **11**
File Level Results Tab 12
Aggregate Results Tab 15
Quarter End Validation **19**
Distributions Tab 20
Completeness Results Tab 22
Quality Results Tab 23
Incentive Program **26**
Incentive Results Tab 27
Completeness Results Tab 29
Quality Results Tab 30
Key Field Verification **32**

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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.

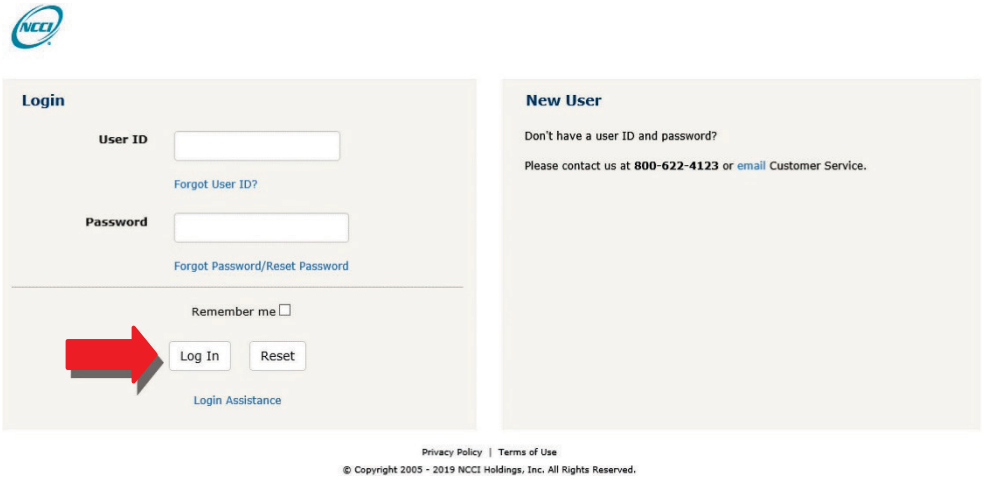
    Carrier Group access provides aggregate Quarter End Validation, Incentive Program and Key Field Verification Group level results.

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

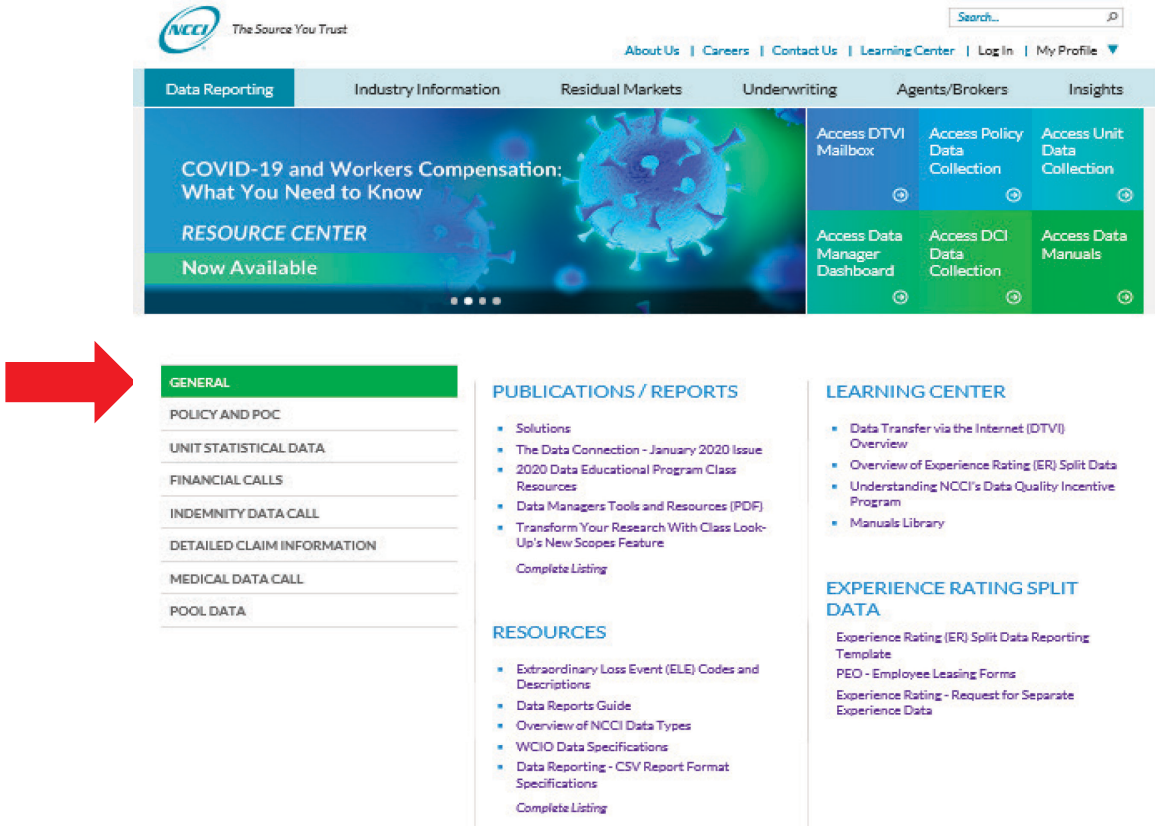
© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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**

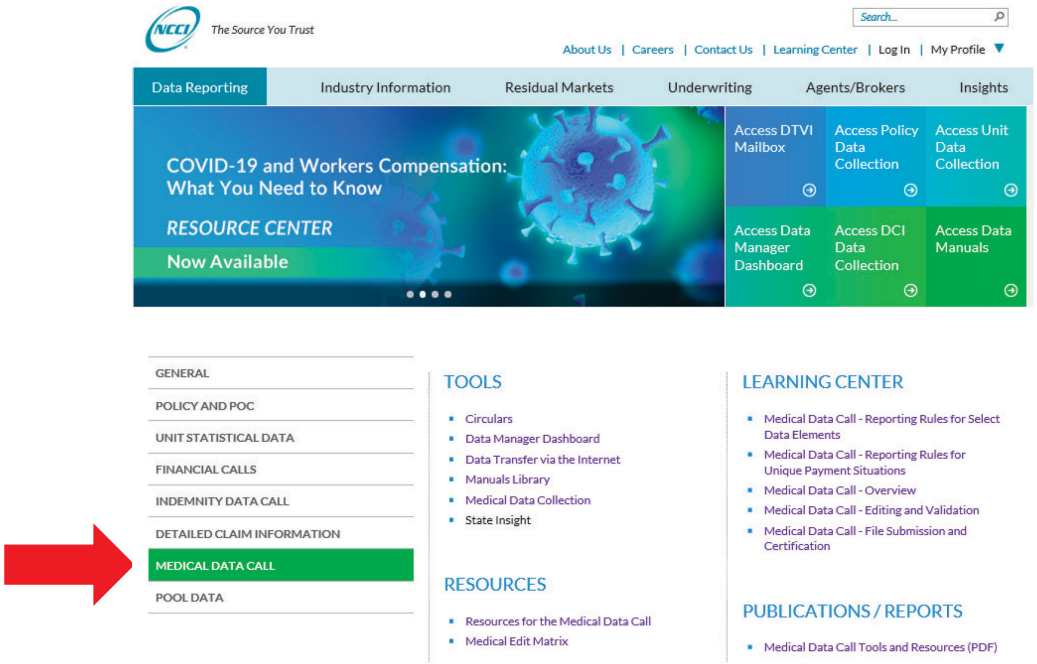


- Click the **Data Reporting** link

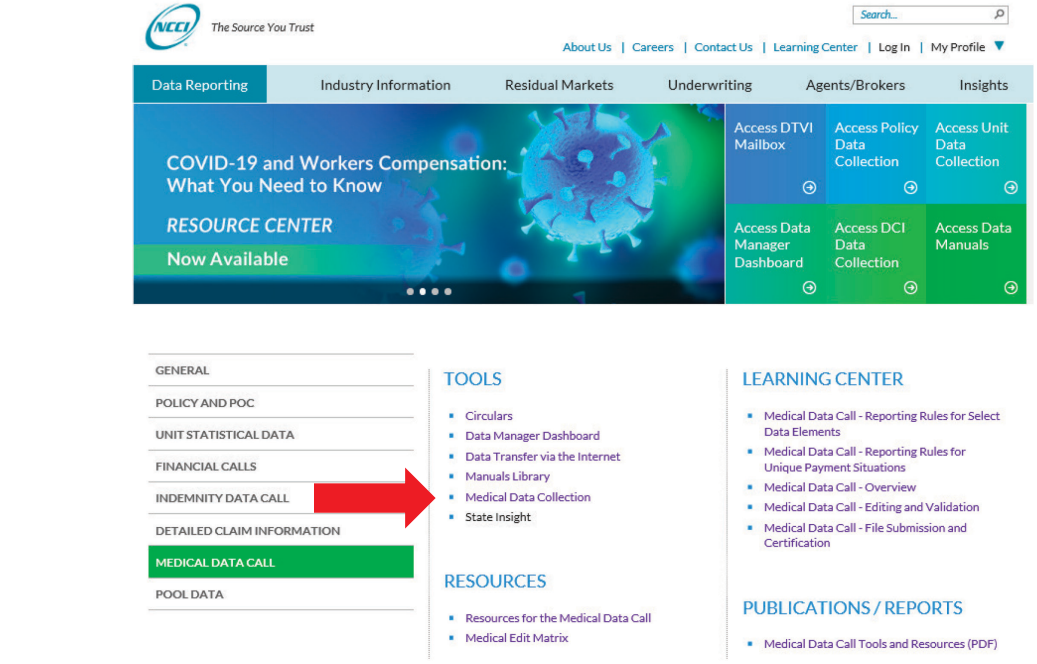


© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

- Click **MEDICAL DATA CALL**



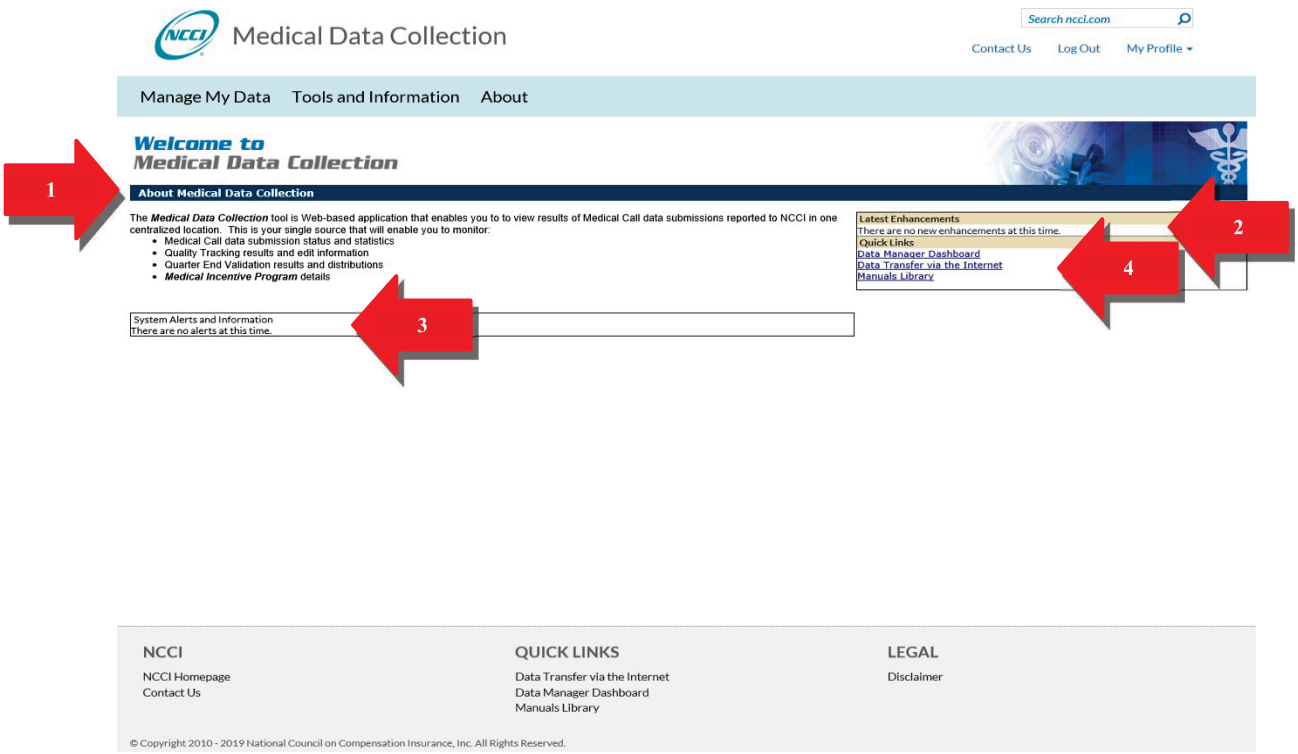
- Select **Medical Data Collection** from the Tools section



© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

Main Page Features

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



The Four Quadrants

- The **About Medical Data Collection** section (1) describes the various focus areas of ***Medical Data Collection***
- The **Latest Enhancements** section (2) displays the latest updates made to ***Medical Data Collection***
- The **System Alerts and Information** section (3) provides up-to-the-minute information on current system or data issues in ***Medical Data Collection***
- The **Quick Links** section (4) allows users to easily access additional data-related information

Useful Features

- At the top of the screen is the **NCCI** logo. Click this logo to 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

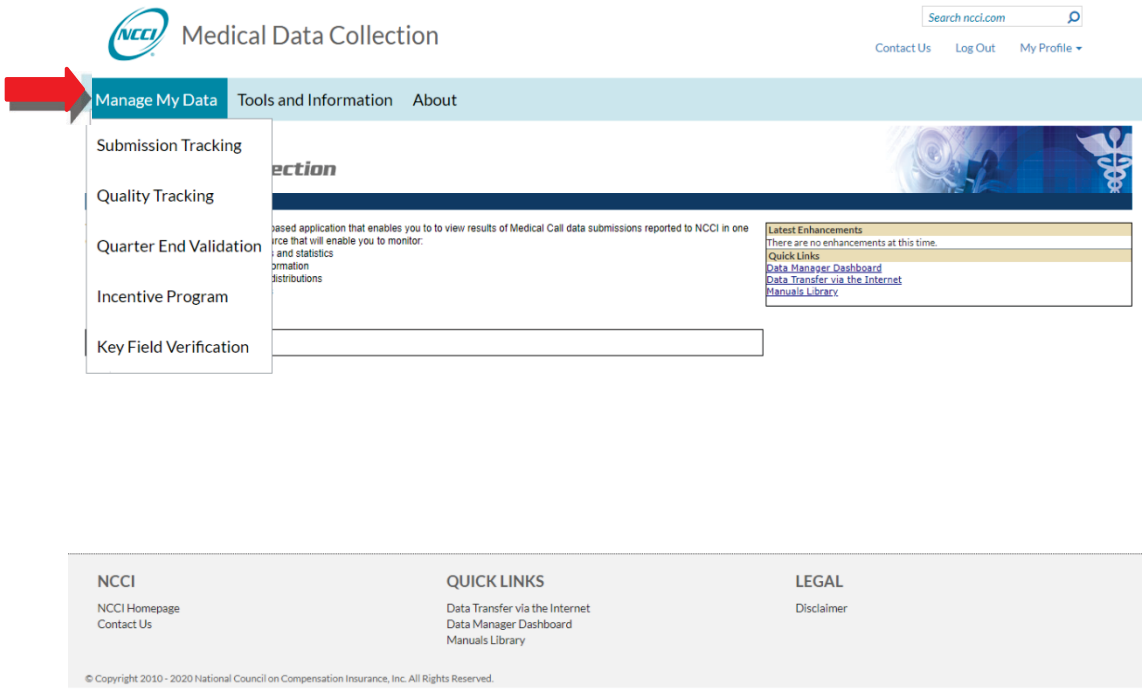
© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

- 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 Homepage
  - Contact Us
  - Data Transfer via the Internet
  - Data Manager Dashboard
  - Manuals Library
  - Disclaimer

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

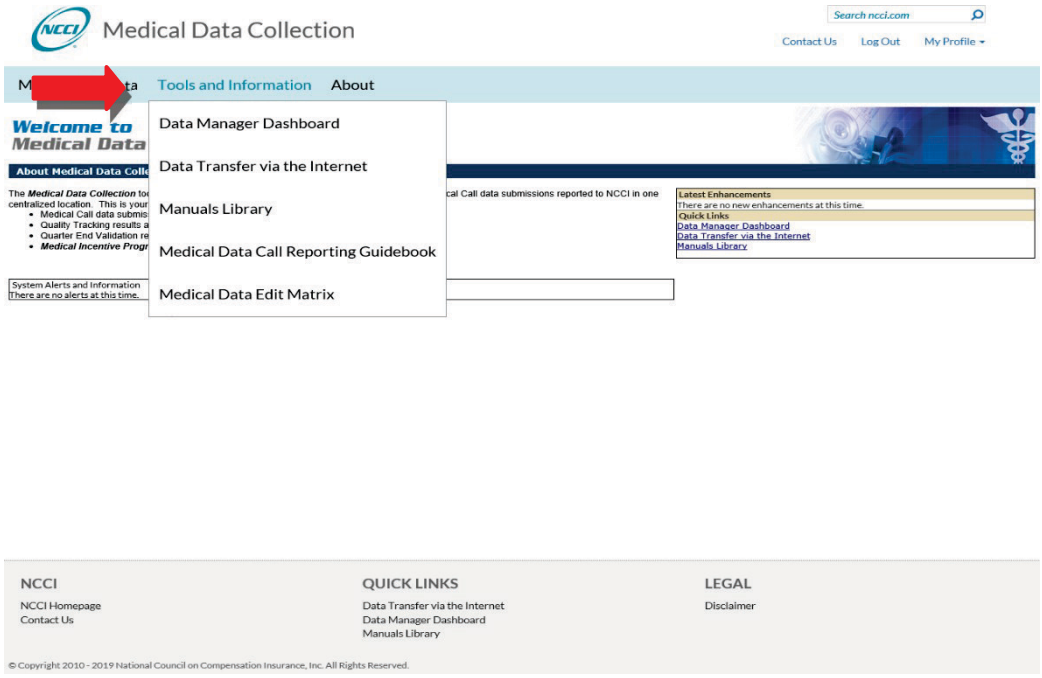
Main Menu Features

- 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



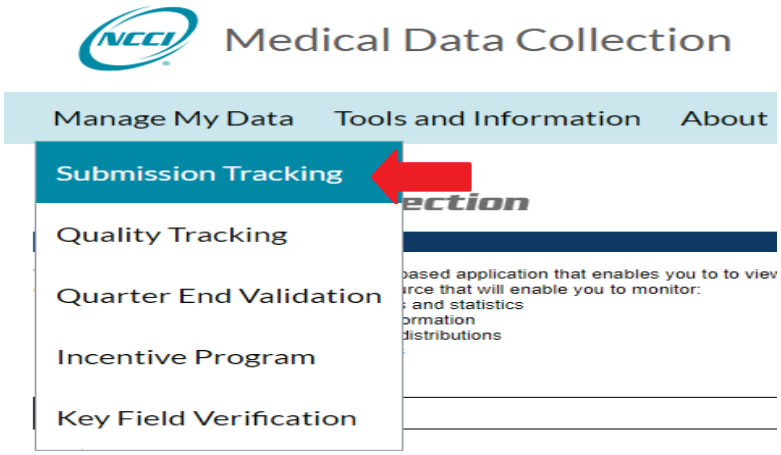
© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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.

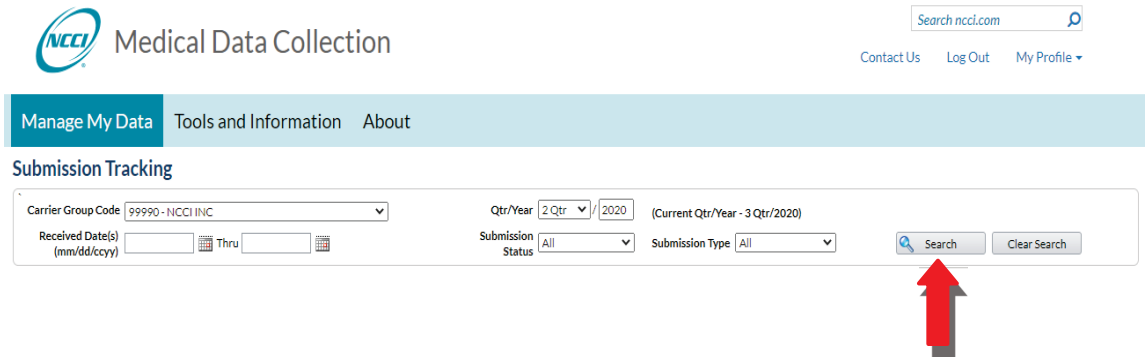
1. Hover over the **Manage My Data** tab and click **Submission Tracking**.



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."

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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

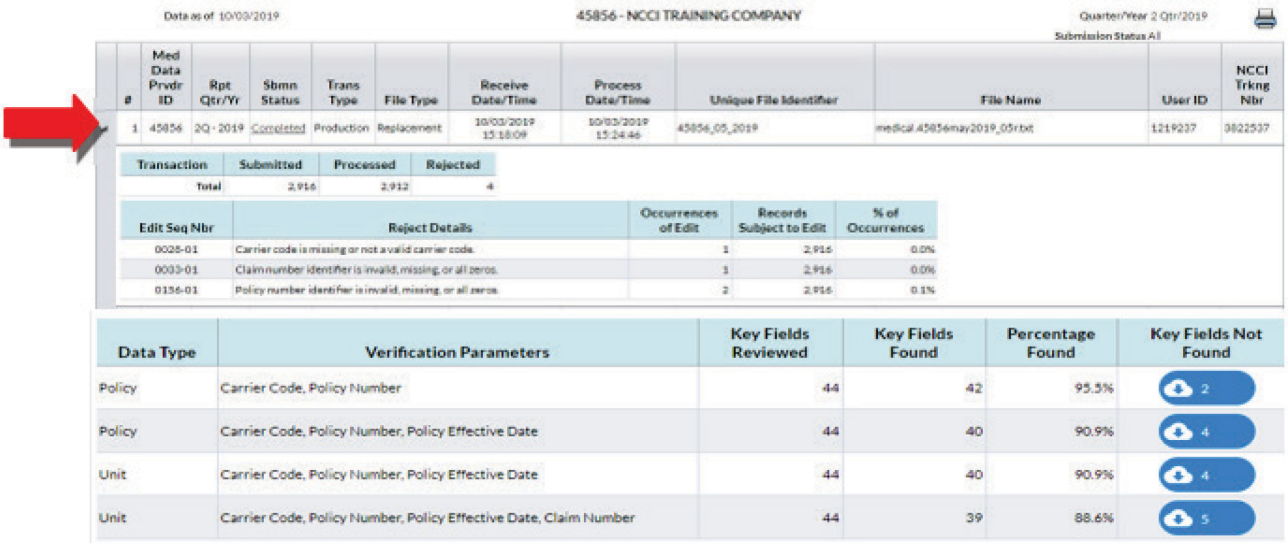
Data as of 07/21/2020 | 99990 - NCCI INC | Received Dates From 7/15/2020 | Submission Status All

#	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	medkey.lisatest99990.txt	1127065	3974239
2	99990	2Q - 2020	Completed	Production	Replacement	07/21/2020 13:44:59	07/21/2020 13:56:44	99990MEDKEY_TST2Q2020	medical.lfinfratest2q2020r.txt	1127065	3974238
3	99990	2Q - 2020	Completed	Certification	Original	07/21/2020 13:43:23	07/21/2020 13:54:46	99990MEDKEY_TST2Q2020	medical.lfinfratest2q2020.tst	1127065	3974237
4	99990	2Q - 2020	Rejected	Production	Original	07/21/2020 13:34:59	07/21/2020 13:42:36	99990MEDKEY_TST2Q2020	medical.lfinfratest2q2020.txt	1127065	3974233
5	99990	2Q - 2020	Completed	Production	Original	07/21/2020 13:10:48	07/21/2020 13:41:45	99990MEDKEY_TST2Q2020	medical.lfinfratest2q2020.txt	1127065	3974227
6	99990	1Q - 2020	Completed	Production	Original	07/21/2020 13:10:33	07/21/2020 13:30:50	99990MEDKEY1_TST1Q2020	medical.lfinfratest1q2020.txt	1127065	3974226
7	99990	1Q - 2020	Completed	Production	Original	07/21/2020 13:08:02	07/21/2020 13:19:53	99990LF_INFRATST1Q2020	medical.lfinfratest1q2020.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 **>** button next to that file.

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.



Data as of 10/03/2019 — 45856 - NCCI TRAINING COMPANY — Quarter/Year 2 Qtr/2019 — 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 - 2019	Completed	Production	Replacement	10/03/2019 15:18:09	10/03/2019 15:24:46	45856_05_2019	medical.45856may2019_05r.txt	1219237	3822537

Transaction	Submitted	Processed	Rejected
Total	2,916	2,912	4

Edit Seq Nbr	Reject Details	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0026-01	Carrier code is missing or not a valid carrier code.	1	2,916	0.0%
0033-01	Claim number identifier is invalid, missing, or all zeros.	1	2,916	0.0%
0156-01	Policy number identifier is invalid, missing, or all zeros.	2	2,916	0.1%

Data Type	Verification Parameters	Key Fields Reviewed	Key Fields Found	Percentage Found	Key Fields Not Found
Policy	Carrier Code, Policy Number	44	42	95.5%	2
Policy	Carrier Code, Policy Number, Policy Effective Date	44	40	90.9%	4
Unit	Carrier Code, Policy Number, Policy Effective Date	44	40	90.9%	4
Unit	Carrier Code, Policy Number, Policy Effective Date, Claim Number	44	39	88.6%	5

- 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**

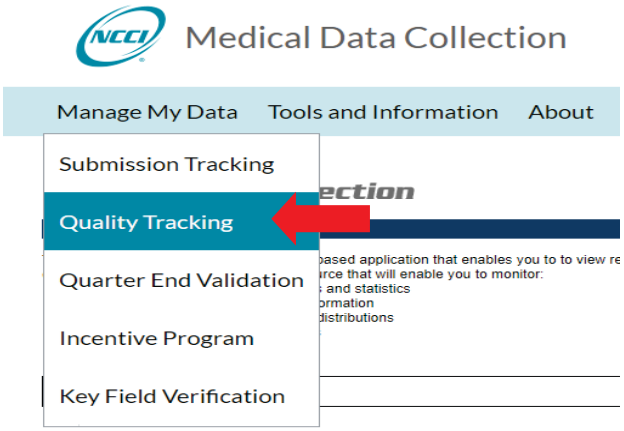
© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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**.

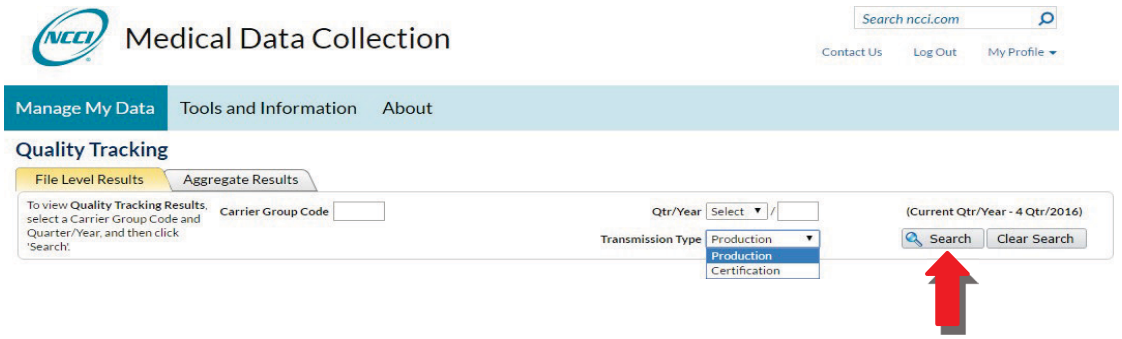


2. To select the type of results you want to view, choose one of two tabs—**File Level Results** or **Aggregate Results**.

3. Select from the following search criteria:
   - ❑ Carrier Group Code
   - ❑ Qtr/Year
   - ❑ Transmission Type

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

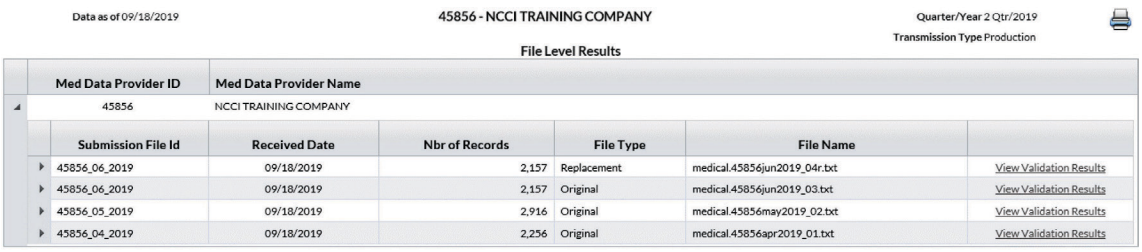
4. Click **Search**.



© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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 09/18/2019 — 45856 - NCCI TRAINING COMPANY — Quarter/Year 2 Qtr/2019 — Transmission Type Production

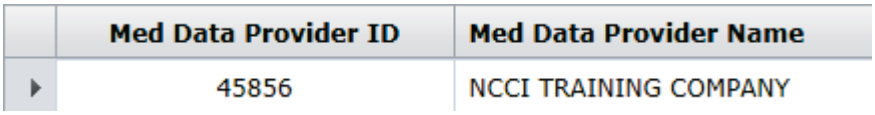
File Level Results

Med Data Provider ID	Med Data Provider Name
45856	NCCI TRAINING COMPANY

Submission File Id	Received Date	Nbr of Records	File Type	File Name	
45856_06_2019	09/18/2019	2,157	Replacement	medical.45856jun2019_04r.txt	View Validation Results
45856_06_2019	09/18/2019	2,157	Original	medical.45856jun2019_03.txt	View Validation Results
45856_05_2019	09/18/2019	2,916	Original	medical.45856may2019_02.txt	View Validation Results
45856_04_2019	09/18/2019	2,256	Original	medical.45856apr2019_01.txt	View Validation Results

Medical Data Provider ID/Medical Data Provider Name

- If the Medical Data Provider is not part of the reporting group, results will show only for files submitted by the Medical Data Provider
- If the Medical Data Provider is part of the 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 09/18/2019 — 45856 - NCCI TRAINING COMPANY — Quarter/Year 2 Qtr/2019 — Transmission Type Production

File Level Results

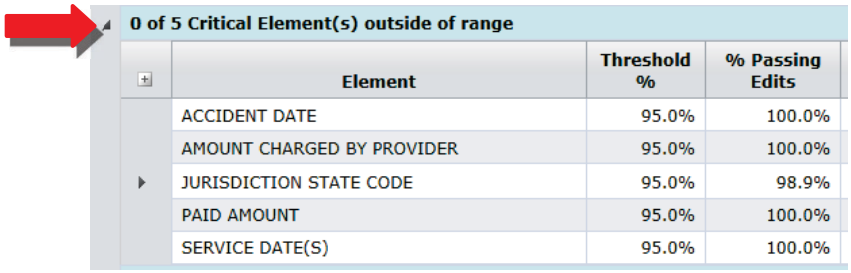
Med Data Provider ID	Med Data Provider Name
45856	NCCI TRAINING COMPANY

Submission File Id	Received Date	Nbr of Records	File Type	File Name	
45856_06_2019	09/18/2019	2,157	Replacement	medical.45856jun2019_04r.txt	View Validation Results
45856_06_2019	09/18/2019	2,157	Original	medical.45856jun2019_03.txt	View Validation Results
45856_05_2019	09/18/2019	2,916	Original	medical.45856may2019_02.txt	View Validation Results
45856_04_2019	09/18/2019	2,256	Original	medical.45856apr2019_01.txt	View Validation Results

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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

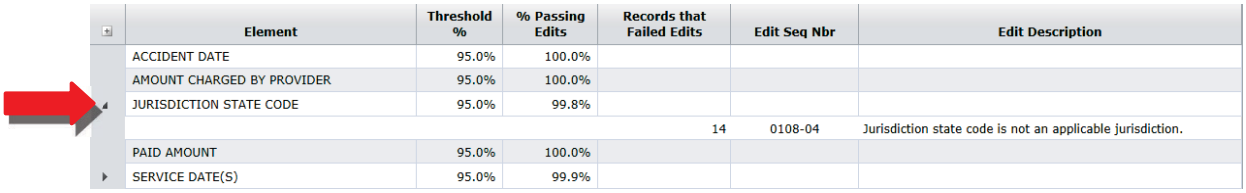
- Expanding **Critical**, **Priority**, or **Low Element(s)** further produces:
  - Element—Lists elements that are in each edit category
  - Threshold %—The minimum percentage that must be met for the data element to be considered in range
  - % Passing Edits—Displays the percentage passing for the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



0 of 5 Critical Element(s) outside of range

Element	Threshold %	% Passing Edits
ACCIDENT DATE	95.0%	100.0%
AMOUNT CHARGED BY PROVIDER	95.0%	100.0%
JURISDICTION STATE CODE	95.0%	98.9%
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%	99.8%			
			14	0108-04	Jurisdiction state code is not an applicable jurisdiction.
PAID AMOUNT	95.0%	100.0%			
SERVICE DATE(S)	95.0%	99.9%			

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

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

Validation Results

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

Data as of 09/18/2019 — 45856 - NCCI TRAINING COMPANY — Quarter/Year 2 Qtr/2019 — Transmission Type Production

File Level Results

Med Data Provider ID	Med Data Provider Name
45856	NCCI TRAINING COMPANY

Submission File Id	Received Date	Nbr of Records	File Type	File Name	
45856_06_2019	09/18/2019	2,157	Replacement	medical.45856jun2019_04r.txt	View Validation Results
45856_06_2019	09/18/2019	2,157	Original	medical.45856jun2019_03.txt	View Validation Results
45856_05_2019	09/18/2019	2,916	Original	medical.45856may2019_02.txt	View Validation Results
45856_04_2019	09/18/2019	2,256	Original	medical.45856apr2019_01.txt	View Validation Results

- 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
Submission File ID 45856_05_2019

Data as of 09/18/2019 — Quarter/Year 2 Qtr/2019 — 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.	221	2,914	7.6%
0153-02	Policy effective date is after accident date.	0	2,914	0.0%
0519-07	Original record already exists.	0	2,916	0.0%
0505-03	Paid amount is greater than amount charged by provider.	0	2,914	0.0%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	186	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	2	0.0%
0509-03	Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid.	0	2	0.0%
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	0	2	0.0%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	186	0.0%
0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	0	2	0.0%
0522-08	A valid service date or valid service from date and service to date have not been provided.	50	2,916	1.7%

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

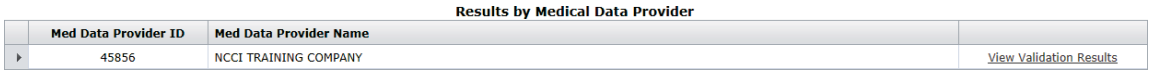
© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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

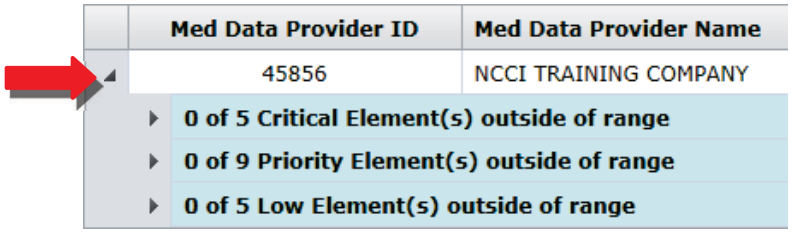
- Displays aggregate statistics from all files submitted by each Medical Data Provider
- If the Medical Data Provider is not part of a reporting group, the results will be grouped at an account level showing only those file results submitted
- If the Medical Data Provider is part of a Carrier Group Code,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



Results by Medical Data Provider

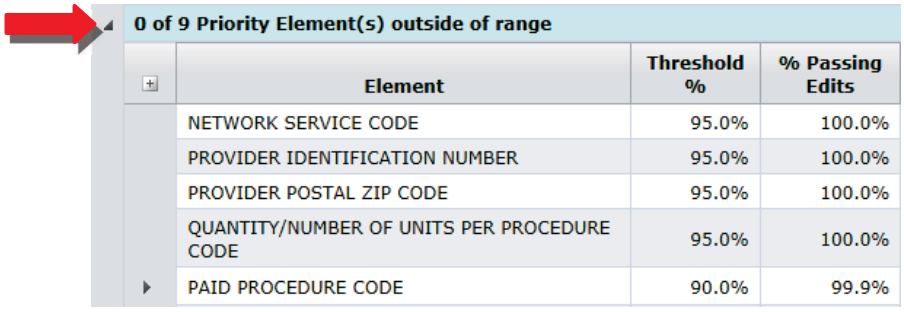
Med Data Provider ID	Med Data Provider Name	
45856	NCCI TRAINING COMPANY	View Validation Results

- 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
0 of 5 Critical Element(s) outside of range	
0 of 9 Priority Element(s) outside of range	
0 of 5 Low Element(s) outside of range	

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

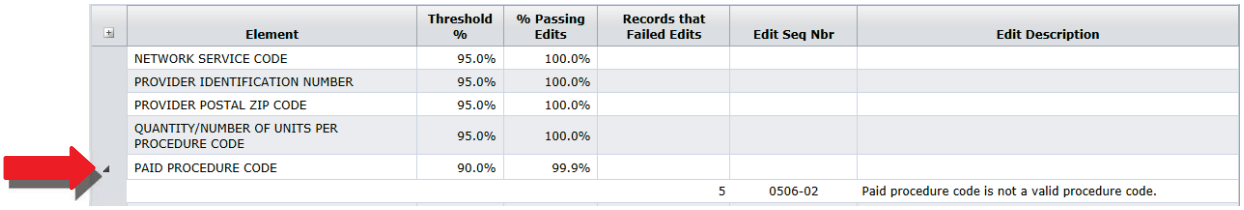


0 of 9 Priority Element(s) outside of range

Element	Threshold %	% Passing Edits
NETWORK SERVICE CODE	95.0%	100.0%
PROVIDER IDENTIFICATION NUMBER	95.0%	100.0%
PROVIDER POSTAL ZIP CODE	95.0%	100.0%
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%
PAID PROCEDURE CODE	90.0%	99.9%

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

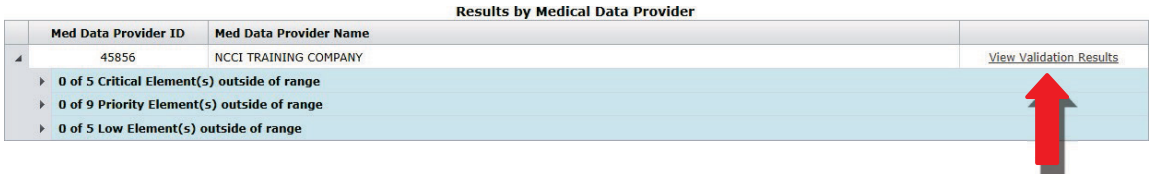
- Expanding **Element** displays additional information:
  - Records that Failed Edits—Displays the number of files that failed the edit
  - Edit Seq Nbr—Displays the edit matrix sequence number
  - Edit Description—Displays the Edit Message from the edit matrix



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%	100.0%			
PROVIDER POSTAL ZIP CODE	95.0%	100.0%			
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%			
PAID PROCEDURE CODE	90.0%	99.9%			
			5	0506-02	Paid procedure code is not a valid procedure code.

Results by Medical Data Provider Validation Results

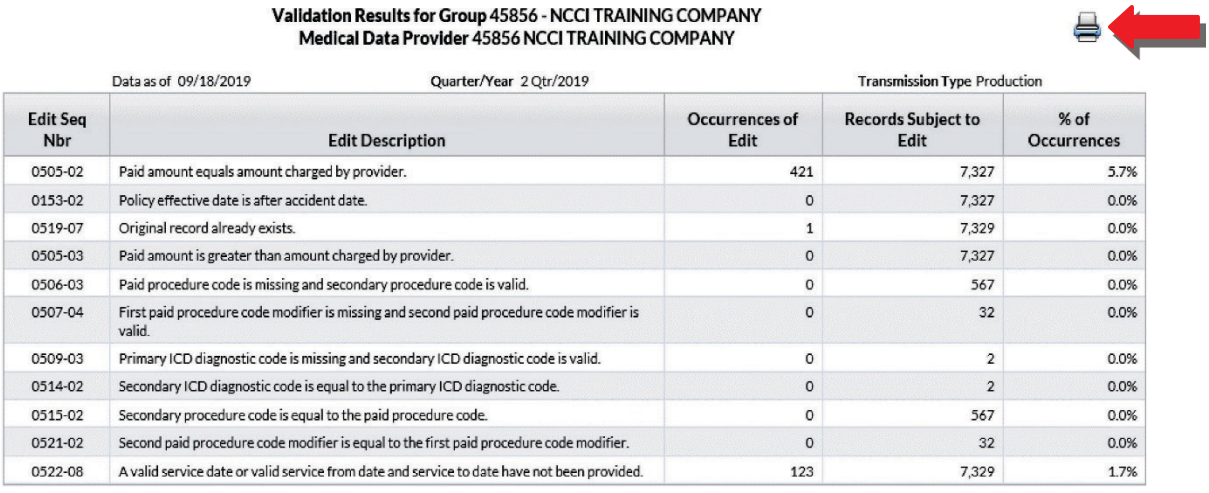
- Clicking the **View Validation Results** link displays additional validation results not considered part of element-level Quality Tracking



Results by Medical Data Provider

Med Data Provider ID	Med Data Provider Name	
45856	NCCI TRAINING COMPANY	View Validation Results
0 of 5 Critical Element(s) outside of range		
0 of 9 Priority Element(s) outside of range		
0 of 5 Low Element(s) outside of range		

- 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
Medical Data Provider 45856 NCCI TRAINING COMPANY

Data as of 09/18/2019 Quarter/Year 2 Qtr/2019 Transmission Type Production

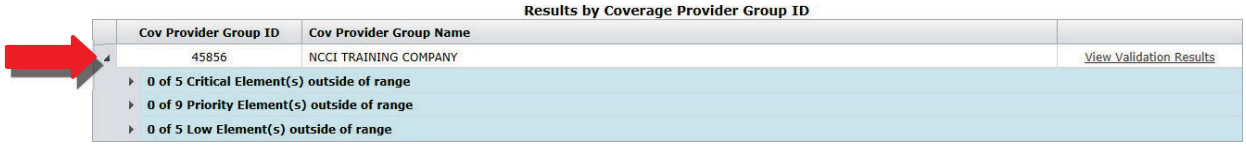
Edit Seq Nbr	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0505-02	Paid amount equals amount charged by provider.	421	7,327	5.7%
0153-02	Policy effective date is after accident date.	0	7,327	0.0%
0519-07	Original record already exists.	1	7,329	0.0%
0505-03	Paid amount is greater than amount charged by provider.	0	7,327	0.0%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	567	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	32	0.0%
0509-03	Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid.	0	2	0.0%
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	0	2	0.0%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	567	0.0%
0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	0	32	0.0%
0522-08	A valid service date or valid service from date and service to date have not been provided.	123	7,329	1.7%

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

- **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)

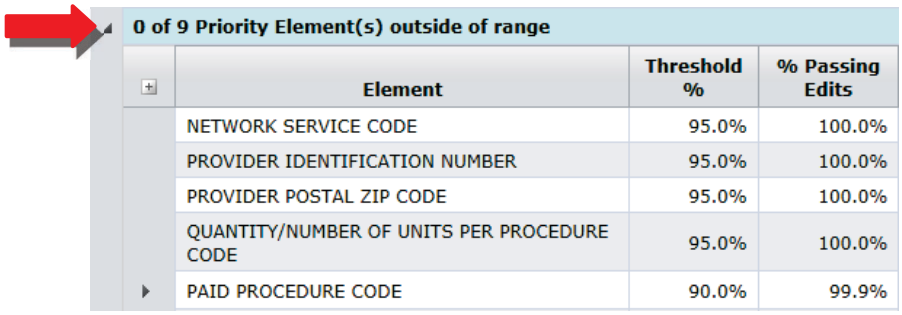
- Displays aggregate statistics from all files submitted for the Carrier Group Code
- Expanding the **Carrier Group Code** displays:
  - Critical Element(s)
  - Priority Element(s)
  - Low Element(s)



Results by Coverage Provider Group ID

Cov Provider Group ID	Cov Provider Group Name	
45856	NCCI TRAINING COMPANY	View Validation Results
0 of 5 Critical Element(s) outside of range		
0 of 9 Priority Element(s) outside of range		
0 of 5 Low Element(s) outside of range		

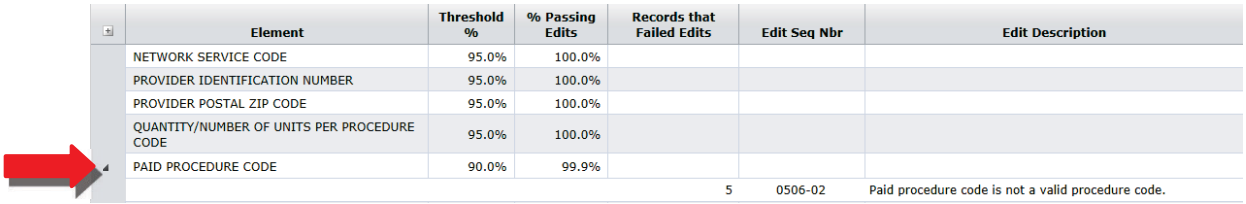
- Expanding **Critical**, **Priority**, or **Low Element(s)** further produces:
  - Element—Lists elements that are in each edit category
  - Threshold %—The minimum percentage that must be met for the data element to be considered in range
  - % Passing Edits—Displays the percentage passing for the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



0 of 9 Priority Element(s) outside of range

Element	Threshold %	% Passing Edits
NETWORK SERVICE CODE	95.0%	100.0%
PROVIDER IDENTIFICATION NUMBER	95.0%	100.0%
PROVIDER POSTAL ZIP CODE	95.0%	100.0%
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%
PAID PROCEDURE CODE	90.0%	99.9%

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

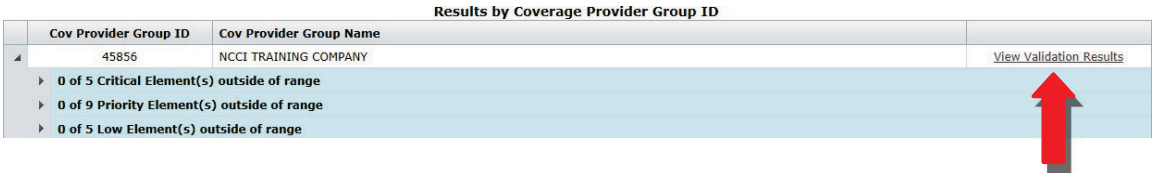


Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description
NETWORK SERVICE CODE	95.0%	100.0%			
PROVIDER IDENTIFICATION NUMBER	95.0%	100.0%			
PROVIDER POSTAL ZIP CODE	95.0%	100.0%			
QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE	95.0%	100.0%			
PAID PROCEDURE CODE	90.0%	99.9%			
			5	0506-02	Paid procedure code is not a valid procedure code.

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

Results by Carrier Group Code Validation Results

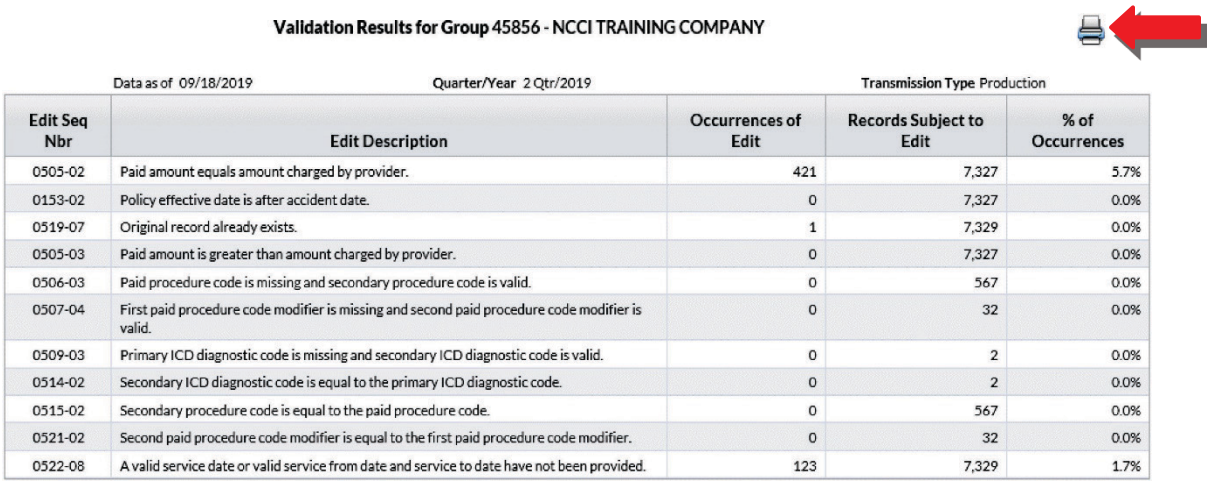
- Clicking the **View Validation Results** link displays additional validation results not considered part of element-level Quality Tracking



Results by Coverage Provider Group ID

Cov Provider Group ID	Cov Provider Group Name	
45856	NCCI TRAINING COMPANY	View Validation Results
0 of 5 Critical Element(s) outside of range		
0 of 9 Priority Element(s) outside of range		
0 of 5 Low Element(s) outside of range		

- 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

Data as of 09/18/2019 Quarter/Year 2 Qtr/2019 **Transmission Type** Production

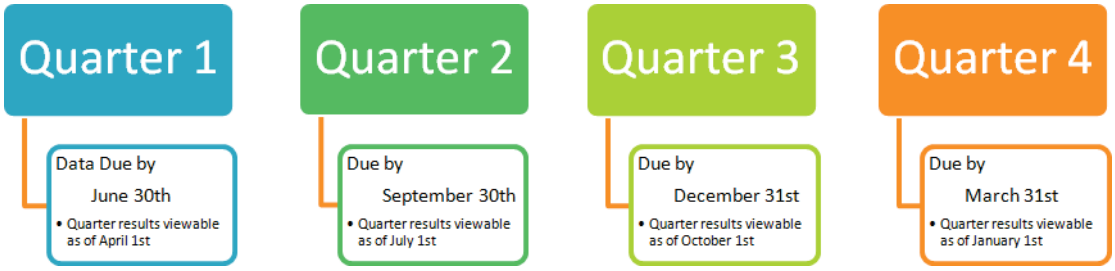
Edit Seq Nbr	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0505-02	Paid amount equals amount charged by provider.	421	7,327	5.7%
0153-02	Policy effective date is after accident date.	0	7,327	0.0%
0519-07	Original record already exists.	1	7,329	0.0%
0505-03	Paid amount is greater than amount charged by provider.	0	7,327	0.0%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	567	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	32	0.0%
0509-03	Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid.	0	2	0.0%
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	0	2	0.0%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	567	0.0%
0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	0	32	0.0%
0522-08	A valid service date or valid service from date and service to date have not been provided.	123	7,329	1.7%

- **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**

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

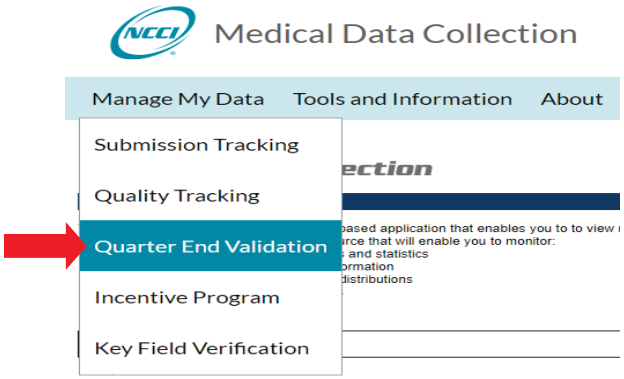
Quarter End Validation

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**.

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

Distributions Tab

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

Distribution Results

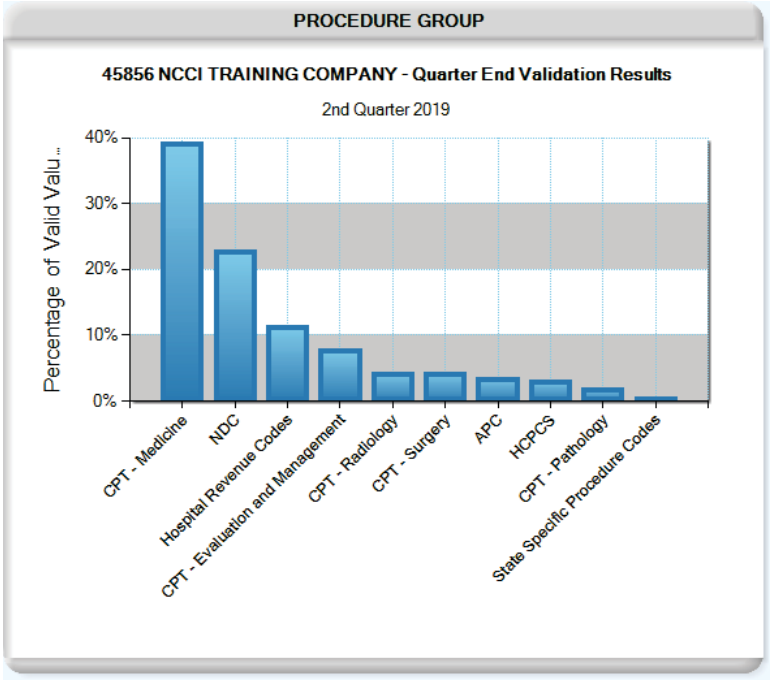
- The Distribution Results table displays the following column for available chart selections:
  - Element—Lists elements for which distribution results are calculated
  - Distribution Information—Description of chart
  - Distribution Results—**Graph icon**

Data as of 09/18/2019 | 45856 - NCCI TRAINING COMPANY | Quarter/Year 2 Qtr/2019

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



© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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
Coverage Provider	09/18/2019	Yes
Medical Data Provider	09/18/2019	Yes
Medical Service		No
Service Date Distribution		No

State	Threshold	Actual Transactions	Completion Date	Complete on Time
FL	0	7,329	09/18/2019	Yes

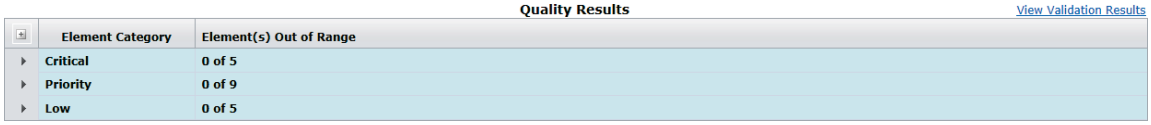
© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

Quality Results Tab

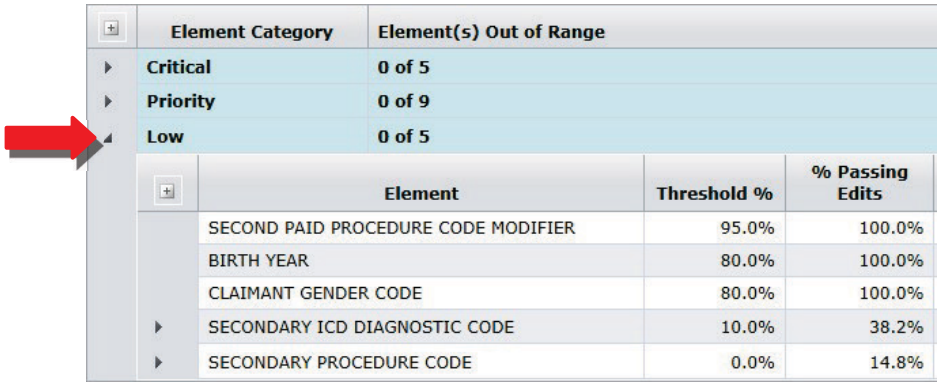
The **Quality Results** tab provides additional detail about the data elements that comprise a group's Quality Results.

Quality Results

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

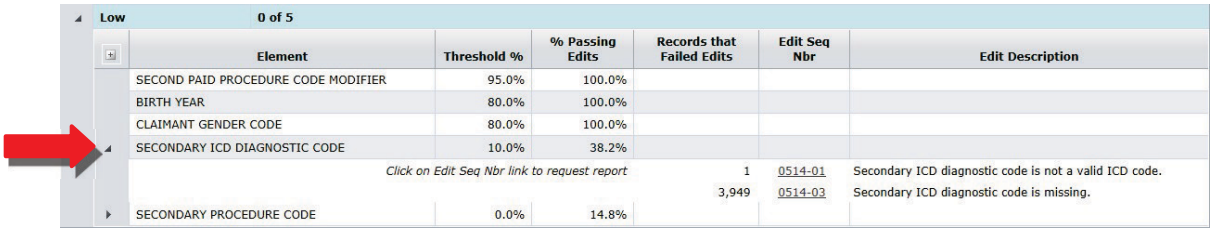


- Expanding the categories (**Critical**, **Priority**, or **Low**) further produces:
  - Element—Lists elements that are in each edit category
  - Threshold %—The minimum percentage that must be met for the data element to be considered in range
  - % Passing Edits—Displays the percentage passing for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



© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

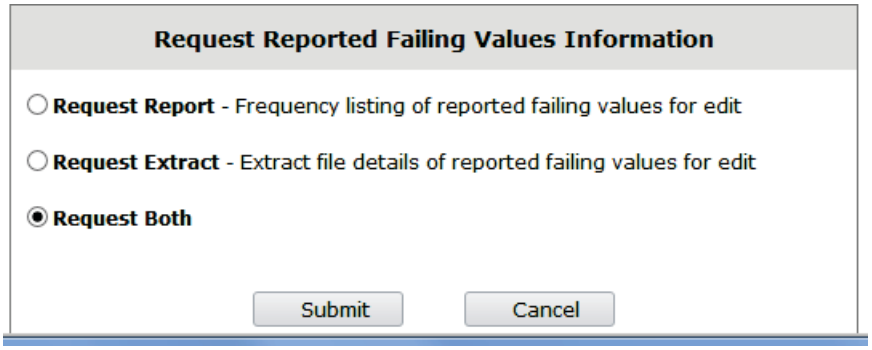
- Expanding **Element** displays additional information:
  - Records that Failed Edits—Displays the number of files that failed the edit
  - Edit Seq Nbr—Displays the edit matrix sequence number
  - Edit Description—Displays the Edit Message from the edit matrix



Low	0 of 5				
Element	Threshold %	% Passing Edits	Records that Failed Edits	Edit Seq Nbr	Edit Description
SECOND PAID PROCEDURE CODE MODIFIER	95.0%	100.0%			
BIRTH YEAR	80.0%	100.0%			
CLAIMANT GENDER CODE	80.0%	100.0%			
SECONDARY ICD DIAGNOSTIC CODE	10.0%	38.2%			
Click on Edit Seq Nbr link to request report			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%			

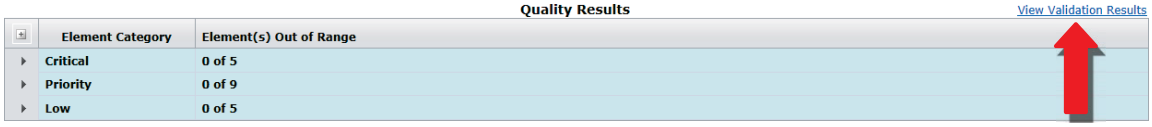
Request Report

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



Quality Results Validation Results

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



Quality Results — View Validation Results

Element Category	Element(s) Out of Range
Critical	0 of 5
Priority	0 of 9
Low	0 of 5

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

- 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 09/18/2019 Quarter/Year 2 Qtr/2019 Due Date 09/30/2019

Edit Seq Nbr	Edit Description	Occurrences of Edit	Records Subject to Edit	% of Occurrences
0505-02	Paid amount equals amount charged by provider.	421	7,327	5.7%
0153-02	Policy effective date is after accident date.	0	7,327	0.0%
0519-07	Original record already exists.	1	7,329	0.0%
0505-03	Paid amount is greater than amount charged by provider.	0	7,327	0.0%
0506-03	Paid procedure code is missing and secondary procedure code is valid.	0	567	0.0%
0507-04	First paid procedure code modifier is missing and second paid procedure code modifier is valid.	0	32	0.0%
0509-03	Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid.	0	2	0.0%
0514-02	Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.	0	2	0.0%
0515-02	Secondary procedure code is equal to the paid procedure code.	0	567	0.0%
0521-02	Second paid procedure code modifier is equal to the first paid procedure code modifier.	0	32	0.0%
0522-08	A valid service date or valid service from date and service to date have not been provided.	123	7,329	1.6%

- **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**

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

Incentive Program

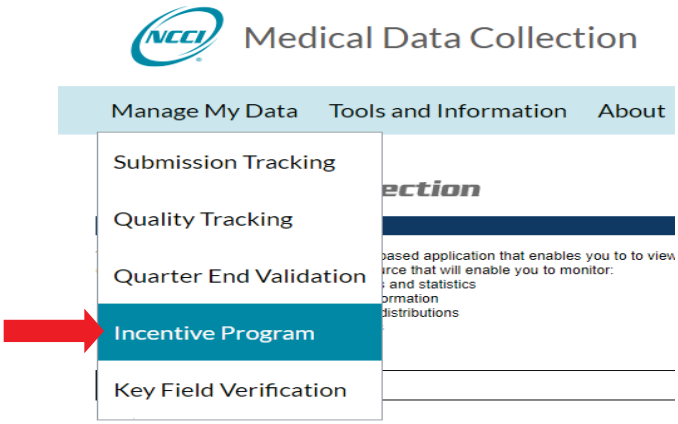
The ***Medical Incentive Program (MIP)*** provides incentives to submit the Medical Data Call in a timely and accurate manner. The program will apply monetary assessments when Call submissions do not meet the defined criteria by the due date.

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**.

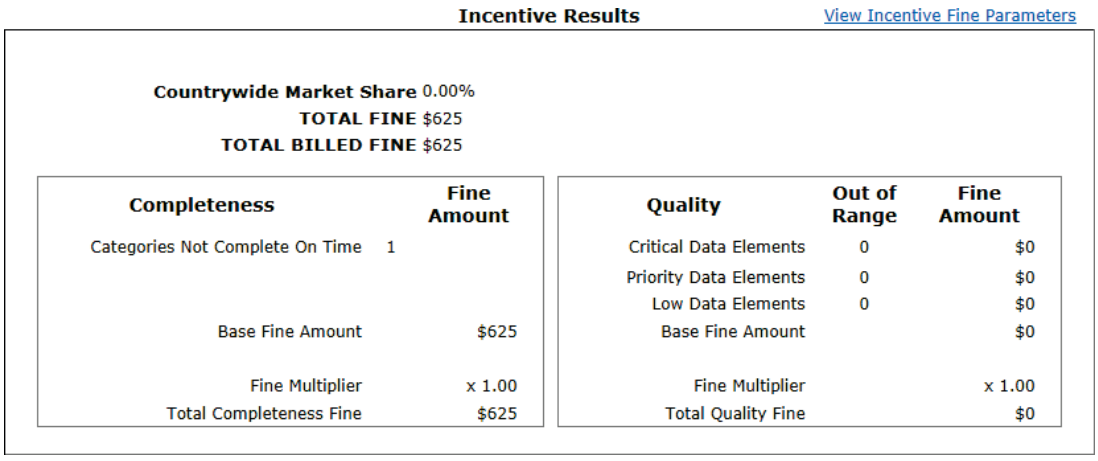
© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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

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

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

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

Incentive Results View Incentive Fine Parameters

Countrywide Market Share 0.41%
TOTAL FINE $7,500
TOTAL BILLED FINE $7,500

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

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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

State	Threshold	Actual Transactions	Completion Date	Complete on Time
FL	0	7,329	09/18/2019	Yes

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

Quality Results Tab

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

Quality Results

- Summarizes a group's Quality Results by category, with the following columns displayed:
  - Element Category—Critical, Priority, or Low
  - Element(s) Out of Range—Number of data elements per category that do not meet the minimum threshold
  - Fine Per Element—The assessment per data element that does not meet the minimum threshold
  - Fine Amount—The assessment that would apply due to elements out of range (below threshold) for that category

Quality Results

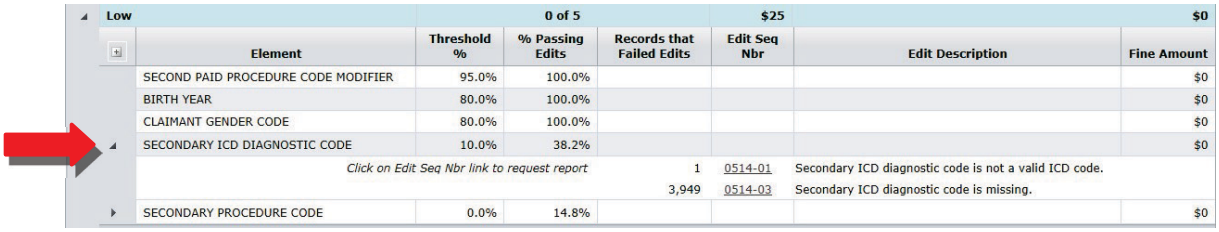
Element Category	Element(s) Out of Range	Fine Per Element	Fine Amount
Critical	0 of 5	$250	$0
Priority	0 of 9	$125	$0
Low	0 of 5	$25	$0
		Total Fine Amount	$0

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

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

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

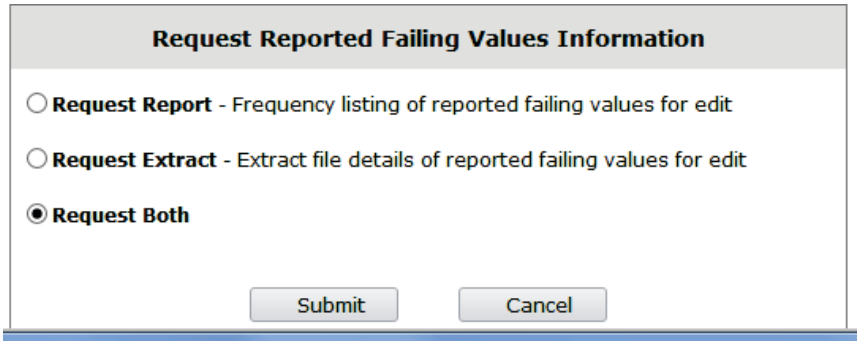
- Expanding **Element** displays additional information:
  - Records that Failed Edits—Displays the number of files that failed the edit
  - Edit Seq Nbr—Displays the edit matrix sequence number
  - Edit Description—Displays the Edit Message from the edit matrix
  - Fine Amount—The assessment that applies 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
Click on Edit Seq Nbr link to request report			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.



© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

Key Field Verification

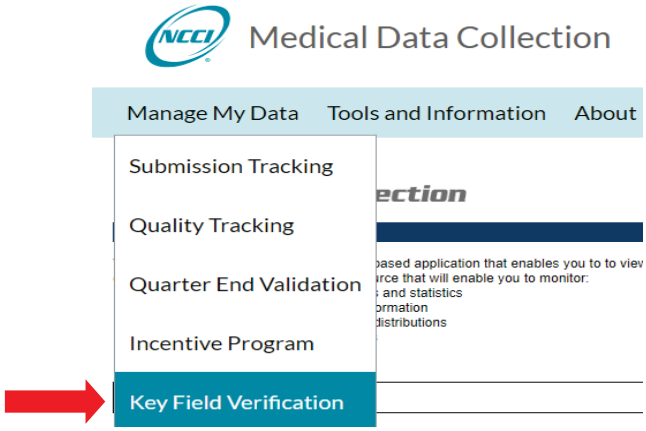
The Medical Key Field Verification (KFV) provides aggregate results at the Carrier Group Level.

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. Select from the following search criteria:
   - ❑ Carrier Group Code
   - ❑ Qtr/Year

3. Click **Search**.

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

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

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.

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.

Note: 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***.

© Copyright 2021 National Council on Compensation Insurance, Inc. All Rights Reserved.