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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](http://ncci.com)
- Enter your **User ID** and **Password** in the Login box
- Click **Log In**

- Click the **Data Reporting** link
- Click **MEDICAL DATA CALL**

- Select **Medical Data Collection** from the Tools section
Main Page Features

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

The Four Quadrants

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

Useful Features

- At the top of the screen is the NCCI logo. Click this logo to 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 Homepage
- Contact Us
- Data Transfer via the Internet
- Data Manager Dashboard
- Manuals Library
- 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

- **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.
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.
Medical Data Collection Tool User’s Guide

File Level Results Tab
Selecting the **File Level Results** tab displays each file submission for the Medical Data Provider. The results are grouped to display the results for each file submission at the file level.

### Medical Data Provider ID/Medical Data Provider Name
- If the Medical Data Provider is not part of the reporting group, results will show only for files submitted by the Medical Data Provider.
- If the Medical Data Provider is part of the Carrier Group Code, the results will be grouped at an account level for all files submitted on behalf of the group.

<table>
<thead>
<tr>
<th>Med Data Provider ID</th>
<th>Med Data Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>45856</td>
<td>NCCI TRAINING COMPANY</td>
</tr>
</tbody>
</table>

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

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

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

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

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

- The pop-up window displays Validation Results:
  - **Edit Seq Nbr**—Displays the edit matrix sequence number
  - **Edit Description**—Displays the Edit Message from the edit matrix
  - **Occurrences of Edit**—Number of records with the specified edit condition
  - **Records Subject to Edit**—Number of records the specified edit checked (e.g., paid amount equals amount charged by provider is tested only on records where these two fields are validly reported numbers)
  - **% of Occurrences**—Indicates how often the edit condition existed when it could have existed

- **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](image)

- Expanding the **Med Data Provider ID** displays:
  - Critical Element(s)
  - Priority Element(s)
  - Low Element(s)

![Critical Element(s)](image)

- 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

![Priority Element(s)](image)
Expanding **Element** displays additional information:
- Records that Failed Edits—Displays the number of files that failed the edit
- Edit Seq Nbr—Displays the edit matrix sequence number
- Edit Description—Displays the Edit Message from the edit matrix

---

### Results by Medical Data Provider Validation Results

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

---

The pop-up window displays Validation Results:
- Edit Seq Nbr—Displays the edit matrix sequence number
- Edit Description—Displays the Edit Message from the edit matrix
- Occurrences of Edit—Number of records with the specified edit condition
- Records Subject to Edit—Number of records the specified edit checked (e.g., paid amount equals amount charged by provider is tested only on records where these two fields are validly reported numbers)
- % of Occurrences—Indicates how often the edit condition existed when it could have existed
Results by Carrier Group Code (Group Results access only)

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

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

- Expanding the Carrier Group Code displays:
  - Critical Element(s)
  - Priority Element(s)
  - Low Element(s)

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

- Expanding Element displays additional information:
  - Records that Failed Edits—Displays the number of files that failed the edit
  - Edit Seq Nbr—Displays the edit matrix sequence number
  - Edit Description—Displays the Edit Message from the edit matrix
Results by Carrier Group Code Validation Results

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

- The pop-up window displays Validation Results:
  - Edit Seq Nbr—Displays the edit matrix sequence number
  - Edit Description—Displays the Edit Message from the edit matrix
  - Occurrences of Edit—Number of records with the specified edit condition
  - Records Subject to Edit—Number of records the specified edit checked (e.g., paid amount equals amount charged by provider is tested only on records where these two fields are validly reported numbers)
  - % of Occurrences—Indicates how often the edit condition existed when it could have existed

- 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.
Distributions Tab

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

Distribution Results

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

- Clicking the Graph icon opens a new browser window, displaying the distribution chart of the requested data element
  - The top 10 valid values for a given data field display (excluding missing and invalid values)
  - Percentages are calculated based on the total valid population of the selected element, not total record count
Elements With Expected Values Not Reported

The Elements with Expected Values Not Reported table displays a list of the elements that did not have at least one record reporting a value expected by NCCI.

- **Element**—Lists elements where the expected values were not reported.
- **Edit Seq Nbr**—Displays the edit matrix sequence number.
- **Edit Description**—Displays the Edit Message from the edit matrix.
- **Anticipated Values Not Reported**—Displays the expected value(s) not reported.

<table>
<thead>
<tr>
<th>Element</th>
<th>Edit Seq Nbr</th>
<th>Edit Description</th>
<th>Anticipated Values Not Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST PAID/PROCEDURE CODE MODIFIER</td>
<td>0507-03</td>
<td>Value(s) expected for first paid procedure code modifier were not supplied.</td>
<td>55, 70</td>
</tr>
<tr>
<td>PLACE OF SERVICE CODE</td>
<td>0508-00</td>
<td>Value(s) expected for place of service code were not supplied.</td>
<td>Inpatient Hospital</td>
</tr>
<tr>
<td>QUANTITY/NUMBER OF UNITS PER PROCEDURE CODE</td>
<td>0513-02</td>
<td>Value(s) expected for quantity/number of units per procedure code for drug/nutrition-related records were not supplied.</td>
<td>30, 60, 90, 120</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Completeness Category</th>
<th>Completion Date</th>
<th>Complete on Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage Provider</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical Data Provider</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical Service</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Service Date Distribution</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Completeness Category</th>
<th>Completion Date</th>
<th>Complete on Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>State</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Threshold</td>
<td>0</td>
<td>7,329</td>
</tr>
<tr>
<td>Actual Transactions</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>State</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage Provider</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical Data Provider</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical Service</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Service Date Distribution</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
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 Table](image1)

- 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 Detailed Table](image2)
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

### Quality Results Validation Results
- Clicking the **View Validation Results** link displays additional validation results not considered part of element-level Quality Tracking
The pop-up window displays Validation Results:
- **Edit Seq Nbr**—Displays the edit matrix sequence number
- **Edit Description**—Displays the Edit Message from the edit matrix
- **Occurrences of Edit**—Number of records with the specified edit condition
- **Records Subject to Edit**—Number of records the specified edit checked (e.g., paid amount equals amount charged by provider is tested only on records where these two fields are validly reported numbers)
- **% of Occurrences**—Indicates how often the edit condition existed when it could have existed

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

<table>
<thead>
<tr>
<th>Edit Seq Nbr</th>
<th>Edit Description</th>
<th>Occurrences of Edit</th>
<th>Records Subject to Edit</th>
<th>% of Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>0005-02</td>
<td>Paid amount equals amount charged by provider.</td>
<td>421</td>
<td>7,327</td>
<td>5.6%</td>
</tr>
<tr>
<td>0313-02</td>
<td>Policy effective date is after accident date.</td>
<td>0</td>
<td>7,327</td>
<td>0.0%</td>
</tr>
<tr>
<td>0519-07</td>
<td>Original record already exists.</td>
<td>1</td>
<td>7,329</td>
<td>0.0%</td>
</tr>
<tr>
<td>0005-03</td>
<td>Paid amount is greater than amount charged by provider.</td>
<td>0</td>
<td>7,327</td>
<td>0.0%</td>
</tr>
<tr>
<td>0006-03</td>
<td>Paid procedure code is missing and secondary procedure code is valid.</td>
<td>0</td>
<td>567</td>
<td>0.0%</td>
</tr>
<tr>
<td>0507-04</td>
<td>First paid procedure code modifier is missing and second paid procedure code modifier is valid.</td>
<td>0</td>
<td>32</td>
<td>0.0%</td>
</tr>
<tr>
<td>0509-03</td>
<td>Primary ICD diagnostic code is missing and secondary ICD diagnostic code is valid.</td>
<td>0</td>
<td>2</td>
<td>0.0%</td>
</tr>
<tr>
<td>0514-02</td>
<td>Secondary ICD diagnostic code is equal to the primary ICD diagnostic code.</td>
<td>0</td>
<td>2</td>
<td>0.0%</td>
</tr>
<tr>
<td>0515-02</td>
<td>Secondary procedure code is equal to the paid procedure code.</td>
<td>0</td>
<td>567</td>
<td>0.0%</td>
</tr>
<tr>
<td>0021-02</td>
<td>Second paid procedure code modifier is equal to the first paid procedure code modifier.</td>
<td>0</td>
<td>32</td>
<td>0.0%</td>
</tr>
<tr>
<td>0022-08</td>
<td>A valid service date or valid service from date and service to date have not been provided.</td>
<td>123</td>
<td>7,329</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

- **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 (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
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 Tool User's Guide - Compliance Incentive Fine Parameters

Data as of 09/19/2019

#### Insufficient Data

<table>
<thead>
<tr>
<th>Assessment Level</th>
<th>Market Share Ranges</th>
<th>Insufficient Data Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.00% - 0.25%</td>
<td>$4,750</td>
</tr>
<tr>
<td>2</td>
<td>0.26% - 1.50%</td>
<td>$2,500</td>
</tr>
<tr>
<td>3</td>
<td>1.51% - 100.00%</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

#### Completeness

<table>
<thead>
<tr>
<th>Assessment Level</th>
<th>Market Share Ranges</th>
<th>Total Completeness Assessment Based on Categories Not Complete On Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>0.00% - 0.25%</td>
<td>$625</td>
</tr>
<tr>
<td>2</td>
<td>0.26% - 1.50%</td>
<td>$1,250</td>
</tr>
<tr>
<td>3</td>
<td>1.51% - 100.00%</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

#### Quality

<table>
<thead>
<tr>
<th>Assessment Level</th>
<th>Market Share Ranges</th>
<th>Quality Assessment per Data Element Based on Data Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>1</td>
<td>0.00% - 0.25%</td>
<td>$250</td>
</tr>
<tr>
<td>2</td>
<td>0.26% - 1.50%</td>
<td>$500</td>
</tr>
<tr>
<td>3</td>
<td>1.51% - 100.00%</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

#### Fine Multiplier

<table>
<thead>
<tr>
<th>Consecutive Quarters with an Assessment</th>
<th>Fine Multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2</td>
<td>1.00</td>
</tr>
<tr>
<td>3 - 4</td>
<td>1.25</td>
</tr>
<tr>
<td>5</td>
<td>1.50</td>
</tr>
<tr>
<td>6</td>
<td>2.00</td>
</tr>
<tr>
<td>7</td>
<td>2.50</td>
</tr>
<tr>
<td>0 - 999</td>
<td>3.00</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Completeness Category</th>
<th>Completion Date</th>
<th>Complete on Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage Provider</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical Data Provider</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical Service</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Service Date Distribution</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Completeness Category</th>
<th>Completion Date</th>
<th>Complete on Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>09/18/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threshold</td>
<td>0</td>
<td>7.329</td>
</tr>
<tr>
<td>Actual Transactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion Date</td>
<td>09/18/2019</td>
<td></td>
</tr>
<tr>
<td>Complete on Time</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Element Category</th>
<th>Element(s) Out of Range</th>
<th>Fine Per Element</th>
<th>Fine Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>0 of 5</td>
<td>$250</td>
<td>$0</td>
</tr>
<tr>
<td>Priority</td>
<td>0 of 9</td>
<td>$125</td>
<td>$0</td>
</tr>
<tr>
<td>Low</td>
<td>0 of 5</td>
<td>$25</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

### 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](image)
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
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.