

2002-2004 MAX IP Validation Table
State: SC

Measure	Expected Range	2002		2003		2004		% Change 2002 - 2003	% Change 2003 - 2004	Cross Year Change Within Expected Range (+/-15%)
		Value	Within Range	Value	Within Range	Value	Within Range			
All IP Claims										
Total Number of Claims	N/A	144,220	N/A	145,750	N/A	132,592	N/A	1.06	-9.03	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	144,220	N/A	145,750	N/A	132,592	N/A	1.06	-9.03	Yes
% Crossover	5-20	20.17	No	20.17	No	9.82	Yes	0.02	-51.30	No
% Adjusted Claims	N/A	0.00	N/A	0.00	N/A	0.01	N/A	.	.	N/A
% Standard Adjustments	> 1%	.	Yes	.	Yes	0.00	No	.	.	N/A
Aver. Amt. Pd Adjust. (include \$0)	N/A	.	N/A	.	N/A	\$3,300	N/A	.	.	N/A
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	115,137	N/A	116,353	N/A	119,573	N/A	1.06	2.77	Yes
% Claims with> \$0 Paid	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$3,456	Yes	\$3,683	Yes	\$3,949	Yes	6.57	7.24	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$855	N/A	\$885	N/A	\$937	N/A	3.58	5.81	Yes
% Claims with TPL	>0 - 10	1.10	Yes	0.94	Yes	0.89	Yes	-14.40	-5.79	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,847	N/A	\$3,073	N/A	\$3,428	N/A	7.95	11.57	Yes
% Claims with UB-92 Accommodation Codes	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.13	Yes	1.14	Yes	0.35	0.94	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.93	Yes	99.93	Yes	99.88	Yes	-0.01	-0.05	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.79	Yes	8.95	Yes	8.98	Yes	1.81	0.33	Yes
Average LOS	2-<8	4.05	Yes	4.17	Yes	4.23	Yes	2.88	1.39	Yes
Average Covered Days (> 0 day)	2-<8	4.04	Yes	4.16	Yes	4.22	Yes	2.88	1.35	Yes
% Begin Date = Admit Date	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% IP Claims (MAX TOS 01)	95-100	98.26	Yes	99.99	Yes	99.98	Yes	1.76	-0.01	Yes
% Family Planning Claims (pgm type=2)	>0-5	1.72	Yes	0.00	No	0.00	Yes	-100.00	.	N/A
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.81	Yes	3.92	Yes	4.04	Yes	2.84	2.92	Yes
% Claims with PDX, where length=3	5-30	6.31	Yes	5.61	Yes	5.14	Yes	-11.00	-8.39	Yes
% Claims with PDX, where length=4	15-75	20.29	Yes	20.23	Yes	19.15	Yes	-0.29	-5.36	Yes
% Claims with PDX, where length=5	25-70	73.24	No	72.67	No	74.29	No	-0.78	2.24	Yes
% Claims with a procedure code	35-70	67.65	Yes	68.45	Yes	69.70	Yes	1.17	1.84	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.00	Yes	2.03	Yes	2.05	Yes	1.43	1.29	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.98	N/A	99.99	N/A	99.98	N/A	0.01	-0.02	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.71	N/A	97.53	N/A	97.66	N/A	-2.19	0.13	Yes
% Claims with DRG	>=90	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims Maternal Delivery Indicator	N/A	22.15	N/A	20.93	N/A	21.83	N/A	-5.53	4.32	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	23.42	N/A	24.05	N/A	24.96	N/A	2.72	3.75	Yes
Patient Status										
% Home	75-90	90.09	No	89.44	Yes	88.96	Yes	-0.73	-0.54	Yes
% Transferred	1-10	8.86	Yes	9.34	Yes	9.83	Yes	5.45	5.21	Yes
% Still a Patient	>0 - 2	0.00	No	0.00	No	0.00	No	.	.	N/A
% Died	>0 - 3	0.96	Yes	0.91	Yes	0.93	Yes	-4.91	2.73	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	29,083	N/A	29,397	N/A	13,019	N/A	1.08	-55.70	No
% Claims with > \$0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with < \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$1,829	N/A	\$851	N/A	\$910	N/A	-53.50	6.94	Yes
% Claims with TPL	N/A	0.02	N/A	0.12	N/A	0.27	N/A	477.10	125.80	No
Aver. TPL Paid -claims with TPL	N/A	\$2,373	N/A	\$472	N/A	\$646	N/A	-80.10	36.68	No
% Claims with UB-92 Accommodation Codes	95-100	52.45	No	47.29	No	100.00	Yes	-9.83	111.50	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.32	Yes	1.34	Yes	1.38	Yes	0.97	2.96	Yes
% Claims with UB-92 Ancillary Codes	95-100	52.45	No	47.28	No	99.98	Yes	-9.85	111.50	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	13.07	Yes	13.64	Yes	14.06	Yes	4.37	3.08	Yes
Average LOS	2-<8	5.33	Yes	4.97	Yes	9.10	No	-6.71	83.10	No
% Begin Date = Admit Date	95-100	52.43	No	47.27	No	100.00	Yes	-9.85	111.60	No
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with DX	98-100	98.48	Yes	98.49	Yes	100.00	Yes	0.02	1.53	Yes
Average Number of DX Codes (at least 1 DX)	>=2	4.19	Yes	3.97	Yes	7.42	Yes	-5.29	87.05	No
% Claims with PDX, where length=3	5-30	8.31	Yes	7.76	Yes	8.71	Yes	-6.61	12.29	Yes
% Claims with PDX, where length=4	15-75	42.15	Yes	42.13	Yes	35.92	Yes	-0.05	-14.70	Yes
% Claims with PDX, where length=5	25-70	49.55	Yes	50.12	Yes	55.37	Yes	1.15	10.47	Yes
% Claims with a procedure code	35-70	37.11	Yes	36.50	Yes	58.49	Yes	-1.66	60.26	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.96	Yes	1.94	Yes	2.50	Yes	-1.11	28.92	No
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	80.44	N/A	78.39	N/A	100.00	N/A	-2.56	27.57	No
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with DRG	>=90	52.43	No	47.28	No	100.00	Yes	-9.81	111.50	No

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