

1999-2001 MAX IP Validation Table
State: SC

Measure	Expected Range	1999		2000		2001		% Change 1999-2000	% Change 2000-2001	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	284,246	N/A	325,731	N/A	319,298	N/A	14.59	-1.97	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total IP Claims	N/A	284,246	N/A	325,731	N/A	319,298	N/A	14.59	-1.97	Yes
% Supplemental Claims	5-20	63.38	No	67.05	No	64.45	No	5.79	-3.88	Yes
% Crossover	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Adjusted Claims	> 1%	.	Yes	.	Yes	.	Yes	N/A	N/A	N/A
% Standard Adjustments	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Aver. Amt. Pd Adjust. (include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	104,096	N/A	107,328	N/A	113,520	N/A	3.10	5.77	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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$2,872	Yes	\$3,151	Yes	\$3,265	Yes	9.72	3.63	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$708	N/A	\$789	N/A	\$813	N/A	11.52	2.95	Yes
% Claims with TPL	>0 - 10	0.70	Yes	0.91	Yes	0.93	Yes	28.92	2.61	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,698	N/A	\$1,775	N/A	\$2,135	N/A	-34.23	20.33	No
% 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	1.12	Yes	1.12	Yes	1.12	Yes	0.10	0.23	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.95	Yes	99.93	Yes	99.93	Yes	-0.02	0.00	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.65	Yes	8.09	Yes	8.56	Yes	5.75	5.73	Yes
Average LOS	2-<8	4.06	Yes	4.01	Yes	4.03	Yes	-1.28	0.65	Yes
Average Covered Days (> 0 day)	2-<8	4.06	Yes	3.99	Yes	4.02	Yes	-1.61	0.66	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	97.74	Yes	97.96	Yes	98.03	Yes	0.22	0.07	Yes
% Family Planning Claims (pgm type=2)	>0-5	2.25	Yes	2.02	Yes	1.95	Yes	-9.89	-3.50	Yes
% 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	3.42	Yes	3.55	Yes	3.69	Yes	3.81	3.77	Yes
% Claims with PDX, where length=3	5-30	7.50	Yes	6.87	Yes	6.56	Yes	-8.42	-4.61	Yes
% Claims with PDX, where length=4	15-75	18.76	Yes	19.14	Yes	20.14	Yes	2.01	5.25	Yes
% Claims with PDX, where length=5	25-70	73.73	No	73.99	No	73.30	No	0.35	-0.93	Yes
% Claims with a procedure code	35-70	59.61	Yes	60.11	Yes	65.35	Yes	0.83	8.72	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.94	Yes	1.94	Yes	1.98	Yes	-0.11	2.39	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	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.97	N/A	99.98	N/A	99.99	N/A	0.02	0.01	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	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	99.97	N/A	99.98	N/A	100.00	N/A	0.02	0.02	N/A
% Claims with DRG	>=90	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	N/A
% Claims Maternal Delivery Indicator	N/A	24.52	N/A	23.99	N/A	22.64	N/A	-2.20	-5.60	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	25.67	N/A	25.44	N/A	24.37	N/A	-0.92	-4.21	Yes
Patient Status										
% Home	75-90	91.31	No	91.37	No	90.48	No	0.07	-0.98	Yes
% Transferred	1-10	7.70	Yes	7.65	Yes	8.59	Yes	-0.68	12.20	Yes
% Still a Patient	>0 - 2	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Died	>0 - 3	0.99	Yes	0.98	Yes	0.94	Yes	-1.22	-4.19	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	180,150	N/A	218,403	N/A	205,778	N/A	21.23	-5.78	Yes
% 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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$293	N/A	\$282	N/A	\$280	N/A	-3.67	-0.59	Yes
% Claims with TPL	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with UB-92 Accommodation Codes	95-100	0.57	No	0.54	No	1.24	No	-5.05	130.91	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.21	Yes	1.26	Yes	1.28	Yes	3.80	1.41	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.57	No	0.54	No	1.24	No	-5.05	130.91	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	11.68	Yes	12.00	Yes	12.50	Yes	2.70	4.23	Yes
Average LOS	2-<8	2.78	Yes	2.68	Yes	2.51	Yes	-3.71	-6.30	Yes
% Begin Date = Admit Date	95-100	0.55	No	0.51	No	1.20	No	-6.71	133.55	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	93.11	No	95.69	No	97.29	No	2.77	1.67	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.07	No	1.07	No	1.11	No	-0.25	3.96	Yes
% Claims with PDX, where length=3	5-30	6.42	Yes	5.91	Yes	5.65	Yes	-7.82	-4.53	Yes
% Claims with PDX, where length=4	15-75	48.67	Yes	48.96	Yes	47.42	Yes	0.60	-3.16	Yes
% Claims with PDX, where length=5	25-70	44.91	Yes	45.12	Yes	46.94	Yes	0.47	4.02	Yes
% Claims with a procedure code	35-70	21.53	No	22.40	No	23.04	No	4.05	2.83	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.02	Yes	1.02	Yes	1.04	Yes	-0.11	1.95	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	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	34.54	N/A	34.48	N/A	33.88	N/A	-0.16	-1.74	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A

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		Value	Within Range	Value	Within Range	Value	Within Range			
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	34.54	N/A	34.48	N/A	100.00	N/A	-0.16	190.03	N/A
% Claims with DRG	>=90	0.38	No	0.34	No	1.17	No	-9.73	243.29	N/A

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