Florida Agency for Health Care Administration

SFY 2019–2020 Encounter Data Validation Study: Aggregate Report

July 2020

HSAG HEALTH SERVICES ADVISORY GROUP

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AHCA..Florida Agency for Health Care Administration
CMS... Centers for Medicaid & Medicare Services
CPT.. Current Procedural Terminology
CY ....Calendar Year
DME .... Durable Medical Equipment
DO .... Doctor of Osteopathic Medicine
DRG.. Diagnosis Related Group
EDV ....Encounter Data Validation
EQR ....External Quality Review
E&M ....Evaluation and Management
FMMIS ....Florida's Medicaid Management Information System
FQHC .... Federally Qualified Health Center
HCPCS ....Healthcare Common Procedure Coding System
HIV/AIDS ....Human Immunodeficiency Virus Infection/Acquired Immune Deficiency Syndrome
HSAG .... Health Services Advisory Group, Inc.
ICD-10-CM .... International Classification of Diseases, 10th Revision, Clinical Modification
ICN ....Internal Control Number
ID .... Identification
IRR ....Interrater Reliability
MCO ....Managed Care Organization
MD... Doctor Of Medicine
MM ....Member Months
MMA ....Managed Medical Assistance
MMIS .... Medicaid Management Information System
MRR ....Medical Record Review
NCCI ....National Correct Coding Initiative
NDC.. National Drug Code
NPI.. National Provider Identifier
OTC .... Over-the-Counter
RHC.. Rural Health Clinic
SMMC...Statewide Medicaid Managed Care
SFY.. State Fiscal Year
TCN ....Transaction Control Number

Health Plan Names

HSAG assessed the encounters submitted by AHCA's Managed Medicaid Assistance (MMA) plans and Specialty plans. The table below lists the contracted plans included in this study.

List of Contracted Plans

Plan Name	Plan Abbreviation
MMA	
Coventry Health Care of Florida, Inc.	COV-M
Humana Medical Plan, Inc.	HUM-M
Molina Healthcare of Florida, Inc.	MOL-M
Simply Healthcare Plan, Inc.	SHP-M
Wellcare of Florida d/b/a Staywell Health Plan of Florida, Inc.	STW-M
Sunshine State Health Plan, Inc.	SUN-M
UnitedHealthcare of Florida, Inc.	URA-M
South Florida Community Care Network, d/b/a Community Care Plan	CCP-M
Prestige Health Choice	PRS-M
MMA Specialty	
Children's Medical Services Network—Staywell	CMS-S
Clear Health Alliance (HIV/AIDS Specialty Plan)	CHA-S
Magellan Complete Care (Serious Mental Illness Specialty Plan)	MCC-S
Sunshine State Health Plan, Inc. (Child Welfare Specialty Plan)	SUN-S

Introduction

Accurate and complete encounter data are critical to the success of any managed care program. State Medicaid agencies rely on the quality of the encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information. The completeness and accuracy of these data are essential to the success of the state's overall management and oversight of its Medicaid managed care program and in demonstrating its responsibility and stewardship.

During state fiscal year (SFY) 2019–20, the Agency for Health Care Administration (AHCA) contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to AHCA by its contracted Statewide Medicaid Managed Care (SMMC) health plans (collectively referred to as plans) are complete and accurate. HSAG assessed the encounters submitted by AHCA's MMA plans and Specialty plans.

Overview of Study

In alignment with the Centers for Medicare & Medicaid Services (CMS) *EQR Protocol 4: Validation of Encounter Data Reported by the Managed Care Organization (MCO): A Voluntary Protocol for External Quality Review (EQR),* Version 2.0, September 2012,[1-1] HSAG conducted the following core evaluation activities for the EDV activity:

- Comparative analysis—analysis of AHCA's electronic encounter data completeness and accuracy through a comparative analysis between AHCA's electronic encounter data and the data extracted from the plans' data systems. The comparative analysis of the encounter data involved a series of analyses divided into two analytic sections:
  1. HSAG assessed **record-level data completeness** using the following metrics for each encounter type:
     - *Record omission*—percentage of records present in the plan-submitted files that were not found in the AHCA-submitted files.
     - *Record surplus*—percentage of records present in the AHCA-submitted files that were not found in the plan-submitted files.

[1-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 4 Validation of Encounter Data Reported by the MCO*: *A Voluntary Protocol for External Quality Review (EQR)*, Version 2.0., September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-4.pdf. Accessed on: May 11, 2020. Please note that CMS updated the Version 2.0., September 2012 EQR protocols in 2019, and the new protocols were published on March 6, 2020. HSAG developed the current year EDV methodology and began conducting the activities while the Version 2.0, September 2012 protocols were in effect. As such, HSAG referenced the previously published protocols since those were current at the time of the study development.

2. Based on the number of records present in both data sources, HSAG examined **data element-level completeness and accuracy** for key data elements based on the following metrics:
   – *Element omission*—the percentage of records with values present in the plan-submitted files but not present in the AHCA-submitted files.
   – *Element surplus*—the percentage of records with values present in the AHCA-submitted files but not present in the plan-submitted files.
   – *Element accuracy*—the percentage of records with the same values in both AHCA- and plan-submitted files.

- Medical record review (MRR)—analysis of AHCA's electronic encounter data completeness and accuracy by comparing AHCA's electronic encounter data to the information documented in the corresponding enrollees' medical records. Four study indicators were developed to report the MRR results:
   – *Medical record omission*—the percentage of dates of service identified in the electronic encounter data that were not found in the enrollees' medical records. This rate was also calculated for diagnosis code, procedure code, and procedure code modifier.
   – *Encounter data omission*—the percentage of dates of service from enrollees' medical records that were not found in the electronic encounter data. This rate was also calculated for diagnosis code, procedure code, and procedure code modifier.
   – *Coding accuracy*—the percentage of diagnosis codes, procedure codes, and procedure code modifiers associated with validated dates of service from the electronic encounter data that were correctly coded based on the enrollees' medical records.
   – *Overall accuracy*—the percentage of dates of service with all data elements coded correctly among all the validated dates of service from the electronic encounter data.

Snapshot of Findings and Recommendations

Comparative Analysis

Record Completeness

Table 1-1 displays the statewide and plan range of record omission and record surplus rates by encounter type. **Lower rates indicate better performance for both record omission and record surplus.**

Table 1-1—Encounter Data Completeness Summary

Encounter Type	Record Omission[1]		Record Surplus[2]	
	All Plans' Rate	Plan Range	All Plans' Rate	Plan Range
Professional	6.5%	0.3%–26.2%	17.0%	0.4%–28.5%
Institutional	19.7%	1.7%–37.5%	11.5%	0.5%–23.5%

[1] Records present in the plan-submitted files but not found in the AHCA-submitted files.

[2] Records present in the AHCA-submitted files but not found in the plan-submitted files.

Findings: The overall record omission and surplus rates were high for both encounter types except the professional encounters omission rate, suggesting high discrepancies at the record level, when comparing the AHCA-submitted files to the plan-submitted files. Since both AHCA- and plan-submitted files represent the same administrative data, the most plausible reasons for noted discrepancies, whether in the form of record surplus or omission, are system-related processes. The high surplus rates across both encounter types were attributed to the apparent duplicate records from the AHCA-submitted files, which contained all the iterations of claims that were rejected and subsequently resubmitted, instead of only including the final iteration of the claims. The high institutional record omission rate appears to be due to the plan-submitted institutional files containing more detail lines than the AHCA-submitted files for the same encounter.

Data Element Completeness and Accuracy

Table 1-2 displays the statewide data element omission, surplus, and accuracy results for key data elements evaluated from the professional and institutional encounters.

Table 1-2—Element Omission, Surplus, and Accuracy Rates: Professional and Institutional

Key Data Elements	Professional			Institutional		
	Omission	Surplus	Accuracy	Omission	Surplus	Accuracy
Enrollee ID	<0.1%	0.0%	>99.9%	<0.1%	0.0%	>99.9%
Service From Date[1]	0.0%	0.0%	95.6%	0.0%	21.4%	99.8%
Service To Date[1]	0.0%	1.4%	95.7%	0.0%	21.4%	99.2%
Billing Provider NPI	1.0%	0.8%	96.5%	0.1%	0.1%	94.4%
Rendering Provider NPI	0.9%	12.1%	96.4%			
Attending Provider NPI				30.1%	0.1%	88.2%
Referring Provider NPI	2.9%	12.8%	96.5%	1.0%	24.5%	8.5%
Detail Paid Amount	0.0%	<0.1%	89.1%	0.8%	<0.1%	96.9%
Header Paid Amount	0.0%	<0.1%	70.3%	0.0%	<0.1%	89.7%
CPT/HCPCS Procedure Code	<0.1%	<0.1%	99.5%	0.7%	2.0%	98.5%
National Drug Code (NDC)	0.1%	<0.1%	63.4%	0.1%	0.2%	74.9%
Revenue Code				0.8%	1.7%	99.1%
Diagnosis Related Group (DRG)				1.0%	4.4%	94.5%
Diagnosis Code 1	<0.1%	0.0%	88.9%	0.0%	<0.1%	95.2%
Surgical Procedure Code 1				0.1%	3.0%	89.5%

[1] For professional encounters the evaluation was based on the *Detail Service Date* data elements, while for institutional encounters the evaluation was based on the *Header Service Date* data elements.

Note: Gray cells indicate that data elements were not evaluated for certain encounter types.

Findings: Overall, among encounters that could be matched between AHCA- and plan-submitted data, the encounter data elements exhibited a high level of completeness (i.e., low omission and surplus rates) across both encounter types. The element omission and surplus rates were below 5 percent for key data elements that were evaluated, with few exceptions. Fields with relatively incomplete data included the provider-related data elements (except *Billing Provider NPI*) and *Service From Date* and *Service To Date* in the institutional encounter type. The high surplus rates for the *Rendering Provider NPI* and *Referring Provider NPI* fields and the omission rates for the *Attending Provider NPI* field appear to be attributed to errors in extraction and population of these fields for the study. However, HSAG was not able to determine the source data (i.e., AHCA- or plan-submitted) that were in error. The high surplus rates for *Service From Date* and *Service To Date* in the institutional encounters were also attributed to one plan's data extraction errors for the study.

Overall, data element accuracy rates associated with each encounter type were generally high with nearly all key data elements showing at least 90 percent accuracy. This finding suggests that both encounter data sources reported the same values. The low accuracy rates for some fields were generally due to data extraction errors. For example, the low accuracy rates for the *NDC* data element associated with both professional and institutional encounters were due to one plan submitting the *NDC* with truncated values.

Recommendations: Based on the comparative analysis results, HSAG recommends the following to AHCA to improve encounter data completeness and accuracy:

- Develop a standardized process to track and identify the final adjudication record of an encounter, since it appears that there is an issue in identifying the final adjudication of resubmitted denied encounters.

- Work with its MMIS data vendor to continue efforts to develop an algorithm that is in alignment with assigning internal control numbers (*ICN*s) according to the type of encounter transaction and how the encounter was received.

- Consider enhancing current submission requirements to ensure adjusted encounters are submitted appropriately to better identify the final status of records in AHCA's encounter data. By having a standardized process, AHCA can ensure the consistency of data extraction as well as production of analytic data files for use in other units that potentially impact the State's encounter-based reporting.

- Since errors were identified in the data files extracted for the study, AHCA may consider review of standard quality controls to verify accurate data extracts from its respective systems. Standard data extraction procedures and quality control should reduce the number of errors associated with extracted data.

- For future EDV studies, AHCA may consider a series of follow-up activities during the study timeline, designed to assist the plans in addressing and resolving encounter data issues identified from the comparative analysis component of the study. The follow-up activities could include:
    - Distribution of data discrepancy reports to plans identified as having data issues, which include a description of key issues for the plans to review. Samples of encounters highlighting identified issues may also be distributed to further assist the plans in reviewing their results.
    - Conducting collaborative technical assistance sessions with plans to discuss data issues identified in the study, whereby root causes of discrepancies can be discussed and resolved.

Medical Record Review

Data Completeness and Accuracy

Table 1-3 displays the medical record omission, encounter data omission, element accuracy, and all-element accuracy rates for each key data element.

Table 1-3—Encounter Data Completeness and Accuracy Summary

Key Data Elements	Medical Record Omission[1]		Encounter Data Omission[2]		Element Accuracy	
	All Plans' Rate	Plan Range	All Plans' Rate	Plan Range	All Plans' Rate	Plan Range
Date of Service	1.6%	0.0%–7.7%	2.6%	0.9%–4.5%	—	—
Diagnosis Code	18.0%	8.5%–28.1%	5.1%	1.6%–10.1%	98.6%	96.3%–100%
Procedure Code	24.0%	9.6%–38.2%	7.0%	2.1%–22.1%	98.0%	95.9%–100%
Procedure Code Modifier	42.4%	26.5%–60.0%	2.1%	0.0%–6.9%	99.7%	96.0%–100%
All-Element Accuracy[3]					50.9%	39.3%–60.4%

"—" Indicates that the accuracy rate analysis was not applicable to a given data element.

[1] Services documented in the encounter data but not supported by the enrollees' medical records.

[2] Services documented in the enrollee's medical records but not in the encounter data.

[3] The all-element accuracy rate describes the percentage of dates of service present in both AHCA's encounter data and in the medical records with **all** data elements coded correctly (i.e., not omitted from the medical record, not omitted from the encounter data, and when populated have the same values). As such, the gray cells indicate the evaluation for medical record omission or encounter data omission is not applicable.

Findings: Overall, the *Date of Service* data element within AHCA's encounter data was well supported by the enrollees' medical records, as evidenced by the low medical record omission rate. However, the other three data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) were moderately supported by the medical records. In contrast, the low encounter data omission rates indicate that all the key data elements found in the medical records were well-supported by the information found in AHCA's electronic encounter data, with rates less than 10 percent. Overall, when key data elements were present in both AHCA's encounter data and the enrollees' medical records and were evaluated independently, the data elements were found to be accurate, where each had an accuracy rate of greater than 98 percent. More than 50 percent of the dates of service present in both sources (i.e., in AHCA's encounter data and medical records) contained matching values for all three key data elements when compared to the enrollees' medical records.

Recommendations: Based on study findings from the MRR component, HSAG recommends the following to AHCA to improve encounter data quality:

- Consider periodic education and training regarding encounter submissions, medical record documentation, and coding practices. These activities may include a review of both State and national coding requirements and standards, especially for new providers contracted with the plans.

- AHCA may consider requiring plans to conduct a standardized validation of encounter data using MRR. To facilitate the process:

  - Develop an annual process to assess the plans' data validation capacity and capabilities among encounters submitted to AHCA, as well as to ensure the plans' accountability for claims and encounter data validation.

  - Establish validation guidelines for use by the plans in conducting their internal validation. The guidelines may assist with improving the quality of encounter data submitted by the plans to AHCA and may include, but will not be limited to, the file format and reporting requirements to guide the plans in conducting their internal validation. Results from these reviews may be submitted to AHCA for use in its ongoing data monitoring.

Background

Based on the approved scope of work, HSAG worked with AHCA's EDV team to develop the data submission requirements for conducting the EDV study. Once finalized, the data submission requirements were submitted to both AHCA and the plans to guide the extraction and collection of study data. Data were requested for professional and institutional encounters with dates of service between January 1, 2018, and November 30, 2018, that were in their final status and submitted to AHCA on or before July 31, 2019. In addition to the file specifications, the data submission requirements also included the required data types (i.e., professional and institutional) and the associated required data elements. HSAG also requested AHCA to provide supporting data files related to enrollment, demographics, and providers associated with the encounter files.

The set of encounter files received from AHCA and the plans was used to examine the extent to which the data extracted and submitted were reasonable and complete. HSAG's review involved multiple methods and evaluated that:

- The volume of submitted encounters was reasonable.
- Key encounter data fields contained complete and/or valid values.
- Other anomalies associated with the data extraction and submission were documented.

Encounter Volume Completeness and Reasonableness

Capturing, sending, and receiving encounter data has historically been difficult and costly for plans and states alike. The encounter data collection process is lengthy and has many steps wherein data can be lost or errors can be introduced into submitted data elements. Assessment of the completeness and accuracy of encounter data provides insight into areas that need improvement for these processes, as well as quantifying the general reliability of encounter data. These analyses were performed with key data elements as individual units of assessment at the aggregate level for the encounter data sources (plans' encounter systems and AHCA's encounter system) and stratified by individual plans.

HSAG received the initial set of data files from the plans in October 2019. All encounters submitted by the plans to HSAG underwent a preliminary file review to ensure that the submitted data files were generally comparable to the encounters extracted and submitted by AHCA. HSAG provided a preliminary review results document to each plan identifying issues noted during the review. Additionally, HSAG worked with the plans to address questions related to issues that were identified during the review of the plans' initial data submission. Based on the review results, the plans had one opportunity to resubmit their files. Most plans resubmitted data files in November 2019, while others requested an extension for resubmission.

Table 2-1 displays the encounter data volume submitted by AHCA and the initial/resubmitted data files submitted by the plans. The table highlights the number of records submitted by each source as well as the percentage difference in counts relative to AHCA's data between the two sources. As noted in the "Encounter Data Validation Methodology" section, both AHCA and the plans were required to supply the same data (i.e., final status claims/encounters that were submitted to AHCA as of July 1, 2019, for dates of service between January 1, 2018, and November 30, 2018).

Table 2-1—Encounter Data Submission by AHCA and the Plans (January 1, 2018—November 30, 2018)

Plan	Professional			Institutional		
	Records Submitted		Percent Difference (Relative to AHCA Data)	Records Submitted		Percent Difference (Relative to AHCA Data)
	AHCA	Plan		AHCA	Plan	
CCP-M	1,084,085	1,122,880	(3.6%)	307,394	347,997	(13.2%)
CHA-S	933,826	1,110,168	(18.9%)	578,380	740,776	(28.1%)
CMS-S	6,055,647	4,855,578	19.8%	1,038,448	886,971	14.6%
COV-M	1,316,071	1,438,444	(9.3%)	355,175	461,363	(29.9%)
HUM-M	10,882,703	9,302,288	14.5%	3,107,426	3,346,290	(7.7%)
MCC-S	6,318,828	5,249,650	16.9%	1,169,711	1,498,783	(28.1%)
MOL-M	9,034,562	9,634,008	(6.6%)	3,229,001	3,547,068	(9.9%)
PRS-M	7,722,821	7,182,712	7.0%	1,722,406	1,821,834	(5.8%)
SHP-M	4,431,442	5,199,550	(17.3%)	1,025,112	1,289,311	(25.8%)
STW-M	19,085,259	14,384,458	24.6%	4,992,143	5,265,787	(5.5%)
SUN-M	14,103,917	11,097,415	21.3%	3,981,359	4,252,967	(6.8%)
SUN-S	991,584	1,152,617	(16.2%)	171,450	192,472	(12.3%)
URA-M	9,264,472	7,548,018	18.5%	1,925,903	2,322,634	(20.6%)
All Plans	**91,225,217**	**79,277,786**	**13.1%**	**23,603,908**	**25,974,253**	**(10.0%)**

Key Findings: Table 2-1

- Overall, for professional encounters, the AHCA-submitted files had 13.1 percent more records compared to the total encounter records submitted by the plans.
  - The number of records submitted by seven plans (CMS-S, HUM-M, MCC-S, PRS-M, STW-M, SUN-M, and URA-M) was lower than the number of records received from AHCA.
  - The number of records submitted by six plans (CCP-M, CHA-S, COV-M, MOL-M, SHP-M, and SUN-S) was higher than the number of records received from AHCA.

- Overall, for the institutional encounters, the AHCA-submitted files had 10.0 percent less records compared to the total encounter records submitted by the plans.
  - The number of records submitted by all plans except CMS-S was consistently higher than the number of records received from AHCA.
- During the file review process and in working with the plans to reconcile identified issues, some of the plans had noted that claims which were repeatedly rejected and resubmitted were assigned new *ICN*s in each iteration, creating what appeared to be "duplicated" encounter records in AHCA's data. Upon consultation with AHCA, it was determined that the AHCA-submitted files contained all the iterations for these claims' scenarios. As a result, since the final status of these claims was not able to be determined, AHCA agreed that the plans should also submit all the iterations for these types of claims scenarios. As directed by AHCA, while it is not HSAG's usual practice to "clean" submitted data from either source, HSAG performed a minimal data "cleaning" when applicable, to reduce discrepancies that were due to known data extraction issues.

Utilization Statistics

The volume of encounters submitted by a plan provides useful information on the completeness of AHCA's encounter data. Lags in encounter submissions were accounted for in the data collection period by requesting only finalized records submitted to AHCA within the study period from participating plans. This section evaluates encounter data completeness by examining the encounter counts by plan. Before generating the unique counts, HSAG applied the following restrictions to the AHCA-submitted data files:

- Removed encounters that appear to be "duplicate" as discussed in the prior section.
- Removed duplicates based on the unique encounter identifier for each encounter type. For example, one professional encounter may have 10 detail lines, with each line corresponding to one procedure code. This case would be counted as one encounter rather than 10 encounters.

Finally, HSAG included the creation of a unique encounter key field consisting of the plan abbreviation, enrollee ID, provider identification, and date of service.

Overall, the encounter counts reflect the number of encounters that a plan's enrollees experienced. Additionally, to normalize the encounter counts by the enrollee counts, the encounter counts per 1,000 member months (MM) were also calculated. The member months presented were calculated based on all enrollees enrolled with the participating plans.

Table 2-2 provides a general overview of the average utilization per enrollee by plan from the beginning of calendar year (CY) 2018 through November 30, 2018 (January 1, 2018—November 30, 2018) for professional and institutional encounters.

Table 2-2—Encounter Data Overview

Plan	Average Number of Enrollees per Month[1]	Professional		Institutional	
		Total Number of Encounters[2]	Total Encounters per 1,000 MM[3]	Total Number of Encounters[2]	Total Encounters per 1,000 MM[3]
CCP-M	41,201	446,239	985	67,790	150
CHA-S	9,052	320,244	3,216	61,049	613
CMS-S	52,147	3,057,279	5,330	248,944	434
COV-M	50,893	588,408	1,051	87,565	156
HUM-M	295,718	3,808,591	1,171	505,902	156
MCC-S	80,103	2,589,273	2,939	231,597	263
MOL-M	342,007	4,234,185	1,125	614,932	163
PRS-M	323,194	3,743,354	1,053	527,941	149
SHP-M	71,702	1,417,307	1,797	138,935	176
STW-M	633,864	7,534,728	1,081	1,045,080	150
SUN-M	474,256	6,312,957	1,210	860,603	165
SUN-S	34,062	696,851	1,860	46,662	125
URA-M	259,209	3,998,786	1,402	535,425	188
All Plans	**2,667,408**	**38,748,202**	**1,321**	**4,972,425**	**169**

[1] The average number of enrollees was calculated by dividing the total number of member months by 11, to align with the number of months in the encounter data for the review period of January 1, 2018, through November 30, 2018.

[2] An encounter was defined by a unique combination of plan, enrollee ID, provider identification, and date of service in the encounter data for the review period of January 1, 2018, through November 30, 2018.

[3] The total encounters per 1,000 MM rate was calculated by dividing the total number of encounters by the total MM for the same review period and multiplying the results by 1,000.

Key Findings: Table 2-2

- For professional encounters, more than 38 million encounters occurred during the study period, averaging 1,321 professional encounters per 1,000 MM. The encounters per 1,000 MM ranged from 985 encounters (CCP-M) to 5,330 encounters (CMS-S).

- For institutional encounters, nearly 5 million encounters occurred during the study period, averaging 169 institutional encounters per 1,000 MM. The encounters per 1,000 MM ranged from 125 encounters (SUN-S) to 613 encounters (CHA-S).

Monthly Variations of Encounters for Dates of Service

This section highlights the overall encounter data volume trends over time for AHCA and the plans for professional and institutional encounters.

Examination of the volume of encounters submitted each month provided additional insight into potential problems with data completeness observed in greater context in the comparative analysis and MRR portions of this assessment. The monthly assessment of encounter volume included only those encounters documented within the plans' systems and submitted to AHCA with a date of service during the study period. Figure 2-1 and Figure 2-2 illustrate the overall encounter data volume trends over time by AHCA and the plans. A unique combination of key fields consisting of plan, enrollee ID, provider identification number, and date of service was used to uniquely define an encounter.

Figure 2-1—Monthly Variations in Professional Encounters for AHCA and the Plans
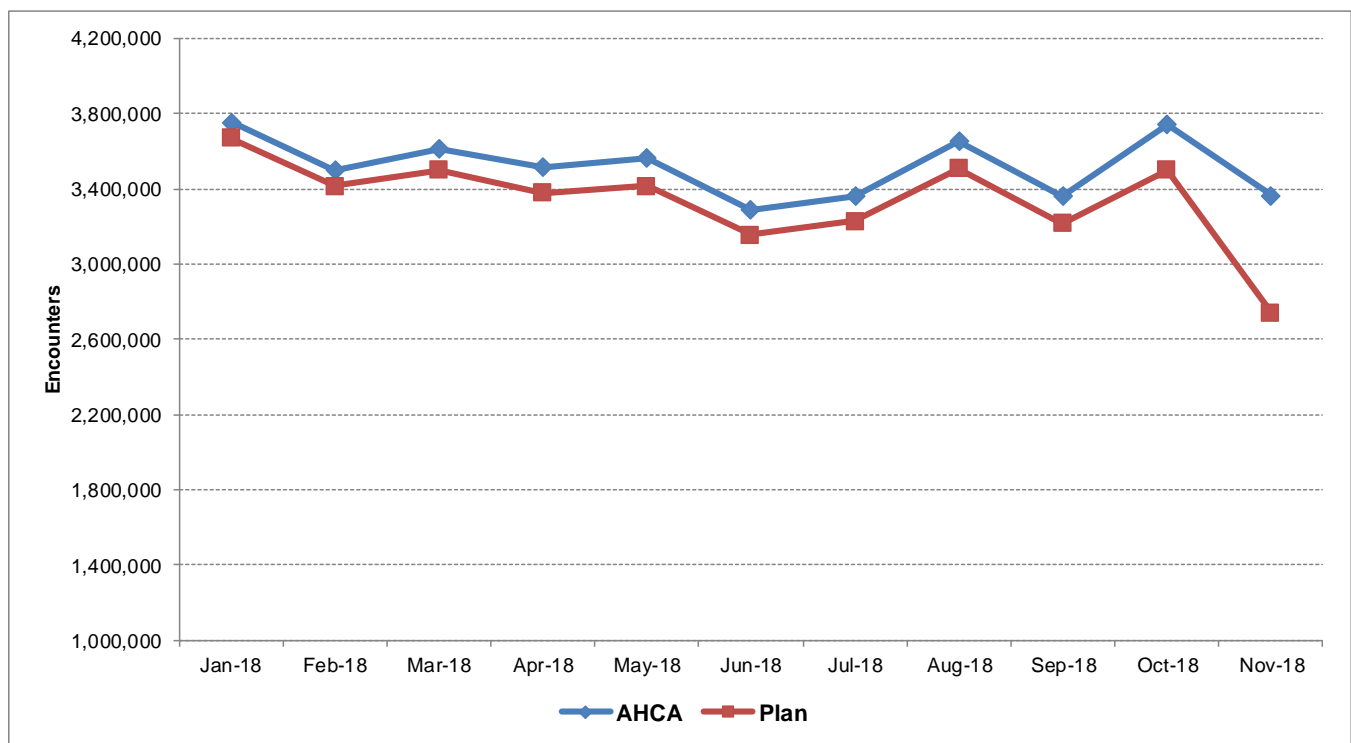
Key Findings: Figure 2-1

- While the overall encounter data volume by month for professional encounters was greater for AHCA, the volume trend for AHCA and the plans was similar, with both data sources showing similar patterns of monthly fluctuation.

- Overall, AHCA's monthly professional encounter data volume decreased by 388,653 encounters, from 3,756,031 (January 2018) to 3,367,378 encounters (November 2018), while the plans' monthly professional encounter data volume decreased by 927,657 encounters, from 3,672,706 encounters to 2,745,049 for the same time period.

- The average difference in the professional encounter volume between AHCA and the plans was 181,426 during the 11 months. The substantial decrease in plan-submitted volume compared to

AHCA-submitted volume between October and November was primarily due to the decrease noted in the file submitted by STW-M. This file showed that the STW-M encounter volume dropped from 550,000 in October to 98,000 in November, whereas the AHCA-submitted file showed that the STW-M encounter volume dropped from 735,000 in October to 666,000 in November.

Figure 2-2—Monthly Variations in Institutional Encounters for AHCA and the Plans
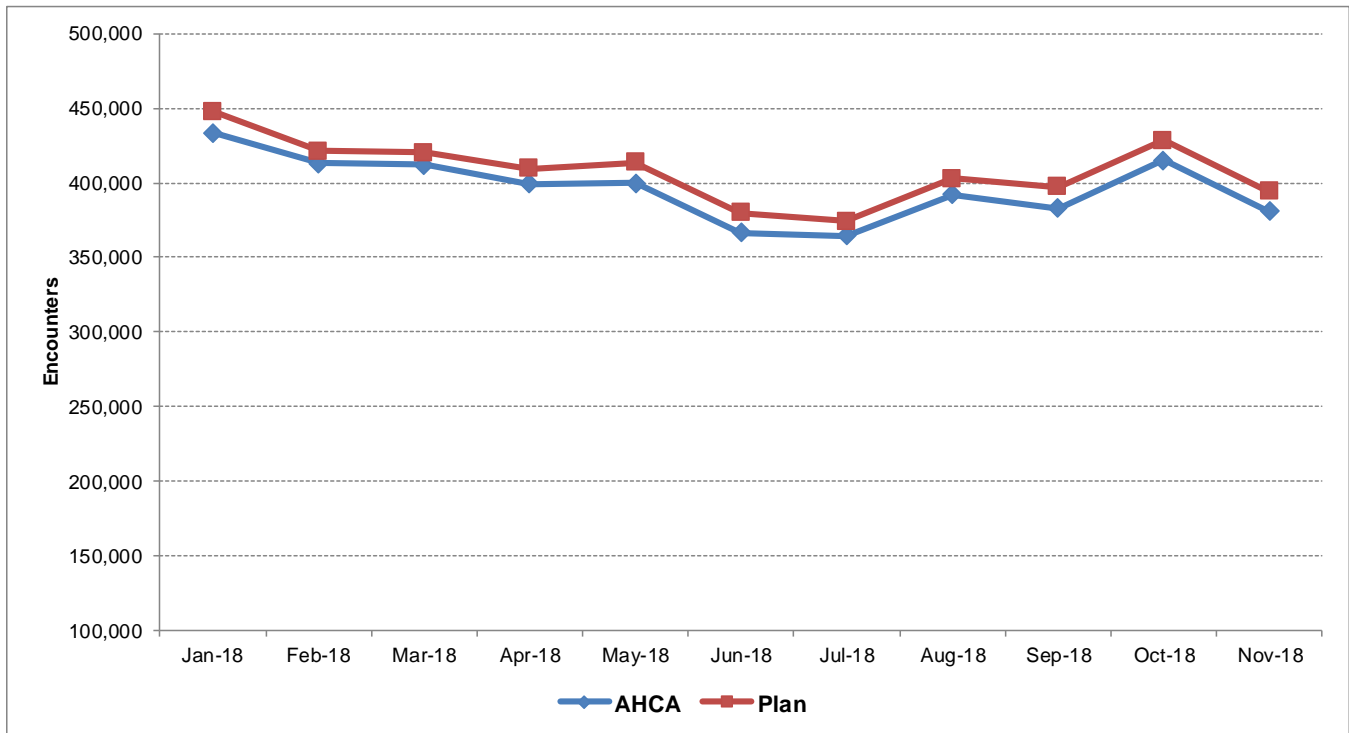
Key Findings: Figure 2-2

- While the overall encounter data volume by month for the institutional encounters was lower for AHCA, the volume trend for AHCA and the plans was similar, with both data sources showing similar patterns of monthly fluctuations.
- Overall, AHCA's monthly institutional encounter data volume decreased by 52,336 encounters, from 433,383 (January 2018) to 381,047 encounters (November 2018), while the plans' monthly institutional encounter data volume decreased by 53,574 encounters, from 447,728 encounters to 394,154 for the same time period.
- The average difference in the institutional encounter volume between AHCA and the plans was 11,706 during the 11 months.

Encounter Field Completeness and Reasonableness

To determine the completeness and reasonableness of AHCA's and the plans' electronic claims/encounter data, HSAG examined the percentage of key data fields (e.g., *Provider NPI* and *Procedure Code*) that contained data and were populated with expected values. As discussed in the "Encounter Data Validation Methodology" section, the study was restricted to specific criteria with the assumption that encounters received from both sources were in their final status as requested in the data submission requirements document. Key data fields with values not populated were evaluated for completeness but did not contribute to the calculations for accuracy (i.e., percent not populated and percent valid). Accuracy rates were assessed based on whether submitted values were in the correct format and the data fields contained expected values (percent valid). For example, a record wherein the *Billing Provider NPI* was populated with a value of "000000000" would be considered to have a value present but not as having a valid value.

To determine the completeness and reasonableness of AHCA- and plan-submitted encounter data, HSAG evaluated each key data element based on the following metrics.

- Percent Not Populated: The required data fields were not present on the submitted file or if data fields were present on the file, values were not populated in those data fields.
- Percent with Valid Values: The data fields have values present, which are the expected values.

Table 2-3 shows the key data elements and the associated criteria for validity for each of the encounter types included in this study.

Table 2-3—Key Encounter Data Elements

Key Data Elements	Professional	Institutional	Criteria for Validity
Enrollee ID	√	√	In enrollment file supplied by AHCA
Diagnosis Codes 1 through 25	√	√	In International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis code set
Surgical Procedure Codes 1 through 25		√	In ICD-10-CM surgical procedure code set
Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) Code	√	√	In national CPT and HCPCS procedure code sets
National Drug Code (NDC)	√	√	In national NDC code sets
Revenue Codes		√	In national revenue code sets
Billing Provider NPI	√	√	In provider file supplied by AHCA
Rendering Provider NPI	√		In provider file supplied by AHCA
Attending Provider NPI		√	In provider file supplied by AHCA
Referring Provider NPI	√	√	In provider file supplied by AHCA

Table 2-4 shows the percent not populated and valid rates for key data fields associated with the professional encounters for data extracted from AHCA and the plans' claims/encounter systems. Plan-specific, fully detailed tables are provided in Appendix B.

Table 2-4—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid): Professional Encounters

Data Element	AHCA-Submitted Data		Plan-Submitted Data	
	Percent Not Populated	Percent Valid	Percent Not Populated	Percent Valid
Enrollee ID	<0.1%	99.9%	<0.1%	99.9%
Billing Provider NPI	2.0%	98.1%	0.8%	97.9%
Rendering Provider NPI[A]	2.0%	98.6%	11.8%	98.2%
Referring Provider NPI[A]	58.9%	96.6%	70.1%	93.4%
CPT/HCPCS Procedure Code	<0.1%	>99.9%	<0.1%	>99.9%
National Drug Code (NDC)[A]	98.2%	96.5%	98.2%	63.1%
Diagnosis Code 1[A]	<0.1%	>99.9%	<0.1%	98.3%
Diagnosis Code 2[A]	57.4%	>99.9%	44.2%	98.8%
Diagnosis Code 3[A]	72.8%	>99.9%	61.4%	99.1%
Diagnosis Code 4[A]	81.9%	>99.9%	72.8%	99.2%

[A] *Rendering Provider NPI*, *Referring Provider NPI*, *NDC*, *Diagnosis Code 2*, *Diagnosis Code 3*, and *Diagnosis Code 4* fields are situational (i.e., not required for every professional transaction). Results for plan-specific and additional situational fields (i.e., *Diagnosis Code 5* through *Diagnosis Code 25*) can be found in Appendix B.

"NA" denotes all records had values not populated for this data element; therefore, validity could not be assessed.

Key Findings: Table 2-4

- Data elements with values not populated within the AHCA-submitted professional encounters were relatively comparable to the plan-submitted professional encounters for the majority of the data elements that were evaluated, with few exceptions.

- Of the provider-related data elements, relatively equivalent percentages of values not populated were observed for *Billing Provider NPI* for both the AHCA- and plan-submitted encounters. The percentages of values not populated were higher for the plan-submitted encounters than for the AHCA-submitted encounters for *Rendering Provider NPI* and *Referring Provider NPI* data elements.

- Of the diagnoses-related data elements, equivalent percentages of values not populated were observed for *Diagnosis Code 1* at less than 0.1 percent for both the AHCA- and plan-submitted encounters. The percentages of values not populated were consistently higher for the AHCA-submitted encounters than the plan-submitted encounters for *Diagnosis Codes 2* through *4*. This may indicate that some plans may have additional codes within their claims systems that are not required to be submitted but collected for internal use. It is also important to note that the secondary diagnosis

code fields (i.e., *Diagnosis Code 2* through *Diagnosis Code 4*) are not required for every transaction. Furthermore, results should be interpreted with caution when comparing each diagnosis code's position as each data source (i.e., AHCA and the plans) may not have populated and labeled these data elements in the same position order when data were submitted for the study.

- Percent valid values for all the evaluated data elements except *NDC* were high for both AHCA- and plan-submitted encounters. The *NDC* percent valid value for AHCA-submitted encounters was high at 96.5 percent, while validity for this data element was at 63.1 percent for plan-submitted encounters. The low validity was due to STW-M submitting the *NDC* with truncated values.

Table 2-5 shows the percent not populated and valid rates for key data fields associated with the institutional encounters for data extracted from AHCA and the plans' claims/encounter systems. Plan-specific, fully detailed tables are provided in Appendix B.

Table 2-5—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid): Institutional Encounters

Data Element	AHCA-Submitted Data		Plan-Submitted Data	
	Percent Not Populated	Percent Valid	Percent Not Populated	Percent Valid
Enrollee ID	<0.1%	>99.9%	0.0%	>99.9%
Billing Provider NPI	0.3%	98.4%	0.1%	98.7%
Attending Provider NPI[A]	29.8%	98.8%	0.2%	97.2%
Referring Provider NPI[A]	76.2%	98.3%	98.9%	95.1%
CPT/HCPCS Procedure Code[A]	29.1%	>99.9%	28.8%	>99.9%
Revenue Code	2.5%	>99.9%	1.6%	>99.9%
National Drug Code (NDC) [A]	89.6%	97.2%	88.2%	76.7%
Diagnosis Code 1	<0.1%	>99.9%	<0.1%	95.8%
Diagnosis Code 2[A]	20.4%	>99.9%	10.9%	97.8%
Diagnosis Code 3[A]	37.9%	>99.9%	25.6%	98.3%
Diagnosis Code 4[A]	51.1%	>99.9%	38.5%	98.6%
Surgical Procedure Code 1[A]	88.8%	>99.9%	91.9%	97.1%
Surgical Procedure Code 2[A]	93.0%	>99.9%	94.6%	97.1%
Surgical Procedure Code 3[A]	95.8%	>99.9%	96.4%	96.9%
Surgical Procedure Code 4[A]	97.4%	>99.9%	97.4%	96.8%

[A] *Attending Provider NPI*, *Referring Provider NPI*, *Procedure Code*, *NDC*, *Diagnosis Code 2*, *Diagnosis Code 3*, *Diagnosis Code 4*, *Surgical Procedure Code 1*, *Surgical Procedure Code 2*, *Surgical Procedure Code 3*, and *Surgical Procedure Code 4* are situational (i.e., not required for every institutional transaction). Results for plan-specific and additional situational fields (i.e., *Diagnosis Code 5* through *Diagnosis Code 25* and *Surgical Procedure Code 5* through *Surgical Procedure Code 25*) can be found in Appendix B.
"NA" denotes all records had values not populated for this data element; therefore, validity could not be assessed.

Key Findings: Table 2-5

- Data elements with values not populated within the AHCA-submitted institutional encounters were relatively comparable to the plan-submitted institutional encounters for the majority of the data elements that were evaluated, with few exceptions.

- Of the provider-related data elements, relatively equivalent percentages of values not populated were observed for *Billing Provider NPI* for both AHCA- and plan-submitted encounters. The percentages of values not populated were higher for plan-submitted encounters than for AHCA-submitted encounters for the *Referring Provider NPI* data element. On the contrary, the percentages of values not populated were lower for the plan-submitted encounters than the AHCA-submitted encounters for the *Attending Provider NPI* data element.

- Of the diagnoses-related data elements, equivalent percentages of values not populated were observed for *Diagnosis Code 1* at less than 0.1 percent for both the AHCA- and plan-submitted encounters. Similar to the findings from the professional encounters, the percentages of values not populated were consistently higher for the AHCA-submitted encounters than the plan-submitted encounters for *Diagnosis Codes 2* through *4*. This may indicate that some plans may have additional codes within their claims systems that are not required to be submitted but collected for internal use. It is important to note that the secondary diagnosis code fields (i.e., *Diagnosis Code 2* through *Diagnosis Code 25*) are not required for every transaction. Furthermore, results should be interpreted with caution when comparing each diagnosis code's position as each data source may not have populated and labeled these data elements in the same position order when data were submitted for the study.

- Of the surgical procedure-related data elements, while relatively equivalent percentages of values not populated were observed for both AHCA- and plan-submitted encounters, values not populated were consistently higher for the AHCA-submitted encounters. Similar to findings for the diagnoses-related data elements, this may indicate that some plans may have additional codes within their claims systems that are not required to be submitted but collected for internal use. It is important to note that the surgical procedure code fields (i.e., *Surgical Procedure Code 1* through *Surgical Procedure Code 25*) are not required for every encounter transaction. Furthermore, results should be interpreted with caution when comparing each surgical procedure code's position as each data source may not have populated and labeled these data elements in the same position order when data were submitted for the study.

- Percent valid values for all the evaluated data elements except *NDC* were high for both AHCA- and plan-submitted encounters. The *NDC* percent valid value for the AHCA-submitted encounters was high at 97.2 percent, while validity for this data element was at 76.7 percent for the plan-submitted encounters. The low validity was due to STW-M submitting the *NDC* with truncated values.

Background

This section presents findings from the results of the comparative analysis of the professional and institutional encounter data maintained by AHCA and the plans. The analysis examined the extent to which encounters submitted by the plans and maintained in AHCA's data warehouse (and the data subsequently extracted by AHCA to HSAG for the study) were accurate and complete when compared to data submitted by the plans to HSAG. Clarifications regarding defining "accurate" and "complete" are included in the Methodology section in Appendix A. To compare AHCA's data and the plans' submitted data, HSAG developed a comparable match key between the two data sources. Data fields used in developing the match keys generally include the *ICN* and the associated detail line sequence number. These data elements were concatenated to create a unique match key, which became the unique identifier for each encounter detail line in AHCA's and each plan's data. For plans' data without reasonable match rates when using the *ICN* to create the match key, HSAG used the *Transaction Control Number* (*TCN*) to develop the match key. Additionally, if using only the *ICN* or *TCN* and the detail line sequence number generated a low match rate, HSAG selected other data elements (e.g., *Procedure Code*, *Revenue Code*) to develop the match key.

Record Completeness

As described in the "Encounter Data Validation Methodology" section, two aspects of record completeness are used for each encounter data type—record omission and record surplus.

Encounter record omission and surplus rates are summary metrics designed to evaluate discrepancies between two data sources—i.e., primary and secondary. The primary data source refers to data maintained by an organization (e.g., the plan) responsible for sending data to another organization (e.g., AHCA). The data acquired by the receiving organization is referred to as the secondary data source. By comparing these two data sources (i.e., primary and secondary), the analysis yields the percentage of records contained in one source and not the other, and vice versa. As such, encounter record omission refers to the percentage of encounters reported in the primary data source but missing from the secondary data source. For this analysis, the omission rate identifies the percentage of encounters reported by a plan but missing from AHCA's data. Similarly, the encounter record surplus refers to the percentage of encounters reported in the secondary data source (AHCA) but missing from the primary data source (the plan).

Encounter Data Record Omission and Surplus

Table 3-1 displays the percentage of records present in plan-submitted files that were not found in AHCA's files (record omission), and the percentage of records present in AHCA's files but not present in plan-submitted files (record surplus). **Lower rates indicate better performance for both record omission and record surplus.** Plan-specific, fully detailed tables are provided in Appendix C.

Table 3-1—Record Omission and Surplus Rates: By Plan and Encounter Type

Plan	Professional Encounters		Institutional Encounters	
	Omission (Missing in AHCA Files)	Surplus (Missing in Plan Files)	Omission (Missing in AHCA Files)	Surplus (Missing in Plan Files)
CCP-M	7.6%	4.3%	12.1%	0.5%
CHA-S	3.2%	0.9%	10.9%	0.6%
CMS-S	8.0%	7.4%	1.7%	4.1%
COV-M	26.2%	19.3%	37.5%	18.8%
HUM-M	1.0%	11.6%	28.5%	23.5%
MCC-S	6.3%	22.1%	24.0%	2.6%
MOL-M	16.1%	10.5%	20.2%	12.3%
PRS-M	0.7%	7.6%	10.0%	4.9%
SHP-M	15.1%	0.4%	23.9%	4.3%
STW-M	5.1%	28.5%	16.2%	11.6%
SUN-M	4.0%	22.3%	20.2%	14.7%
SUN-S	18.9%	5.5%	20.3%	10.5%
URA-M	0.3%	18.8%	21.9%	5.8%
All Plans	**6.5%**	**17.0%**	**19.7%**	**11.5%**

Key Findings: Table 3-1

- The overall professional encounter omission rate was relatively low at 6.5 percent, with plan rates ranging from 0.3 percent (URA-M) to 26.2 percent (COV-M).
  - Nine of the 13 plans reported omission rates of less than 10 percent. These low rates suggest that at least 90 percent of the claims in these plan-submitted files were present in the AHCA-submitted files.
  - Four plans (COV-M, MOL-M, SHP-M, and SUN-S) reported omission rates of more than 15 percent. For these plans, either the *ICN*s and/or the *TCN*s were used as part of the match key to merge the two data sources. In most of these cases, while *ICN*s/*TCN*s were found in both sources, some of the associated detail lines were only found in the plan-submitted file

(omission). Furthermore, in some of these cases, wherein the detail lines were only found in the plan-submitted data, the detail lines showed a *Detail Paid Amount* of $0.

- The overall professional encounter surplus rate was high at 17.0 percent, with plan rates ranging from 0.4 percent (SHP-M) to 28.5 percent (STW-M).
    – Six of the 13 plans reported surplus rates of less than 10 percent, suggesting that at least 90 percent of professional encounters associated with these plans in the AHCA-submitted files were corroborated in the plan-submitted files.
    – Five plans (COV-M, MCC-S, STW-M, SUN-M, and URA-M) reported surplus rates of more than 15 percent. As noted in Section 2 of this report, it was determined that in some scenarios there may appear to be "duplicated" encounters in the AHCA-submitted file. While a minimal "cleaning" process was conducted, in some instances the "duplicate" encounters were not able to be identified. As such, these duplicate encounters may have contributed to the high surplus rates for these plans.

- The overall institutional encounter omission rate was high at 19.7 percent, with plan rates ranging from 1.7 percent (CMS-S) to 37.5 percent (COV-M). Only one plan (CMS-S) had an omission rate of less than 10 percent.
    – For plans with high omission rates, either the *ICN*s and/or the *TCN*s were used as part of the match key to merge the two data sources. In most of these cases, while *ICN*s/*TCN*s were found in both sources, some of the associated detail lines were only found in the plan-submitted file (omission). Furthermore, in some of these cases, wherein the detail lines were only found in the plan-submitted data, the detail lines showed a *Detail Paid Amount* of $0.

- The overall institutional encounter surplus rate was moderately high at 11.5 percent, with plan rates ranging from 0.5 percent (CCP-M) to 23.5 percent (HUM-M).
    – Seven plans (CCP-M, CHA-S, CMS-S, MCC-S, PRS-M, SHP-M, and URA-M) reported surplus rates of less than 10 percent, suggesting at least 90 percent of institutional encounters associated with these plans in the AHCA-submitted files were corroborated in the plan-submitted files.
    – For plans with high surplus rates, similar to the professional encounters, there may be duplicate encounters in the AHCA-submitted files which may have contributed to the high surplus rates for these plans.

Data Element Completeness

Data element completeness measures were based on the number of records that matched in both AHCA and plan data files. Element-level completeness is evaluated based on element omission and element surplus rates. The element omission rate represents the percentage of records with values present in the plan's submitted data files but not in AHCA's data files. Similarly, the element surplus rate reports the percentage of records with values present in the AHCA data files but not in the plan's submitted data files. The data elements are considered relatively complete when they have low element omission and surplus rates. Generally, based on HSAG's experience with other states, less than 5 percent would be considered low at the element level, and 10 percent or less would be considered low at the record level.

This section also presents the data accuracy results by key data element and evaluates accuracy based on the percentage of records with values present in both data sources that contain the same values. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in AHCA's submitted encounter data are more accurate.

Data Element Omission, Surplus, and Accuracy—Professional Encounters

Data Element Omission

Table 3-2 and Table 3-3 display the element omission results for each key data element from the professional encounters. **For the element omission indicator, lower rates indicate better performance**. Plan-specific, fully detailed tables are provided in Appendix C.

Table 3-2—Data Element Omission: Professional Encounters

Plan	Enrollee ID	Detail Service From Date	Detail Service To Date	Billing Provider NPI	Rendering Provider NPI	Referring Provider NPI	Detail Paid Amount	Header Paid Amount
CCP-M	<0.1%	0.0%	0.0%	0.3%	0.2%	9.6%	0.0%	0.0%
CHA-S	0.0%	0.0%	0.0%	1.7%	1.7%	1.2%	0.0%	0.0%
CMS-S	<0.1%	0.0%	0.0%	1.2%	1.3%	0.1%	0.0%	0.0%
COV-M	0.0%	0.0%	0.0%	<0.1%	<0.1%	0.0%	0.0%	0.0%
HUM-M	<0.1%	0.0%	0.0%	1.7%	1.5%	<0.1%	0.0%	0.0%
MCC-S	0.0%	0.0%	0.0%	0.4%	0.5%	2.6%	0.0%	0.0%
MOL-M	0.0%	0.0%	0.0%	<0.1%	<0.1%	2.9%	0.0%	0.0%
PRS-M	<0.1%	0.0%	0.0%	0.6%	0.6%	0.0%	0.0%	0.0%
SHP-M	0.0%	0.0%	0.0%	1.8%	2.0%	1.5%	0.0%	0.0%

Plan	Enrollee ID	Detail Service From Date	Detail Service To Date	Billing Provider NPI	Rendering Provider NPI	Referring Provider NPI	Detail Paid Amount	Header Paid Amount
STW-M	0.0%	0.0%	0.0%	0.2%	0.1%	0.0%	0.0%	0.0%
SUN-M	<0.1%	0.0%	0.0%	2.0%	2.0%	12.8%	0.0%	0.0%
SUN-S	0.0%	0.0%	0.0%	0.3%	0.2%	5.5%	0.0%	0.0%
URA-M	<0.1%	0.0%	0.0%	1.5%	1.2%	2.6%	0.0%	0.0%
All Plans	**<0.1%**	**0.0%**	**0.0%**	**1.0%**	**0.9%**	**2.9%**	**0.0%**	**0.0%**

Table 3-3—Data Element Omission: Professional Encounters

Plan	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Procedure Code	Procedure Code Modifier	NDC	Drug Quantity
CCP-M	0.0%	25.0%	21.5%	16.7%	0.0%	0.1%	<0.1%	0.2%
CHA-S	0.0%	9.0%	7.9%	6.6%	0.0%	0.1%	<0.1%	0.5%
CMS-S	0.0%	<0.1%	<0.1%	<0.1%	0.0%	<0.1%	<0.1%	0.8%
COV-M	0.0%	18.4%	15.3%	12.2%	0.0%	0.9%	<0.1%	100%
HUM-M	<0.1%	25.2%	22.2%	18.1%	0.0%	0.2%	<0.1%	1.8%
MCC-S	0.0%	<0.1%	<0.1%	<0.1%	0.0%	0.1%	<0.1%	0.4%
MOL-M	0.0%	16.1%	12.6%	9.7%	0.0%	0.1%	<0.1%	3.1%
PRS-M	0.0%	14.7%	12.5%	9.9%	0.0%	0.2%	1.0%	1.9%
SHP-M	0.0%	19.1%	16.7%	14.2%	0.0%	0.1%	<0.1%	0.5%
STW-M	0.0%	20.7%	18.0%	14.8%	<0.1%	0.4%	0.1%	3.5%
SUN-M	0.0%	0.8%	0.5%	0.2%	0.0%	0.4%	<0.1%	4.5%
SUN-S	0.0%	0.7%	0.4%	0.1%	0.0%	0.2%	0.0%	3.0%
URA-M	0.0%	16.0%	13.7%	11.3%	0.0%	0.1%	<0.1%	1.0%
All Plans	**<0.1%**	**13.8%**	**11.7%**	**9.5%**	**<0.1%**	**0.2%**	**0.1%**	**3.7%**

Key Findings: Table 3-2 and Table 3-3

- Overall, the data element omission rates were very low (generally, less than 4 percent would be considered "very low") for the professional encounters for all evaluated key data elements except *Diagnosis Codes 2*, *3*, and *4,* with omission rates of 13.8 percent, 11.7 percent, and 9.5 percent, respectively. However, the data element omission rates for these elements should be interpreted with caution as each data source (i.e., AHCA and the plans) may not have populated and labeled these data elements in the same position order when data were submitted for the study. For example, the

same *Diagnosis Code 2* in AHCA-submitted data may have been populated in the third diagnosis position (i.e., *Diagnosis Code 3*) in the plan-submitted data for the study.

- While the overall *Referring Provider NPI* omission rate was low at 2.9 percent, two plans (CCP-M and SUN-M) had relatively high omission rates of 9.6 percent and 12.8 percent, respectively. (At the element level, at or near 10 percent would be considered relatively high).

- Similarly, while the overall *Drug Quantity* omission rate was low at 3.7 percent, COV-M had an omission rate of 100 percent, indicating that values were present in COV-M's data but were not found in AHCA's data.

Data Element Surplus

Table 3-4 and Table 3-5 present the percentage of records with values present in AHCA's files but not in the plan-submitted files (element surplus) for professional encounters. **For the element surplus indicator, lower rates indicate better performance.** Fully detailed tables are provided in Appendix C.

Table 3-4—Data Element Surplus: Professional Encounters

Plan	Enrollee ID	Detail Service From Date	Detail Service To Date	Billing Provider NPI	Rendering Provider NPI	Referring Provider NPI	Detail Paid Amount	Header Paid Amount
CCP-M	0.0%	0.0%	99.9%	0.0%	18.7%	<0.1%	0.0%	0.0%
CHA-S	0.0%	0.0%	0.0%	<0.1%	0.1%	<0.1%	0.0%	0.0%
CMS-S	0.0%	0.0%	0.0%	<0.1%	<0.1%	59.4%	0.0%	0.0%
COV-M	0.0%	0.0%	0.0%	2.4%	<0.1%	1.6%	0.0%	0.0%
HUM-M	0.0%	0.0%	0.0%	0.0%	25.8%	0.0%	<0.1%	0.0%
MCC-S	0.0%	0.0%	0.0%	<0.1%	<0.1%	<0.1%	0.0%	0.0%
MOL-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PRS-M	0.0%	0.0%	0.0%	0.0%	4.2%	0.0%	0.0%	0.0%
SHP-M	0.0%	0.0%	0.0%	<0.1%	0.5%	<0.1%	0.0%	0.0%
STW-M	0.0%	0.0%	0.0%	<0.1%	24.1%	49.5%	<0.1%	<0.1%
SUN-M	0.0%	0.0%	0.0%	1.4%	0.4%	0.0%	0.0%	0.0%
SUN-S	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%
URA-M	0.0%	0.0%	0.0%	5.1%	36.0%	<0.1%	0.0%	0.0%
All Plans	**0.0%**	**0.0%**	**1.4%**	**0.8%**	**12.1%**	**12.8%**	**<0.1%**	**<0.1%**

Table 3-5—Data Element Surplus: Professional Encounters

Plan	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Procedure Code	Procedure Code Modifier	NDC	Drug Quantity
CCP-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%
CHA-S	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	<0.1%	0.0%
CMS-S	0.0%	<0.1%	<0.1%	<0.1%	0.0%	<0.1%	<0.1%	0.0%
COV-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	<0.1%	0.0%
HUM-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%
MCC-S	0.0%	<0.1%	<0.1%	<0.1%	0.0%	0.1%	<0.1%	0.0%
MOL-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	<0.1%	0.0%
PRS-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	<0.1%	0.0%
SHP-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	<0.1%	0.0%
STW-M	0.0%	0.0%	0.0%	0.0%	<0.1%	0.3%	0.1%	0.0%
SUN-M	0.0%	<0.1%	<0.1%	<0.1%	0.0%	<0.1%	0.0%	0.0%
SUN-S	0.0%	<0.1%	<0.1%	<0.1%	0.0%	0.0%	0.0%	0.0%
URA-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	<0.1%	0.0%
All Plans	**0.0%**	**<0.1%**	**<0.1%**	**<0.1%**	**<0.1%**	**0.2%**	**<0.1%**	**0.0%**

Key Findings: Table 3-4 and Table 3-5

- Overall, the data element surplus rates for professional encounters were very low for all evaluated key data elements except *Rendering Provider NPI* and *Referring Provider NPI,* with overall surplus rates of 12.1 percent and 12.8 percent, respectively.

- The high overall surplus rate of 12.1 percent for *Rendering Provider NPI* was mainly attributed to the high surplus rates from four plans (CCP-M, HUM-M, STW-M, and URA-M).

- The high surplus rates from two plans (CMS-S and STW-M) contributed to the high overall surplus rates of 12.8 percent for *Referring Provider NPI*.

Data Element Accuracy

Table 3-6 and Table 3-7 display the percentage of records with the same values in plan- and AHCA-submitted files for each key data element associated with the professional encounters. **For this indicator, higher rates indicate better performance**. Fully detailed tables are provided in Appendix C.

Table 3-6—Data Element Accuracy: Professional Encounters

Plan	Enrollee ID	Detail Service From Date	Detail Service To Date	Billing Provider NPI	Rendering Provider NPI	Referring Provider NPI	Detail Paid Amount	Header Paid Amount
CCP-M	>99.9%	93.1%	84.9%	94.8%	98.4%	96.6%	99.5%	77.7%
CHA-S	100%	99.9%	99.9%	96.2%	97.9%	97.0%	84.4%	77.4%
CMS-S	99.9%	99.7%	99.7%	96.7%	98.8%	94.4%	99.9%	41.3%
COV-M	99.9%	95.8%	95.8%	94.0%	97.2%	NA	90.6%	99.7%
HUM-M	>99.9%	96.1%	96.1%	96.2%	96.6%	97.2%	89.0%	55.0%
MCC-S	>99.9%	93.2%	93.2%	97.6%	97.7%	96.9%	73.0%	62.7%
MOL-M	>99.9%	93.9%	93.9%	96.7%	98.6%	97.3%	97.7%	82.7%
PRS-M	>99.9%	95.7%	95.7%	97.0%	86.8%	NA	79.7%	81.6%
SHP-M	>99.9%	91.6%	91.6%	96.6%	96.8%	94.0%	77.1%	59.3%
STW-M	>99.9%	95.9%	95.9%	96.5%	97.4%	NA	96.6%	79.9%
SUN-M	>99.9%	99.8%	99.8%	96.6%	97.3%	97.7%	78.6%	50.7%
SUN-S	99.9%	>99.9%	>99.9%	95.4%	98.6%	98.8%	98.2%	56.1%
URA-M	>99.9%	91.5%	91.5%	96.3%	96.7%	96.1%	99.4%	>99.9%
All Plans	**>99.9%**	**95.6%**	**95.7%**	**96.5%**	**96.4%**	**96.5%**	**89.1%**	**70.3%**

"NA" denotes that there are no records with values present in both data sources.

Table 3-7—Data Element Accuracy: Professional Encounters

Plan	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Procedure Code	Procedure Code Modifier	NDC	Drug Quantity
CCP-M	82.2%	90.3%	90.5%	89.9%	99.7%	99.7%	90.7%	NA
CHA-S	90.2%	92.5%	94.0%	95.0%	100%	99.1%	99.5%	NA
CMS-S	93.9%	98.6%	98.5%	98.4%	100%	99.6%	98.8%	NA
COV-M	83.7%	89.7%	91.8%	92.2%	100%	97.9%	99.5%	NA
HUM-M	83.5%	89.6%	91.4%	91.7%	100%	99.4%	99.9%	NA

Plan	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Procedure Code	Procedure Code Modifier	NDC	Drug Quantity
MCC-S	96.6%	96.7%	97.4%	97.5%	100%	99.8%	99.9%	NA
MOL-M	86.2%	92.5%	93.7%	94.0%	100%	97.6%	99.6%	NA
PRS-M	88.8%	91.5%	92.2%	92.9%	100%	99.6%	99.9%	NA
SHP-M	83.2%	91.8%	93.7%	94.3%	100%	99.3%	99.9%	NA
STW-M	86.0%	92.5%	93.7%	94.4%	97.6%	99.3%	0.0%	NA
SUN-M	95.6%	96.4%	97.5%	97.8%	100%	99.7%	100%	NA
SUN-S	97.2%	95.1%	96.7%	96.8%	100%	>99.9%	100%	NA
URA-M	90.1%	92.5%	92.9%	93.0%	100%	93.2%	99.8%	NA
All Plans	**88.9%**	**93.1%**	**94.2%**	**94.6%**	**99.5%**	**98.6%**	**63.4%**	**NA**

"NA" denotes that there are no records with values present in both data sources.

Key Findings: Table 3-6 and Table 3-7

- The overall element accuracy rates among all evaluated data elements from professional encounters were high except *Header Paid Amount* (70.3 percent) and *NDC* (63.4 percent).
- The relatively low overall accuracy rate for the *Header Paid Amount* data element was mainly attributed to the relatively low accuracy rates reported by all plans except COV-M (99.7 percent) and URA-M (>99.9 percent). In nearly all of the discrepancies where values did not match, the plans populated the *Header Paid Amount* with $0 while AHCA's data associated with these plans were populated with a non-zero dollar amount. Additionally, the discrepancies appear to be primarily associated with non-crossover claims.
- STW-M's accuracy rate of 0.0 percent for the *NDC* data element was the main contributor to the low overall accuracy rate. The discrepancy was due to STW-M submitting the *NDC* with truncated values.

Data Element Omission, Surplus, and Accuracy—Institutional Encounters

Data Element Omission

Table 3-8 and Table 3-9 display the element omission results for each key data element from the institutional encounters. **For the element omission indicator, lower rates indicate better performance**. Fully detailed tables are provided in Appendix C.

Table 3-8—Data Element Omission: Institutional Encounters

Plan	Enrollee ID	Header Service From Date	Header Service To Date	Billing Provider NPI	Attending Provider NPI	Referring Provider NPI	Detail Paid Amount	Header Paid Amount	Procedure Code
CCP-M	0.0%	0.0%	0.0%	<0.1%	35.6%	1.9%	0.5%	0.0%	0.3%
CHA-S	0.0%	0.0%	0.0%	1.2%	27.1%	0.8%	0.0%	0.0%	<0.1%
CMS-S	<0.1%	0.0%	0.0%	<0.1%	30.2%	3.2%	0.0%	0.0%	<0.1%
COV-M	0.0%	0.0%	0.0%	0.0%	30.9%	0.0%	0.0%	0.0%	0.0%
HUM-M	<0.1%	0.0%	0.0%	0.2%	29.1%	0.6%	<0.1%	0.0%	<0.1%
MCC-S	0.0%	0.0%	0.0%	0.1%	28.8%	<0.1%	2.8%	0.0%	1.0%
MOL-M	0.0%	0.0%	0.0%	<0.1%	37.5%	3.9%	0.0%	0.0%	0.1%
PRS-M	0.0%	0.0%	0.0%	<0.1%	37.5%	0.0%	0.0%	0.0%	0.0%
SHP-M	0.0%	0.0%	0.0%	0.5%	25.5%	1.2%	0.0%	0.0%	0.0%
STW-M	0.0%	0.0%	0.0%	<0.1%	26.2%	0.0%	0.7%	0.0%	1.0%
SUN-M	<0.1%	0.0%	0.0%	0.1%	26.9%	<0.1%	0.0%	0.0%	<0.1%
SUN-S	0.0%	0.0%	0.0%	<0.1%	25.0%	<0.1%	0.0%	0.0%	<0.1%
URA-M	<0.1%	0.0%	0.0%	0.3%	32.3%	2.0%	5.8%	0.0%	4.8%
All Plans	**<0.1%**	**0.0%**	**0.0%**	**0.1%**	**30.1%**	**1.0%**	**0.8%**	**0.0%**	**0.7%**

Table 3-9—Data Element Omission: Institutional Encounters

Plan	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Surgical Procedure Code 1	Surgical Procedure Code 2	NDC	Revenue Code	DRG Code
CCP-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<0.1%	0.5%	0.7%
CHA-S	0.0%	5.9%	3.7%	5.2%	0.1%	4.3%	<0.1%	0.0%	7.1%
CMS-S	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<0.1%	0.0%	0.2%
COV-M	0.0%	29.6%	31.1%	25.8%	0.0%	0.0%	<0.1%	0.0%	0.0%
HUM-M	0.0%	0.0%	0.0%	<0.1%	0.0%	0.0%	<0.1%	0.0%	1.3%

Plan	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Surgical Procedure Code 1	Surgical Procedure Code 2	NDC	Revenue Code	DRG Code
MCC-S	0.0%	<0.1%	<0.1%	<0.1%	<0.1%	<0.1%	0.1%	1.8%	0.8%
MOL-M	0.0%	20.6%	23.8%	21.0%	0.0%	0.0%	<0.1%	0.0%	<0.1%
PRS-M	0.0%	0.0%	0.0%	0.0%	0.8%	0.4%	<0.1%	0.0%	<0.1%
SHP-M	0.0%	6.8%	6.1%	6.5%	<0.1%	4.4%	<0.1%	0.0%	11.3%
STW-M	0.0%	19.5%	22.8%	21.2%	0.0%	0.0%	0.4%	0.7%	0.0%
SUN-M	0.0%	0.0%	<0.1%	0.0%	0.0%	<0.1%	<0.1%	0.0%	0.2%
SUN-S	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<0.1%	0.0%	0.4%
URA-M	0.0%	0.0%	0.0%	0.0%	<0.1%	<0.1%	0.4%	5.8%	1.1%
All Plans	**0.0%**	**7.9%**	**8.9%**	**8.2%**	**0.1%**	**0.3%**	**0.1%**	**0.8%**	**1.0%**

Key Findings: Table 3-8 and Table 3-9

- Overall, the data element omission rates were low for all evaluated data elements from the institutional encounters except *Attending Provider NPI* (30.1 percent), *Diagnosis Code 2* (7.9 percent), *Diagnosis Code 3* (8.9 percent), and *Diagnosis Code 4* (8.2 percent). However, as noted previously, the data element omission rates for diagnosis code data elements should be interpreted with caution as each data source (i.e., AHCA and the plans) may not have populated these data elements in the same position order.

- The high overall omission rate for the *Attending Provider NPI* data element was mainly attributed to the high omission rates reported by all plans, with rates ranging from 25.0 percent (SUN-S) to 37.5 percent (MOL-M and PRS-M). For the *Attending Provider NPI*, where the field values were populated in the plan-submitted data but were not populated in AHCA-submitted data (omission), nearly all of the populated values were the same as the *Referring Provider NPI* values populated in the AHCA-submitted data. As such, this observation will be consequently reflected in the *Referring Provider NPI* data element surplus analysis.

Data Element Surplus

Table 3-10 and Table 3-11 present the percentage of records with values present in AHCA's files but not in the plan-submitted files (element surplus) for institutional encounters. **For the element surplus indicator, lower rates indicate better performance.** Fully detailed tables are provided in Appendix C.

Table 3-10—Data Element Surplus: Institutional Encounters

Plan	Enrollee ID	Header Service From Date	Header Service To Date	Billing Provider NPI	Attending Provider NPI	Referring Provider NPI	Detail Paid Amount	Header Paid Amount	Procedure Code
CCP-M	0.0%	0.0%	0.0%	0.0%	0.0%	32.4%	0.0%	0.0%	<0.1%
CHA-S	0.0%	0.0%	0.0%	<0.1%	<0.1%	21.6%	0.0%	0.0%	<0.1%
CMS-S	0.0%	0.0%	0.0%	0.0%	0.0%	24.7%	0.0%	0.0%	<0.1%
COV-M	0.0%	0.0%	0.0%	<0.1%	0.0%	26.2%	0.0%	0.0%	0.0%
HUM-M	0.0%	0.0%	0.0%	0.0%	0.0%	25.8%	<0.1%	0.0%	0.2%
MCC-S	0.0%	0.0%	0.0%	0.0%	0.0%	24.9%	0.0%	0.0%	35.5%
MOL-M	0.0%	0.0%	0.0%	0.0%	0.0%	19.0%	0.0%	0.0%	<0.1%
PRS-M	0.0%	0.0%	0.0%	0.0%	0.0%	32.9%	0.0%	0.0%	0.0%
SHP-M	0.0%	0.0%	0.0%	0.0%	0.0%	21.0%	0.0%	0.0%	0.0%
STW-M	0.0%	100%	100%	0.0%	0.0%	22.7%	0.0%	<0.1%	0.1%
SUN-M	0.0%	0.0%	0.0%	0.3%	<0.1%	24.7%	0.0%	0.0%	<0.1%
SUN-S	0.0%	0.0%	0.0%	0.1%	<0.1%	23.7%	0.0%	0.0%	<0.1%
URA-M	0.0%	0.0%	0.0%	0.2%	0.6%	28.3%	0.0%	0.0%	<0.1%
All Plans	**0.0%**	**21.4%**	**21.4%**	**0.1%**	**0.1%**	**24.5%**	**<0.1%**	**<0.1%**	**2.0%**

Table 3-11—Data Element Surplus: Institutional Encounters

Plan	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Surgical Procedure Code 1	Surgical Procedure Code 2	NDC	Revenue Code	DRG Code
CCP-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<0.1%	0.0%	0.3%
CHA-S	0.0%	0.0%	0.2%	0.3%	0.0%	0.0%	0.2%	0.0%	0.9%
CMS-S	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<0.1%	0.0%	0.3%
COV-M	0.0%	0.0%	0.0%	0.0%	0.0%	<0.1%	<0.1%	0.0%	<0.1%
HUM-M	0.0%	0.0%	0.0%	0.0%	11.4%	7.2%	1.4%	0.0%	0.2%
MCC-S	<0.1%	<0.1%	<0.1%	<0.1%	0.0%	0.0%	<0.1%	30.9%	3.4%

Plan	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Surgical Procedure Code 1	Surgical Procedure Code 2	NDC	Revenue Code	DRG Code
MOL-M	0.0%	0.0%	0.0%	0.0%	12.1%	7.5%	<0.1%	0.0%	<0.1%
PRS-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<0.1%	0.0%	0.4%
SHP-M	0.0%	<0.1%	1.2%	1.5%	0.0%	0.0%	0.2%	0.0%	0.1%
STW-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	18.5%
SUN-M	0.0%	<0.1%	0.2%	0.1%	0.0%	0.0%	<0.1%	0.0%	0.5%
SUN-S	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	<0.1%	0.0%	0.5%
URA-M	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.7%
All Plans	**<0.1%**	**<0.1%**	**0.1%**	**0.1%**	**3.0%**	**1.9%**	**0.2%**	**1.7%**	**4.4%**

Key Findings: Table 3-10 and Table 3-11

- Overall, the data element surplus rates for institutional encounters were very low for all evaluated key data elements except *Header Service To Date, Header Service From Date,* and *Referring Provider NPI,* with overall element surplus rates of 21.4 percent, 21.4 percent, and 24.5 percent, respectively.

- STW-M's high surplus rates for both the *Header Service From Date* and *Header Service To Date* data elements contributed to the high overall surplus rates for these data elements. These data elements were populated in the AHCA-submitted institutional data while values were not populated in the data submitted by STW-M (surplus).

- The high overall surplus rate for the *Referring Provider NPI* data element was mainly attributed to the high surplus rates reported by all plans, with rates ranging from 19.0 percent (MOL-M) to 32.9 percent (PRS-M). As discussed previously, regarding data element omission for *Attending Provider NPI*, it appears that the population of these data elements was reversed. Since the reversal was consistent in both data sources, HSAG was not able to determine which of the values were correctly populated within the corresponding fields.

- Of note, while the overall surplus rates were low for *Procedure Code* (2.0 percent) and *Revenue Code* (1.7 percent) data elements, MCC-S had very high surplus rates of 35.5 percent and 30.9 percent for these two data elements, respectively. These high surplus rates were due to MCC-S either populating the *Revenue Code* field or the *Procedure Code* field for a given detail line item—no line items had both fields populated. As such, values for one of these fields were not found in MCC-S-submitted data, whereas both were populated in the AHCA-submitted data.

Data Element Accuracy

Table 3-12 and Table 3-13 display the percentage of records with the same values in plan- and AHCA-submitted files for each key data element associated with the institutional encounters. **For this indicator, higher rates indicate better performance**. Fully detailed tables are provided in Appendix C.

Table 3-12—Data Element Accuracy: Institutional Encounters

Plan	Enrollee ID	Header Service From Date	Header Service To Date	Billing Provider NPI	Attending Provider NPI	Referring Provider NPI	Detail Paid Amount	Header Paid Amount	Procedure Code
CCP-M	>99.9%	99.8%	98.4%	99.5%	98.1%	6.8%	99.9%	93.7%	99.9%
CHA-S	100%	100%	100%	90.9%	15.1%	0.0%	81.6%	56.0%	99.5%
CMS-S	99.9%	99.6%	98.2%	97.1%	0.0%	0.0%	99.8%	23.4%	99.7%
COV-M	>99.9%	100%	100%	99.9%	98.5%	NA	99.4%	99.9%	100%
HUM-M	>99.9%	>99.9%	99.8%	97.2%	98.3%	0.0%	99.3%	98.8%	98.8%
MCC-S	>99.9%	99.8%	96.8%	93.1%	98.6%	NA	99.9%	69.1%	100%
MOL-M	>99.9%	>99.9%	>99.9%	95.5%	94.7%	2.5%	95.7%	95.6%	98.0%
PRS-M	>99.9%	99.4%	97.4%	91.8%	98.8%	NA	99.7%	>99.9%	100%
SHP-M	>99.9%	100%	100%	97.6%	21.2%	11.5%	89.7%	68.2%	100%
STW-M	>99.9%	NA	NA	91.9%	98.7%	NA	96.2%	95.6%	96.9%
SUN-M	>99.9%	>99.9%	>99.9%	93.1%	98.9%	0.0%	96.9%	93.5%	98.8%
SUN-S	99.7%	100%	100%	94.9%	99.5%	NA	95.9%	92.9%	99.5%
URA-M	>99.9%	99.5%	98.4%	96.7%	98.6%	19.7%	98.3%	99.7%	97.5%
All Plans	**>99.9%**	**99.8%**	**99.2%**	**94.4%**	**88.2%**	**8.5%**	**96.9%**	**89.7%**	**98.5%**

"NA" denotes that there are no records with values present in both data sources.

Table 3-13—Data Element Accuracy: Institutional Encounters

Plan	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Surgical Procedure Code 1	Surgical Procedure Code 2	NDC	Revenue Code	DRG Code
CCP-M	92.0%	96.2%	97.4%	97.3%	100%	100%	96.8%	99.9%	98.3%
CHA-S	93.7%	56.5%	54.7%	55.1%	36.9%	43.4%	99.8%	99.5%	89.1%
CMS-S	94.6%	97.9%	98.5%	98.6%	0.0%	0.0%	99.8%	99.6%	99.8%
COV-M	91.5%	65.7%	51.2%	46.4%	57.0%	28.4%	99.9%	100%	99.7%
HUM-M	>99.9%	>99.9%	>99.9%	>99.9%	NA	NA	95.2%	100%	84.0%

Plan	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Surgical Procedure Code 1	Surgical Procedure Code 2	NDC	Revenue Code	DRG Code
MCC-S	91.2%	95.9%	97.2%	97.7%	100%	100%	99.5%	>99.9%	78.8%
MOL-M	91.0%	27.2%	27.7%	30.8%	NA	NA	93.0%	100%	99.1%
PRS-M	100%	100%	100%	100%	100%	100%	>99.9%	100%	96.1%
SHP-M	91.6%	60.5%	58.8%	58.4%	33.8%	46.7%	98.4%	100%	84.6%
STW-M	98.0%	7.5%	0.9%	0.1%	100%	99.3%	<0.1%	97.2%	NA
SUN-M	90.6%	95.5%	97.1%	97.4%	100%	99.7%	97.4%	100%	99.2%
SUN-S	86.8%	93.2%	95.0%	95.3%	100%	99.5%	98.1%	100%	99.6%
URA-M	100%	100%	100%	100%	100%	100%	94.2%	97.4%	99.8%
All Plans	**95.2%**	**65.3%**	**63.6%**	**63.6%**	**89.5%**	**89.6%**	**74.9%**	**99.1%**	**94.5%**

"NA" denotes that there are no records with values present in both data sources.

Key Findings: Table 3-12 and Table 3-13

- The overall element accuracy rates among all evaluated data elements from institutional encounters were high except data elements *Referring Provider NPI* (8.5 percent), *Diagnosis Code 2* (65.3 percent), *Diagnosis Code 3* (63.6 percent), *Diagnosis Code 4* (63.6 percent), and *NDC* (74.9 percent).

- While the overall element accuracy rate was relatively high at 88.2 percent for the *Attending Provider NPI* data element, CMS-S, CHA-S, and SHP-M accuracy rates were low at 0.0 percent, 15.1 percent, and 21.2 percent, respectively. For the *Referring Provider NPI* data element, the overall element accuracy rate was very low at 8.5 percent. When populated in both sources, the accuracy rates among all plans ranged from 0.0 percent (CHA-S, CMS-S, HUM-M, and SUN-M) to 19.7 percent (URA-M).

- The low accuracy rates for diagnoses-related data elements should be interpreted with caution, as each data source (i.e., AHCA- and plan-submitted) may not have populated these data elements according to the same position order.

- STW-M's accuracy rate of less than 0.1 percent for the *NDC* data element was the main contributor to the low overall accuracy rate. The discrepancy was due to STW-M submitting the *NDC* with truncated values.

Background

Medical records are considered the "gold standard" for documenting Medicaid enrollees' access to and quality of services. The comparative analysis component of the study seeks to determine the completeness and accuracy of AHCA's encounter data as well as their comparability to the plans' data, on which they are based. MRR further assesses data quality through investigating the completeness and accuracy of AHCA's encounters compared to the information documented in the corresponding medical records for Medicaid enrollees.

Enrollees' medical information was matched across data sources (AHCA's encounters and physician-submitted medical records) using unique identifiers assigned by HSAG. This section presents findings from the MRR results to examine the extent to which services documented in medical records were not present in the encounter data (encounter data omission) as well as the extent to which services documented in the encounter data were not present in the enrollees' corresponding medical records (medical record omission).

This section also presents findings from the evaluation of accuracy of diagnosis codes, procedure codes, and procedure code modifiers submitted by the plans' contracted providers to the plans and consequently submitted to AHCA based on documentation contained in enrollees' medical records.

Medical Record Submission

As noted in the "Encounter Data Validation Methodology" section of this report, HSAG maintained a total of 1,417 medical records (i.e., 109 medical records for each of the 13 plans) to be reviewed for the MRR component of the study. These 109 medical records per plan were to be comprised of medical records from the sampled dates of service and/or medical records from the second dates of service, if available. Based on this approach, to ensure sufficient cases were available to be reviewed, an additional 25 percent oversample (or 27 cases per plan) were sampled to replace records not procured. As such, plans with an adequate number of cases eligible for the study were responsible for procuring a minimum of 136 total sampled enrollees' medical records per plan (i.e., 109 sample and 27 oversample) from their contracted providers for services rendered during the study period.

Table 4-1 highlights the medical record procurement status percentage for each plan.

Table 4-1—Medical Record Procurement Status

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
CCP-M	136	135	99.3%
CHA-S	136	135	99.3%
CMS-S	136	70	51.5%
COV-M	136	122	89.7%
HUM-M	136	126	92.6%
MCC-S	136	108	79.4%
MOL-M	136	125	91.9%
PRS-M	136	115	84.6%
SHP-M	136	128	94.1%
STW-M	136	108	79.4%
SUN-M	136	136	100%
SUN-S	136	132	97.1%
URA-M	136	117	86.0%
All Plans	**1,768**	**1,557**	**88.1%**

Key Findings: Table 4-1

- While all plans completed and submitted all tracking sheets associated with the requested cases, more than 10 percent included no medical record documentation associated with the requested cases.

- Overall, the medical record submission rate was 88.1 percent, with plans' rates ranging from 51.5 percent (CMS-S) to 100 percent (SUN-M).

- All plans except CMS-S, MCC-S, and STW-M submitted the minimum number of sampled enrollees' medical record documentation (i.e., 109 sample cases). Of note, when HSAG compiled and submitted the final submission list to each plan, HSAG did not receive any medical records from CMS-S and MCC-S. As such, CMS-S and MCC-S requested an extension to submit the requested medical records, which could have resulted in the low number of records submitted by these two plans.

Table 4-2 and Table 4-3 highlight the key reasons medical record documentation was not submitted by each plan. Fully detailed tables are provided in Appendix C.

Table 4-2—Reason Medical Records Not Submitted for Date of Service by Plan

Reason	All Plans Percent (N)	CCP-M Percent (N)	CHA-S Percent (N)	CMS-S Percent[1] (N)	COV-M Percent (N)	HUM-M Percent (N)	MCC-S Percent (N)	MOL-M Percent (N)
Nonresponsive provider or provider did not respond in a timely manner.	60.7% (128)	0.0% (0)	0.0% (0)	93.9% (62)	57.1% (8)	40.0% (4)	57.1% (16)	0.0% (0)
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	9.0% (19)	100% (1)	0.0% (0)	1.5% (1)	14.3% (2)	10.0% (1)	21.4% (6)	27.3% (3)
Other.	7.1% (15)	0.0% (0)	0.0% (0)	1.5% (1)	14.3% (2)	0.0% (0)	3.6% (1)	0.0% (0)
Provider refused to release medical records.	7.1% (15)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	10.0% (1)	17.9% (5)	63.6% (7)
Enrollee was not a patient of the practice.	6.2% (13)	0.0% (0)	0.0% (0)	3.0% (2)	0.0% (0)	10.0% (1)	0.0% (0)	0.0% (0)
Closed facility.	5.2% (11)	0.0% (0)	100% (1)	0.0% (0)	14.3% (2)	20.0% (2)	0.0% (0)	9.1% (1)
Medical records were not located at this facility.	4.7% (10)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	10.0% (1)	0.0% (0)	0.0% (0)
Total	**100% (211)**	**100% (1)**	**100% (1)**	**100% (66)**	**100% (14)**	**100% (10)**	**100% (28)**	**100% (11)**

[1] Due to rounding, the sum of the percentages may not equal to 100 percent.

Table 4-3—Reason Medical Records Not Submitted for Date of Service by Plan (cont.)

Reason	All Plans Percent (N)	PRS-M Percent (N)	SHP-M Percent (N)	STW-M Percent[2] (N)	SUN-M Percent (N)	SUN-S Percent (N)	URA-M Percent (N)
Nonresponsive provider or provider did not respond in a timely manner.	60.7% (128)	66.7% (14)	12.5% (1)	82.1% (23)	NA (0)	0.0% (0)	0.0% (0)
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	9.0% (19)	0.0% (0)	0.0% (0)	0.0% (0)	NA (0)	0.0% (0)	26.3% (5)
Other.	7.1% (15)	9.5% (2)	12.5% (1)	7.1% (2)	NA (0)	0.0% (0)	31.6% (6)
Provider refused to release medical records.	7.1% (15)	0.0% (0)	0.0% (0)	0.0% (0)	NA (0)	50.0% (2)	0.0% (0)

Reason	All Plans Percent (N)	PRS-M Percent (N)	SHP-M Percent (N)	STW-M Percent[2] (N)	SUN-M Percent (N)	SUN-S Percent (N)	URA-M Percent (N)
Enrollee was not a patient of the practice.	6.2% (13)	4.8% (1)	0.0% (0)	10.7% (3)	NA (0)	0.0% (0)	31.6% (6)
Closed facility.	5.2% (11)	0.0% (0)	62.5% (5)	0.0% (0)	NA (0)	0.0% (0)	0.0% (0)
Medical records were not located at this facility.	4.7% (10)	19.0% (4)	12.5% (1)	0.0% (0)	NA (0)	50.0% (2)	10.5% (2)
Total	**100% (211)**	**100% (21)**	**100% (8)**	**100% (28)**	**NA (0)**	**100% (4)**	**100% (19)**

[2] Due to rounding, the sum of the percentages may not equal to 100 percent.

Key Findings: Table 4-2 and Table 4-3

- Overall, the top two reasons for missing medical records were "Nonresponsive provider or provider did not respond in a timely manner" (60.7 percent) and "Enrollee was a patient of the practice; however, no documentation was available for requested dates of service" (9.0 percent).

- The "Nonresponsive provider or provider did not respond in a timely manner" was the top nonsubmission reason reported by six (CMS-S, COV-M, HUM-M, MCC-S, PRS-M, and STW-M) of the 13 plans.

- The "Enrollee was a patient of the practice; however, no documentation was available for requested dates of service" was reported by seven plans (CCP-M, CMS-S, COV-M, HUM-M, MCC-S, MOL-M, and URA-M) as one of the nonsubmission reasons.

- "Provider refused to release medical records" was reported by four plans (HUM-M, MCC-S, MOL-M, and SUN-S) as one of the nonsubmission reasons.

Table 4-4 highlights the percentage of medical records submitted by each plan.

Table 4-4—Medical Record Submission Status for Second Date of Service

All Plans	Number of Records Submitted	Number of Records With One Additional Date of Service	Percent
CCP-M	135	83	61.5%
CHA-S	135	77	57.0%
CMS-S	70	43	61.4%
COV-M	122	0	0.0%
HUM-M	126	72	57.1%
MCC-S	108	48	44.4%
MOL-M	125	96	76.8%

All Plans	Number of Records Submitted	Number of Records With One Additional Date of Service	Percent
PRS-M	115	54	47.0%
SHP-M	128	52	40.6%
STW-M	108	81	75.0%
SUN-M	136	76	55.9%
SUN-S	132	69	52.3%
URA-M	117	68	58.1%
All Plans	**1,557**	**819**	**52.6%**

Key Findings: Table 4-4

- Overall, 52.6 percent of the procured medical records were accompanied by a second date of service. The individual plan submission rates ranged from 0.0 percent (COV-M) to 76.8 percent (MOL-M).

- A 100 percent submission rate is not expected for the second date of service because the enrollee may not have had a second date of service within the review period.

Encounter Data Completeness

HSAG evaluated encounter data completeness by identifying differences between the electronic encounter data and the enrollees' medical records. Medical record omission and encounter data omission represent two aspects of encounter data completeness. A medical record omission occurs when an encounter data element (e.g., *Date of Service* or *Diagnosis Code*) is not supported by documentation in an enrollee's medical record or the medical record could not be found. Medical record omissions suggest opportunities for improvement within the provider's internal processes, such as billing and record documentation.

An encounter data omission occurs when an encounter data element (e.g., *Date of Service* or *Diagnosis Code*) is found in an enrollee's medical record but is not present in the electronic encounter data. Encounter data omissions suggest opportunities for improvement in the submission of claims and encounters or processing routes among the providers, plans, and AHCA.

HSAG evaluated the medical record omission rates and the encounter data omission rates for each plan using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. If more than one additional date of service was available from the medical record, the provider was instructed to select the one closest to HSAG's selected date of service. **For both rates, lower values indicate better performance**.

Date of Service Completeness

Table 4-5 presents the overall and plan-level medical record omission and encounter data omission rates for the *Date of Service* data element. HSAG conducted the analyses at the date of service level. Fully detailed tables are provided in Appendix D.

Table 4-5—Medical Record Omission and Encounter Data Omission for Date of Service

Plan	Medical Record Omission		Encounter Data Omission	
	Date of Service Identified in the Encounter Data	**Percent Not Supported by Enrollee's Medical Records***	**Date of Service Identified in Enrollee's Medical Records**	**Percent Not Found in the Encounter Data***
CCP-M	109	1.8%	110	2.7%
CHA-S	118	0.0%	122	3.3%
CMS-S	103	1.0%	105	2.9%
COV-M	107	0.9%	107	0.9%
HUM-M	108	1.9%	111	4.5%
MCC-S	110	2.7%	110	2.7%
MOL-M	107	0.0%	109	1.8%
PRS-M	106	0.0%	110	3.6%
SHP-M	109	1.8%	110	2.7%
STW-M	108	0.9%	109	1.8%
SUN-M	107	0.0%	109	1.8%
SUN-S	106	0.9%	109	3.7%
URA-M	117	7.7%	109	0.9%
All Plans	**1,415**	**1.6%**	**1,430**	**2.6%**

* Lower rates indicate better performance.

Key Findings: Table 4-5

- Overall, 1.6 percent of the dates of service in the electronic encounter data were not supported by the enrollees' medical records (i.e., medical record omission).
- The medical record omission rates ranged from 0.0 percent (CHA-S, MOL-M, PRS-M, and SUN-M) to 7.7 percent (URA-M).
- Overall, 2.6 percent of the dates of service in the medical records were not found in AHCA's encounter data (i.e., encounter data omission).
- The encounter data omission rates for dates of service ranged from 0.9 percent (COV-M and URA-M) to 4.5 percent (HUM-M).

Diagnosis Code Completeness

Based on further review of the diagnosis codes, HSAG identified that screening and anticipatory guidance diagnosis codes were submitted with well-child or adult visits. These codes are routine parts of a preventive visit and are not required to be submitted. As such, HSAG excluded these codes from the analysis. Listed below are a few examples of screening and anticipatory guidance codes excluded from the analysis:

- Z713: Dietary counseling and surveillance
- Z6852: Body mass index pediatric
- Z7182: Exercise counseling
- Z7189: Other specified counseling
- Z6854: Body mass index

Table 4-6 displays the overall and plan-level medical record omission and encounter data omission rates for the *Diagnosis Code* data element. HSAG conducted the analyses at the diagnosis code level. Fully detailed tables are provided in Appendix D.

Table 4-6—Medical Record Omission and Encounter Data Omission for Diagnosis Code

Plan	Medical Record Omission		Encounter Data Omission	
	Number of Diagnosis Codes Identified in Encounter Data	**Percent Not Supported by Enrollee's Medical Records***	**Number of Diagnosis Codes Identified in Enrollee's Medical Records**	**Percent Not Found in the Encounter Data***
CCP-M	251	13.9%	222	2.7%
CHA-S	334	28.1%	267	10.1%
CMS-S	237	14.3%	210	3.3%
COV-M	235	14.0%	208	2.9%
HUM-M	257	21.8%	215	6.5%
MCC-S	270	18.5%	233	5.6%
MOL-M	241	15.4%	216	5.6%
PRS-M	209	10.0%	199	5.5%
SHP-M	270	27.8%	205	4.9%
STW-M	253	20.9%	207	3.4%
SUN-M	225	14.2%	205	5.9%
SUN-S	189	8.5%	187	7.5%
URA-M	221	16.7%	187	1.6%
All Plans	**3,192**	**18.0%**	**2,761**	**5.1%**

* Lower rates indicate better performance.

Key Findings: Table 4-6

- Medical record omission (diagnosis code):
  - Overall, 18.0 percent of the diagnosis codes in the electronic encounter data had no supporting documents in the enrollees' medical records (i.e., medical record omission).
  - The medical record omission rates ranged from 8.5 percent (SUN-S) to 28.1 percent (CHA-S).
  - For cases with medical records that were reviewed, diagnosis codes frequently included in the encounter data but not supported in the enrollees' medical record included:
    - I10: Essential (primary) hypertension
    - Z025: Encounter for examination for participation in sport
    - Z023: Encounter for examination for recruitment to armed forces
    - E785: Hyperlipidemia, unspecified
    - E663: Overweight
- Encounter data omission (diagnosis code):
  - Overall, 5.1 percent of the diagnosis codes identified in the medical records were not found in the electronic encounter data (i.e., encounter data omission).
  - The encounter data omission rates ranged from 1.6 percent (URA-M) to 10.1 percent (CHA-S).
  - The overall encounter data omission rate for the *Diagnosis Code* data element (5.1 percent) exceeded the overall encounter data omission rate for the *Date of Service* data element (2.6 percent) by 2.5 percentage points, indicating that the omitted dates of service from the encounter data contributed to the diagnosis code encounter data omissions. Other potentially contributing factors included the following:
    - Coding errors from the provider billing offices occurred.
    - A deficiency existed in the plans' data submission processes.

Procedure Code Completeness

Based on further review of the procedure codes, HSAG identified that some submitted procedure codes were non-reimbursable Level II HCPCS codes with a format of four numeric digits followed by an alpha character. While all plans can use these codes internally for tasks such as calculating performance measures, the codes are not required to be submitted. These codes appeared in AHCA encounter data primarily for six of the 13 plans. As such, since these codes were generally used internally and were not consistently used across all plans, HSAG excluded them from the analysis. Listed below are a few examples of codes with an "F" as the fifth digit that were excluded from the analysis:

- 1160F: Review of all medications by a prescribing practitioner or clinical pharmacist (such as prescriptions, over the counters, herbal therapies and supplements) documented in the medical record
- 2001F: Weight recorded
- 3008F: Body mass index documented
- 3074F: Most recent systolic blood pressure less than 130 mm Hg
- 3078F: Most recent diastolic blood pressure less than 80 mm Hg

Table 4-7 displays the overall and plan-level medical record omission and encounter data omission rates for the *Procedure Code* data element. HSAG conducted the analyses at the procedure code level. Fully detailed tables are provided in Appendix D.

Table 4-7—Medical Record Omission and Encounter Data Omission for Procedure Code

Plan	Medical Record Omission		Encounter Data Omission	
	Number of Procedure Codes Identified in Encounter Data	**Percent Not Supported by Enrollee's Medical Records***	**Number of Procedure Codes Identified in Enrollee's Medical Records**	**Percent Not Found in the Encounter Data***
CCP-M	276	28.3%	211	6.2%
CHA-S	193	23.8%	151	2.6%
CMS-S	244	21.3%	198	3.0%
COV-M	229	31.4%	172	8.7%
HUM-M	246	30.1%	179	3.9%
MCC-S	178	15.7%	159	5.7%
MOL-M	209	9.6%	195	3.1%
PRS-M	181	16.6%	164	7.9%
SHP-M	228	38.2%	144	2.1%
STW-M	260	33.8%	178	3.4%
SUN-M	177	18.6%	160	10.0%
SUN-S	189	12.7%	183	9.8%
URA-M	207	21.7%	208	22.1%
All Plans	**2,817**	**24.0%**	**2,302**	**7.0%**

* Lower rates indicate better performance.

Key Findings: Table 4-7

- Medical record omission (procedure code):
  – Overall, 24.0 percent of the procedure codes in the electronic encounter data were not supported by the enrollees' medical records (i.e., medical record omission).
  – The medical record omission rates ranged from 9.6 percent (MOL-M) to 38.2 percent (SHP-M).
  – Among cases with medical records reviewed, wherein procedure codes were frequently omitted from the enrollees' medical records, more than 50 percent were identified as incorrect codes with no additional codes indicated. The incorrect codes included:
    o 97802: Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
    o 36415: Collection of venous blood by venipuncture
    o G0447: Face-to-face behavioral counseling for obesity, 15 minutes

- Other potential contributors for the procedure code medical record omission included:
    - o AHCA noted that when extracting data for the study, there may be instances wherein the final status of a claim may not be able to be identified. As such, the AHCA-submitted encounter data may have included adjudication history claims containing additional procedure codes which should not have been included for comparison with the medical records.
    - o The provider did not document the services performed in the medical record despite submitting the procedure code to the plans.
- Encounter data omission (procedure code):
    - Overall, 7.0 percent of the procedure codes identified in the medical records were not present in the electronic encounter data (i.e., encounter data omission).
    - The encounter data omission rates ranged from 2.1 percent (SHP-M) to 22.1 percent (URA-M).
    - Potential contributors for procedure code encounter data omissions included:
        - o Provider made a coding error or did not submit the procedure code despite performing the services.
        - o A lag occurred between the provider providing the service and the submission of encounter data to the plans.
    - For cases with medical records that were reviewed, procedure codes frequently included in the enrollees' medical records but not found in AHCA-submitted encounters included:
        - o 90461: Immunization administration for each additional vaccine or toxoid.
        - o 99213: Office/Outpatient visit, established patient.

Procedure Code Modifier Completeness

Table 4-8 displays the overall and plan-level medical record omission and encounter data omission rates for the *Procedure Code Modifier* data element. HSAG conducted the analyses at the modifier level. Fully detailed tables are provided in Appendix D.

Table 4-8—Medical Record Omission and Encounter Data Omission for Procedure Code Modifier

Plan	Medical Record Omission		Encounter Data Omission	
	Number of Procedure Code Modifiers Identified in Encounter Data	**Percent Not Supported by Enrollee's Medical Records***	**Number of Procedure Code Modifiers Identified in Enrollee's Medical Records**	**Percent Not Found in the Encounter Data***
CCP-M	67	40.3%	40	0.0%
CHA-S	34	26.5%	26	3.8%
CMS-S	50	44.0%	28	0.0%
COV-M	50	46.0%	29	6.9%

Plan	Medical Record Omission		Encounter Data Omission	
	Number of Procedure Code Modifiers Identified in Encounter Data	Percent Not Supported by Enrollee's Medical Records*	Number of Procedure Code Modifiers Identified in Enrollee's Medical Records	Percent Not Found in the Encounter Data*
HUM-M	53	49.1%	27	0.0%
MCC-S	28	28.6%	21	4.8%
MOL-M	54	46.3%	30	3.3%
PRS-M	57	42.1%	33	0.0%
SHP-M	37	48.6%	19	0.0%
STW-M	51	47.1%	27	0.0%
SUN-M	35	60.0%	14	0.0%
SUN-S	51	39.2%	33	6.1%
URA-M	67	32.8%	46	2.2%
All Plans	**634**	**42.4%**	**373**	**2.1%**

* Lower rates indicate better performance.

Key Findings: Table 4-8

- Medical record omission (procedure code modifier):
  - Overall, 42.4 percent of the procedure code modifiers in the electronic encounter data were not supported by the enrollees' medical records (i.e., medical record omission).
  - The medical record omission rates ranged from 26.5 percent (CHA-S) to 60.0 percent (SUN-M).
  - The overall medical record omission rate for procedure code modifiers could have been attributed to several factors, including:
    - o Medical record nonsubmissions for which subsequent procedure code and procedure code modifiers were treated as medical record omissions.
    - o Omitted procedure codes for which associated procedure code modifiers were also omitted.
    - o Providers not documenting evidence related to modifiers in the medical records despite submitting the modifiers to the plans.
- Encounter data omission (procedure code modifier):
  - Overall, 2.1 percent of the procedure code modifiers identified in the medical records were not present in the electronic encounter data (i.e., encounter data omission).
  - The encounter data omission rates ranged from 0.0 percent (CCP-M, CMS-S, HUM-M, PRS-M, SHP-M, STW-M, and SUN-M) to 6.9 percent (COV-M).
  - Potential contributors for the procedure code modifier encounter data omissions included the following:

    o   Dates of service were omitted from the encounter data; therefore, all procedure code modifiers associated with those dates of service were treated as encounter data omissions.

    o   Procedure codes were omitted from the encounter data; therefore, all procedure code modifiers corresponding to those procedure codes were treated as encounter data omissions.

    o   The provider made a coding error or did not submit the procedure code modifiers despite performing the specific services.

Encounter Data Accuracy

Encounter data accuracy was evaluated for dates of service that existed in both the electronic encounter data and the medical records and which had values present in both data sources for the evaluated data element.

Diagnosis Code Accuracy

Table 4-9 displays the overall and plan-level accuracy rates for the data element *Diagnosis Code*. In addition, errors found in the diagnosis coding were separated into two categories: inaccurate coding and specificity error. Inaccurate coding occurred when the diagnosis code submitted by the provider should have been selected from a different family of codes based on the documentation in the medical record (e.g., R51 [headache] versus the documentation supporting G43 [migraine]). Specificity errors occurred when the documentation supported a more specific code than was listed in AHCA's encounter data (e.g., unspecified abdominal pain [R10.9] when the provider noted during the exam that the abdominal pain was in the right lower quadrant [R10.31]). Specificity errors also include diagnosis codes that do not have the required fourth or fifth digit. Inaccurate diagnosis codes and diagnosis codes with specificity error were the denominators for the error rate columns in Table 4-9. Fully detailed tables are provided in Appendix D.

Table 4-9—Accuracy Results and Error Types for Diagnosis Code

Plan	Accuracy Results		Error Type Rate	
	Number of Diagnoses Present in Both Sources	**Accuracy Rate**	**Percent Due to Inaccurate Coding**	**Percent Due to Specificity Error**
CCP-M	216	99.1%	100%	0.0%
CHA-S	240	98.8%	66.7%	33.3%
CMS-S	203	100%	NA	NA
COV-M	202	100%	NA	NA
HUM-M	201	100%	NA	NA
MCC-S	220	99.1%	50.0%	50.0%
MOL-M	204	96.6%	85.7%	14.3%
PRS-M	188	96.3%	71.4%	28.6%

Plan	Accuracy Results		Error Type Rate	
	Number of Diagnoses Present in Both Sources	**Accuracy Rate**	**Percent Due to Inaccurate Coding**	**Percent Due to Specificity Error**
SHP-M	195	96.9%	50.0%	50.0%
STW-M	200	98.5%	100%	0.0%
SUN-M	193	100%	NA	NA
SUN-S	173	97.1%	60.0%	40.0%
URA-M	184	98.9%	100%	0.0%
All Plans	**2,619**	**98.6%**	**73.0%**	**27.0%**

Key Findings: Table 4-9

- Overall, 98.6 percent of the diagnosis codes were accurate when present in both the electronic encounter data and the medical records, with minimal plan rate variation.

- For diagnosis coding accuracy, most overall errors were associated with inaccurate coding (i.e., discrepancies between submitted codes and the National Correct Coding Initiative [NCCI]) rather than specificity errors.

Procedure Code Accuracy

Table 4-10 displays the overall and plan-level accuracy rates for the data element *Procedure Code*. In addition, errors found in the procedure coding were separated into three categories:

- Higher level of service in the medical record: Evaluation and Management (E&M) codes documented in the medical record reflected a higher level of service performed by the provider than the E&M codes submitted in the encounter. For example, a patient was seen by a physician for a follow-up appointment for a worsening earache. The physician noted all key elements in the patient's medical record. The physician also changed the patient's medication during this visit. The encounter submitted showed a procedure code of 99212 (established patient self-limited or minor problem). With all key elements documented and a worsening condition, this visit should have been coded with a higher level of service such as 99213 (established patient low-to-moderate severity).

- Lower level of service in the medical record: E&M codes documented in the medical record reflected a lower level of service than the E&M codes submitted in the encounter data. For example, a provider's notes omitted critical documentation elements of the E&M service, or the problem treated did not warrant a high-level visit. This would apply to a patient follow-up visit for an earache that was improving, required no further treatment, and for which no further problems were noted. The encounter submitted showed a procedure code of 99213 (established patient low-to-moderate severity). However, with an improving condition, the medical record describes a lower level of service, or 99212 (established patient self-limited or minor problem).

- Inaccurate coding: The documentation in the medical records did not support the procedure codes billed, or an incorrect procedure code was used in the encounter for scenarios other than the two mentioned above.

Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates in Table 4-10.

Fully detailed tables are provided in Appendix D.

Table 4-10—Accuracy Results and Error Types for Procedure Code

Plan	Accuracy Results		Error Type Rate		
	Number of Procedures Present in Both Sources	Accuracy Rate	Percent From Inaccurate Coding	Percent From Higher Levels of Service in Medical Records	Percent From Lower Levels of Service in Medical Records
CCP-M	198	98.5%	66.7%	0.0%	33.3%
CHA-S	147	97.3%	0.0%	0.0%	100%
CMS-S	192	99.0%	100%	0.0%	0.0%
COV-M	157	97.5%	100%	0.0%	0.0%
HUM-M	172	95.9%	100%	0.0%	0.0%
MCC-S	150	96.7%	80.0%	0.0%	20.0%
MOL-M	189	98.9%	100%	0.0%	0.0%
PRS-M	151	97.4%	75.0%	0.0%	25.0%
SHP-M	141	96.5%	100%	0.0%	0.0%
STW-M	172	98.8%	100%	0.0%	0.0%
SUN-M	144	100%	NA	NA	NA
SUN-S	165	98.8%	50.0%	0.0%	50.0%
URA-M	162	98.8%	50.0%	0.0%	50.0%
All Plans	**2,140**	**98.0%**	**78.6%**	**0.0%**	**21.4%**

Key Findings: Table 4-10

- Overall, 98.0 percent of procedure codes were accurate when present in both the electronic encounter data and the medical record, with minimal plan rate variation.

- For procedure coding accuracy, 78.6 percent of the identified errors were associated with the use of different codes, wherein the reported codes were not supported by AHCA's provider manuals and NCCI coding standards. Secondly, 21.4 percent of errors were associated with providers submitting codes for a higher level of service than was documented in the enrollee's medical record (i.e., the procedure code was considered an error due to a lower-level procedure code having been

documented in the medical record). Lastly, no errors were associated with providers submitting codes for a lower level of service than was documented in the enrollee's medical record (i.e., the procedure code was considered an error due to a higher-level procedure code having been documented in the medical record).

Procedure Code Modifier Accuracy

Table 4-11 displays the overall and plan-level accuracy rates for the data element *Procedure Code Modifier*. The errors for this data element could not be separated into subcategories and therefore are not presented in Table 4-11. Fully detailed tables are provided in Appendix D.

Table 4-11—Accuracy Results for Procedure Code Modifier

Plan	Number of Procedure Code Modifiers Present in Both Sources	Accuracy Rate
CCP-M	40	100%
CHA-S	25	96.0%
CMS-S	28	100%
COV-M	27	100%
HUM-M	27	100%
MCC-S	20	100%
MOL-M	29	100%
PRS-M	33	100%
SHP-M	19	100%
STW-M	27	100%
SUN-M	14	100%
SUN-S	31	100%
URA-M	45	100%
All Plans	**365**	**99.7%**

Key Findings: Table 4-11

- Overall, 99.7 percent of the procedure code modifiers were accurate when present in both the electronic encounter data and the medical record.
- All plans had 100 percent accuracy for the procedure code modifier data element except one plan (CHA-S), achieving 96 percent accuracy.

All-Element Accuracy

Table 4-12 displays the overall and MCP-level all-element accuracy rates, which describe the percentage of dates of service present in both AHCA's encounter data and in the medical records with exactly the same values for **all** key data elements listed in Table A-2. The denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with the same values for all key data elements. Higher all-element accuracy rates indicated that the values populated in AHCA's encounter data were more accurate and complete for all key data elements when compared to medical records. Fully detailed tables are provided in Appendix D.

Table 4-12—All-Element Accuracy

Plan	Number of Dates of Service Present in Both Sources	Accuracy Rate
CCP-M	107	48.6%
CHA-S	118	43.2%
CMS-S	102	54.9%
COV-M	106	46.2%
HUM-M	106	49.1%
MCC-S	107	57.0%
MOL-M	107	51.4%
PRS-M	106	60.4%
SHP-M	107	39.3%
STW-M	107	45.8%
SUN-M	107	58.9%
SUN-S	105	54.3%
URA-M	108	53.7%
All Plans	**1,393**	**50.9%**

Key Findings: Table 4-12

- Overall, 50.9 percent of the dates of service present in both data sources contained accurate values for all three key data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*).

- The low overall all-element accuracy rates were caused by the medical record omission, encounter data omission, and element inaccuracy from all three key data elements.

- The rates among the 13 plans ranged from 39.3 percent (SHP-M) to 60.4 percent (PRS-M).

Overview

Accurate and complete encounter data are critical to the success of any managed care program. State Medicaid agencies rely on the quality of the encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information. The completeness and accuracy of these data are essential to the success of the state's overall management and oversight of its Medicaid managed care program and in demonstrating its responsibility and stewardship.

Methodology

In alignment with CMS' *EQR Protocol 4: Validation of Encounter Data Reported by the MCO*,[A-1] HSAG conducted the following core evaluation activities for the EDV activity:

- Comparative analysis—analysis of AHCA's electronic encounter data completeness and accuracy through a comparative analysis between AHCA's electronic encounter data and the data extracted from the plans' data systems.
- MRR—analysis of AHCA's electronic encounter data completeness and accuracy through a comparative analysis between AHCA's electronic encounter data and the medical records.

Comparative Analyses

The goal of the comparative analysis is to evaluate the extent to which encounters submitted to AHCA by the plans are complete and accurate based on corresponding information stored in the plans' data systems. This step corresponds to a validation activity described in the CMS Protocol—i.e., analyses of plan electronic encounter data for accuracy and completeness. The encounter data are considered complete if the data provide a record of all services rendered to the enrollees, and all data in the plan's data set have been successfully transferred into the state's data system. For encounter data to be considered accurate, the data that the plans maintain represent the actual services rendered; when they were rendered (the service date); to whom they were rendered (the enrollee); by whom they were rendered (the provider); and if a payment was rendered in connection to the service, how much was paid. Plans should also successfully map this information between themselves and the state to ensure that the data stored in the state's system match the data stored in the plan's system. The comparative data analysis examined the

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[A-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 4: Validation of Encounter Data Reported by the MCO: A Voluntary Protocol for External Quality Review (EQR)*, Version 2.0. September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-4.pdf. Accessed on: May 11, 2020.

encounters submitted by the plans with a date of service between January 1, 2018, and November 30, 2018. Two types of encounter data (i.e., institutional and professional) were included in the study. The comparative analysis component involved three key steps:

- Development of a data submission requirements document outlining encounter data submission requirements for AHCA and the plans, including technical assistance sessions.
- Conducting a file review of submitted encounter data from AHCA and the plans.
- Conducting a comparative analysis of the encounter data.

Development of Data Submission Requirements and Technical Assistance

Following AHCA's approval on the scope of work, HSAG prepared and submitted data submission requirements documents to AHCA and the plans. These documents included a brief description of the SFY 2019–20 EDV study, a description of the review period, requested encounter data types, required data fields, and the procedures for submitting the requested data files. The requested encounter data fields included key data elements to be evaluated in the EDV study. AHCA and the plans were requested to submit all encounter data records with dates of service between January 1, 2018, and November 30, 2018, to AHCA on or before July 31, 2019. This anchor date allowed enough time for CY 2018 encounters to be submitted, processed, and available for evaluation in AHCA's data warehouse. The requested data were limited to encounters in their final status and excluded encounters associated with interim adjustment history.

HSAG conducted a technical assistance session with the plans to facilitate the accurate and timely submission of data. The technical assistance session was conducted approximately one week after distributing the data submission requirements documents, thereby allowing the plans time to review and prepare their questions for the session. During this technical assistance session, HSAG's EDV team introduced the SFY 2019–20 EDV study, reviewed the data submission requirements document, and addressed all questions related to data preparation and extraction. Both AHCA and the plans were given approximately one month to extract and prepare the requested files for submission to HSAG.

Preliminary File Review

Following receipt of AHCA's and the plans' encounter data submission, HSAG conducted a preliminary file review to determine if any data issues existed in the data files that would warrant a resubmission. The preliminary file review included the following checks:

- Data extraction—Extracted based on the data requirements document.
- Percent present—Required data fields were present on the file and have information in those fields.
- Percent of valid values—The values contained expected values; e.g., valid ICD-10 codes in the diagnosis field.
- Evaluation of matching claim numbers—The percentage of claim numbers matched between the data extracted from AHCA's data warehouse and the plans' data submitted to HSAG.

Based on the results of the preliminary file review, HSAG generated plan-specific reports that highlighted any major discrepancies, anomalies, or issues identified in the encounter data submissions. Either AHCA or the plans were subsequently required to resubmit data, when necessary.

Conduct the Comparative Data Analyses

Once HSAG received and processed the final set of data from AHCA and the plans, HSAG conducted a series of analyses, which were divided into two analytic sections.

First, HSAG assessed record-level data completeness using the following metrics for each encounter data type:

- The number and percentage of records present in the files submitted by the plans that were not found in the files submitted by AHCA (*record omission*).
- The number and percentage of records present in the files submitted by AHCA but not found in the files submitted by the plans (*record surplus*).

Second, based on the number of records present in both data sources, HSAG further examined completeness and accuracy for key data elements listed in Table A-1. The analyses focused on an element-level comparison for each date element.

Table A-1—Key Data Elements for Comparative Analysis

Key Data Elements	Institutional	Professional
Enrollee ID	√	√
Header Service From Date	√	√
Header Service To Date	√	√
Billing Provider Number/NPI	√	√
Rendering Provider Number/NPI		√
Referring/Prescribing/Admitting Provider Number/NPI	√	√
Primary Diagnosis Code	√	√
Secondary Diagnosis Code (24 possible secondary diagnosis codes)	√	√
Procedure Code	√	√
Procedure Code Modifier	√	√
Primary Surgical Procedure Code	√	
Secondary Surgical Procedure Code	√	
National Drug Code (NDC)	√	√
Drug Quantity	√	√
Revenue Code	√	
Diagnosis related group (DRG)	√	
Header Paid Amount	√	√
Detail Paid Amount	√	√

Element-level completeness focused on an element-level comparison between both sources of data and addressed the following metrics:

- The number and percentage of records with values present in the files submitted by the plans but not present in the files submitted by AHCA (*element omission*).
- The number and percentage of records with values present in the files submitted by AHCA but not present in the files submitted by the plans (*element surplus*).

Element-level accuracy was limited to those records with values present in both AHCA- and plan-submitted files. For any given data element, HSAG determined:

- The number and percentage of records with exactly the same values in both AHCA- and plan-submitted files (*element accuracy*).
- The number and percentage of records present in both data sources with exactly the same values for select data elements relevant to each encounter data type (*all-element accuracy*).

Medical Record Review

As outlined in the CMS protocol, MRR is a complex, resource-intensive process. Medical and clinical records are considered the "gold standard" for documenting Medicaid enrollees' access to and the quality of healthcare services. The second component of the EDV study assessed the completeness and accuracy of AHCA encounters via a review of medical records for physician services rendered between January 1, 2018, and November 30, 2018. This component of the study answered the following question:

Are the data elements in Table A-2 found on the professional encounters complete and accurate when compared to information contained within the medical records?

Table A-2—Key Data Elements for MRR

Key Data Elements	
Date of Service	Diagnosis Code
Procedure Code	Procedure Code Modifier

To answer the study question, HSAG conducted the following key activities:

- Identified the eligible population and generated samples from data submitted by AHCA for the study.
- Assisted plans to procure medical records from providers, as appropriate.
- Reviewed medical records against AHCA's encounter data.
- Calculated study indicators based on the reviewed/abstracted data.
- Drafted a report based on study results.

Study Population

To be eligible for the MRR, an enrollee had to be continuously enrolled in the same plan during the study period (i.e., between January 1, 2018, and November 30, 2018), and had to have had at least one physician visit during the study period. For plans that did not have enrollees enrolled with the same plan continuously during the study period, HSAG adjusted the continuous enrollment accordingly. In addition, enrollees with Medicare or other insurance coverage were excluded from the eligible population since AHCA does not have complete encounter data for all services received. In this study, HSAG refers to "physician visits" as those services that met all criteria in Table A-3. In addition, after reviewing the encounter data from AHCA's data warehouse, HSAG discussed additional changes to these criteria with AHCA, as needed.

Table A-3—Criteria for Physician Visits Included in the Study

Data Element	Criteria
Claim Type	Claim Type Code = M (i.e., medical/physician/professional)
Provider Type	66 – Rural Health Clinic (RHC)
	68 – Federally Qualified Health Center (FQHC)
	25 – Physician (MD)
	26 – Physician (DO)
	29 – Physician Assistant
	27 – Podiatrist Individual
	34 – Nurse Midwife Individual
	30 – Nurse Practitioner Individual
Place of Service	11 – Office
	17 – Walk-in Retail Health Clinic
	20 – Urgent Care Facility
	49 – Independent Clinic
	50 – FQHC
	71 – Public Health Clinic
	72 – RHC
Procedure Code	If all detail lines for a visit had the following procedure codes, the visit was excluded from the study since these procedure codes are for services outside of the scope of work for this study (e.g., durable medical equipment [DME], dental, vision, and ancillary providers). • A procedure code starting with "B", "E", "D", "K", or "V" • Procedure codes between A0021 and A0999 (i.e., codes for transportation services) • Procedure codes between A4206 and A9999 (i.e., codes for medical and surgical supplies, miscellaneous, and investigational)

Data Element	Criteria
	• Procedure codes between T4521 and T4544 (i.e., codes for incontinence supplies) • Procedure codes between L0112 and L4631 (i.e., codes for orthotic devices and procedures) • Procedure codes between L5000 and L9900 (i.e., codes for prosthetic devices and procedures)

Sampling Strategy

HSAG used a two-stage sampling technique to select samples based on the enrollee enrollment and encounter data received from AHCA. HSAG first identified all enrollees who met the study population eligibility criteria. HSAG then randomly selected the enrollees by plan based on the required sample size. Then, for each selected sample enrollee, HSAG used the SURVEYSELECT procedure in SAS[®][A-2] to randomly select one physician visit[A-3] that occurred in the study period (i.e., January 1, 2018, through November 30, 2018). Additionally, to evaluate whether any of the dates of service were omitted from AHCA's data, HSAG reviewed a second date of service rendered by the same provider during the review period. The providers selected the second date of service which was closest to the selected date of service from the medical records for each sampled enrollee. If a sampled enrollee did not have a second visit with the same provider during the review period, HSAG evaluated only one date of service for that enrollee.

Based on the scope of work, HSAG maintained a total of 1,417 medical records (i.e., 109 medical records for each of the 13 plans) reviewed for the MRR component of the study. These 109 medical records per plan consisted of medical records from the sampled dates of service and/or medical records from the second dates of service, if available. For example, a plan may have had 70 medical records from the sampled dates of service and 39 medical records from the second dates of service for a total of 109 medical records reviewed. Additionally, if a plan had less than 109 cases that were eligible for the study, all of the eligible cases were included and the number of cases for the remaining plans were adjusted accordingly to ensure the 1,417 total cases reviewed. Based on this approach, HSAG first randomly selected a sample of 109 cases per plan. An additional 25 percent oversample (or 27 cases per plan) were sampled to replace records not procured. As such, plans with an adequate number of cases eligible for the study were responsible for procuring a minimum of 136 total sampled enrollees' medical records per plan (i.e., 109 sample and 27 oversample) from their contracted providers for services that occurred during the study period.

[A-2] SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc. in the USA and other countries. ® indicates USA registration.

[A-3] To ensure that the MRR included all services provided on the same date of service, encounters with the same date of service and same rendering provider were consolidated into one visit for sampling purposes.

Medical Record Procurement

Upon receiving the final sample list from HSAG, plans were responsible for procuring the sampled enrollees' medical records from their contracted providers for services that occurred during the study period. In addition, plans were responsible for submitting the documentation to HSAG. To improve the procurement rate, HSAG conducted a one-hour technical assistance call with the plans to review the EDV project and the procurement protocols after distributing the sample list. Plans were instructed to submit medical records electronically via a secure file transfer protocol site to ensure the protection of personal health information. During the procurement process, HSAG worked with the plans to answer questions and monitor the number of medical records submitted. For example, HSAG provided an initial submission update when 40 percent of the records were expected to be submitted and a final submission status update following completion of the procurement period.

All electronic medical records HSAG received were maintained on a secure site, which allowed HSAG's trained reviewers to validate the cases from a centralized location under supervision and oversight. As with all MRR and research activities, HSAG had implemented a thorough Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance and protection program in accordance with federal regulations that included recurring training as well as policies and procedures that addressed physical security, electronic security, and day-to-day operations.

Review of Medical Records

Concurrent with record procurement activities, HSAG developed detailed training documents for the MRR activity, trained its review staff on specific study protocols, and conducted interrater reliability (IRR) and rate-to-standard testing. All reviewers had to achieve a 95 percent accuracy rate prior to reviewing medical records and collecting data for the study.

During the MRR activity, HSAG's trained reviewers collected and documented findings in an HSAG-designed electronic data collection tool. IRR among reviewers, as well as reviewer accuracy, were evaluated regularly throughout the study. Questions raised and decisions made during this evaluation process were documented and communicated to all reviewers in a timely manner. In addition, HSAG analysts periodically reviewed the export files from the abstraction tool to ensure the abstraction results were complete, accurate, and consistent.

The validation process via medical records incorporated a unique two-way approach in which encounters were chosen from both the electronic encounter data and from medical records and were subsequently compared with one another. Encounters selected from data received from AHCA were compared against the medical record and visit records, and the medical records were compared against AHCA's encounter data. This process allowed the study to identify encounters present in AHCA's data but not documented in the enrollees' medical records (i.e., *medical record omission*), as well as to identify services documented in the enrollees' medical records that were missing from AHCA's encounter data (i.e., *encounter data omission*). For services in both data sources, an analysis of coding accuracy was completed. Data that existed in both data sources but for which values did not match were considered discrepant.

Medical Record Review Indicators

Once HSAG's trained reviewers completed the MRR, HSAG analysts exported information collected from the electronic tool, reviewed the data, and conducted the analysis. HSAG used four study indicators to report the MRR results:

- *Medical record omission rate*: the percentage of dates of service identified in the electronic encounter data that were not found in the enrollees' medical records. HSAG also calculated this rate for the other key data elements in Table A-2.
- *Encounter data omission rate*: the percentage of dates of service from enrollees' medical records that were not found in the electronic encounter data. HSAG also calculated this rate for the other key data elements in Table A-2.
- *Accuracy rate of coding*: the percentage of diagnosis codes, procedure codes, and procedure code modifiers associated with validated dates of service from the electronic encounter data that were correctly coded based on the enrollees' medical records.
- *Overall accuracy rate:* the percentage of dates of service with all data elements coded correctly among all the validated dates of service from the electronic encounter data.

Study Limitations

When evaluating the findings presented in this report, it is important to understand the following limitations associated with this study:

- The administrative review results presented in this study are dependent on the quality of encounter data submitted by AHCA and the plans. Any substantial and systematic errors in the extraction and transmission of the encounter data may bias the results and compromise the validity and reliability of the study findings.
- The primary focus of the administrative review component of the EDV study was to assess the extent and magnitude of record and data element discrepancies between AHCA- and plan-submitted encounter data. When possible, HSAG conducted supplemental analyses into the characteristics of the omitted/surplus records when discrepancies were identified. However, these secondary investigations were limited and should be used for information only.
- The number and nature of data fields used to identify omitted claims may have affected the reported omission rates. HSAG evaluated data completeness by matching encounters from AHCA's file with claims from the plans' files. To maximize the number of matched encounters, a limited number of critical data fields were used in the matching algorithm. HSAG selected data fields such as the ICN, TCN, procedure code, revenue code, and payment amount to match records from the two data sources. As expected from such a process, in some instances the files submitted from AHCA and the plans contained duplicate service lines, some of which had identical procedures and payment amounts. To avoid a many-to-many match under these circumstances, a unique sequence number was developed by sorting records according to a selected data element (e.g., paid date). As a result,

line items with the same ICN, date of service, and procedure code may have presented payment discrepancy results based on the matched records at the procedure code and sequence level.

- When evaluating the results from the MRR component of the study, it is important to understand the following limitations:
  – Successful evaluation of enrollees' medical records depends on the ability to locate and collect complete and accurate medical records. Therefore, validation results could have been affected by medical records that were not located (e.g., provider refusal) or that were incomplete (e.g., submission of a visit summary instead of the complete medical record).
  – Study findings of the MRR relied solely on the documentation contained in enrollees' medical records; therefore, results are dependent on the overall quality of physicians' medical records. For example, a physician may have performed a service but may not have documented it in the enrollee's medical record. As such, HSAG would have counted this occurrence as a negative finding. This study was unable to differentiate cases in which a service was not performed versus a service that was performed but not documented in the medical record.
  – The findings from the MRR component of this study are associated with physician visits and may not be applicable to other claim types.
  – In some cases, limitations associated with extraction of AHCA's encounters from MMIS may unintentionally impact the study results. For example, AHCA noted that when extracting data for the study, there may have been instances wherein the final status of a claim may not have been able to be identified. As such, the AHCA-submitted encounter data may have included adjudication history claims containing additional procedure codes which should not have been included for comparison with the medical records.
  – The findings from the comparative analysis and MRR were associated with encounters with dates of service between January 1, 2018, and November 30, 2018. As such, results may not reflect the current quality of AHCA's encounter data or changes implemented since December 2018.

This appendix contains detailed encounter data file review results for each plan.

Table B-1—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: CCP-M

Data Element	AHCA=Submitted Data				Plan=Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	1,084,085	<0.1%	1,084,078	>99.9%	1,122,880	0.0%	1,122,880	>99.9%
Billing Provider NPI	1,084,085	0.3%	1,080,921	95.7%	1,122,880	0.0%	1,122,880	99.3%
Rendering Provider NPI	1,084,085	0.4%	1,080,242	99.2%	1,122,880	19.7%	901,409	99.4%
Referring Provider NPI	1,084,085	68.8%	338,254	98.2%	1,122,880	57.1%	481,459	96.5%
CPT/HCPCS Procedure Code	1,084,085	0.0%	1,084,085	>99.9%	1,122,880	0.0%	1,122,880	>99.9%
National Drug Code (NDC)	1,084,085	99.8%	2,021	99.5%	1,122,880	99.9%	1,634	99.3%
Diagnosis Code 1	1,084,085	0.0%	1,084,085	>99.9%	1,122,880	0.0%	1,122,880	96.9%
Diagnosis Code 2	1,084,085	58.0%	455,664	>99.9%	1,122,880	32.7%	756,246	97.9%
Diagnosis Code 3	1,084,085	74.0%	281,334	>99.9%	1,122,880	52.4%	534,525	98.5%
Diagnosis Code 4	1,084,085	83.1%	183,211	>99.9%	1,122,880	66.3%	378,347	98.5%
Diagnosis Code 5	1,084,085	>99.9%	46	100%	1,122,880	79.2%	234,031	98.7%
Diagnosis Code 6	1,084,085	>99.9%	7	100%	1,122,880	84.8%	171,040	98.5%
Diagnosis Code 7	1,084,085	100%	0	NA	1,122,880	89.0%	123,817	98.1%
Diagnosis Code 8	1,084,085	100%	0	NA	1,122,880	91.9%	91,113	98.0%
Diagnosis Code 9	1,084,085	100%	0	NA	1,122,880	93.9%	69,011	98.0%
Diagnosis Code 10	1,084,085	100%	0	NA	1,122,880	95.4%	51,616	98.2%
Diagnosis Code 11	1,084,085	100%	0	NA	1,122,880	96.5%	38,800	97.8%
Diagnosis Code 12	1,084,085	100%	0	NA	1,122,880	97.1%	32,314	95.5%
Diagnosis Code 13	1,084,085	100%	0	NA	1,122,880	100%	0	NA
Diagnosis Code 14	1,084,085	100%	0	NA	1,122,880	100%	0	NA
Diagnosis Code 15	1,084,085	100%	0	NA	1,122,880	100%	0	NA
Diagnosis Code 16	1,084,085	100%	0	NA	1,122,880	100%	0	NA
Diagnosis Code 17	1,084,085	100%	0	NA	1,122,880	100%	0	NA

Data Element	AHCA=Submitted Data				Plan=Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 18	1,084,085	100%	0	NA	1,122,880	100%	0	NA
Diagnosis Code 19	1,084,085	100%	0	NA	1,122,880	100%	0	NA
Diagnosis Code 20	1,084,085	100%	0	NA	1,122,880	100%	0	NA
Diagnosis Code 21	1,084,085	100%	0	NA	1,122,880	100%	0	NA
Diagnosis Code 22	1,084,085	100%	0	NA	1,122,880	100%	0	NA
Diagnosis Code 23	1,084,085	100%	0	NA	1,122,880	100%	0	NA
Diagnosis Code 24	1,084,085	100%	0	NA	1,122,880	100%	0	NA
Diagnosis Code 25	1,084,085	100%	0	NA	1,122,880	100%	0	NA

Table B-2—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: CCP-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	307,394	<0.1%	307,390	>99.9%	347,997	0.0%	347,997	>99.9%
Billing Provider NPI	307,394	<0.1%	307,284	99.7%	347,997	0.0%	347,997	99.9%
Attending Provider NPI	307,394	37.6%	191,705	99.2%	347,997	2.1%	340,741	98.9%
Referring Provider NPI	307,394	67.6%	99,668	99.1%	347,997	97.9%	7,151	97.5%
CPT/HCPCS Procedure Code	307,394	27.0%	224,516	>99.9%	347,997	26.2%	256,804	>99.9%
Revenue Code	307,394	0.5%	305,980	100%	347,997	0.0%	347,997	100%
National Drug Code (NDC)	307,394	94.8%	15,870	98.9%	347,997	93.1%	23,991	99.1%
Diagnosis Code 1	307,394	0.0%	307,394	>99.9%	347,997	0.0%	347,997	92.5%
Diagnosis Code 2	307,394	30.0%	215,032	100%	347,997	28.0%	250,542	96.5%
Diagnosis Code 3	307,394	50.4%	152,392	100%	347,997	47.0%	184,339	97.6%
Diagnosis Code 4	307,394	63.3%	112,924	100%	347,997	59.6%	140,622	97.5%
Diagnosis Code 5	307,394	72.1%	85,801	100%	347,997	68.8%	108,420	97.7%
Diagnosis Code 6	307,394	78.7%	65,474	100%	347,997	76.8%	80,584	97.4%
Diagnosis Code 7	307,394	83.1%	51,803	100%	347,997	81.7%	63,677	97.9%
Diagnosis Code 8	307,394	86.2%	42,425	100%	347,997	85.1%	51,984	97.5%
Diagnosis Code 9	307,394	88.5%	35,445	100%	347,997	87.5%	43,672	97.3%
Diagnosis Code 10	307,394	90.3%	29,839	100%	347,997	89.4%	36,959	97.8%
Diagnosis Code 11	307,394	91.8%	25,244	100%	347,997	90.9%	31,573	97.3%
Diagnosis Code 12	307,394	92.9%	21,698	100%	347,997	92.2%	27,229	97.7%
Diagnosis Code 13	307,394	94.0%	18,463	100%	347,997	93.3%	23,194	96.4%
Diagnosis Code 14	307,394	94.8%	15,962	100%	347,997	94.2%	20,129	97.3%
Diagnosis Code 15	307,394	95.8%	13,040	100%	347,997	95.2%	16,773	97.8%
Diagnosis Code 16	307,394	96.4%	11,208	100%	347,997	95.8%	14,626	97.9%
Diagnosis Code 17	307,394	96.9%	9,550	100%	347,997	96.4%	12,602	96.8%
Diagnosis Code 18	307,394	97.4%	8,140	100%	347,997	96.9%	10,702	98.1%
Diagnosis Code 19	307,394	98.0%	6,229	100%	347,997	97.6%	8,394	98.5%
Diagnosis Code 20	307,394	98.2%	5,448	100%	347,997	97.9%	7,231	98.8%
Diagnosis Code 21	307,394	98.5%	4,593	100%	347,997	98.2%	6,162	98.9%

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	307,394	98.7%	4,001	100%	347,997	98.4%	5,410	97.2%
Diagnosis Code 23	307,394	98.8%	3,689	100%	347,997	98.6%	4,975	98.1%
Diagnosis Code 24	307,394	99.0%	3,178	100%	347,997	98.8%	4,277	96.8%
Diagnosis Code 25	307,394	99.1%	2,680	100%	347,997	98.9%	3,661	94.6%
Surgical Procedure Code 1	307,394	90.0%	30,781	100%	347,997	89.9%	35,144	99.9%
Surgical Procedure Code 2	307,394	94.0%	18,340	100%	347,997	93.9%	21,194	99.9%
Surgical Procedure Code 3	307,394	96.5%	10,727	100%	347,997	96.3%	12,851	99.8%
Surgical Procedure Code 4	307,394	97.9%	6,395	100%	347,997	97.8%	7,800	99.7%
Surgical Procedure Code 5	307,394	98.5%	4,514	100%	347,997	98.4%	5,595	100%
Surgical Procedure Code 6	307,394	98.9%	3,279	100%	347,997	98.8%	4,244	100%
Surgical Procedure Code 7	307,394	100%	0	NA	347,997	99.2%	2,950	100%
Surgical Procedure Code 8	307,394	100%	0	NA	347,997	99.3%	2,403	100%
Surgical Procedure Code 9	307,394	100%	0	NA	347,997	99.5%	1,857	100%
Surgical Procedure Code 10	307,394	100%	0	NA	347,997	99.5%	1,658	100%
Surgical Procedure Code 11	307,394	100%	0	NA	347,997	99.6%	1,489	100%
Surgical Procedure Code 12	307,394	100%	0	NA	347,997	99.6%	1,363	100%
Surgical Procedure Code 13	307,394	100%	0	NA	347,997	99.7%	1,185	100%
Surgical Procedure Code 14	307,394	100%	0	NA	347,997	99.7%	884	100%
Surgical Procedure Code 15	307,394	100%	0	NA	347,997	99.8%	694	100%
Surgical Procedure Code 16	307,394	100%	0	NA	347,997	99.8%	561	100%
Surgical Procedure Code 17	307,394	100%	0	NA	347,997	99.9%	399	100%
Surgical Procedure Code 18	307,394	100%	0	NA	347,997	99.9%	399	100%
Surgical Procedure Code 19	307,394	100%	0	NA	347,997	99.9%	362	100%
Surgical Procedure Code 20	307,394	100%	0	NA	347,997	99.9%	296	100%
Surgical Procedure Code 21	307,394	100%	0	NA	347,997	99.9%	224	100%
Surgical Procedure Code 22	307,394	100%	0	NA	347,997	>99.9%	34	100%
Surgical Procedure Code 23	307,394	100%	0	NA	347,997	>99.9%	34	100%
Surgical Procedure Code 24	307,394	100%	0	NA	347,997	>99.9%	34	100%
Surgical Procedure Code 25	307,394	100%	0	NA	347,997	>99.9%	34	100%

Table B-3—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: CHA-S

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	820,717	0.0%	820,717	>99.9%	840,221	0.0%	840,221	>99.9%
Billing Provider NPI	820,717	1.6%	807,184	99.1%	840,221	<0.1%	840,045	97.8%
Rendering Provider NPI	820,717	1.7%	806,996	99.1%	840,221	0.1%	839,506	97.6%
Referring Provider NPI	820,717	40.5%	488,228	98.1%	840,221	39.3%	509,978	96.3%
CPT/HCPCS Procedure Code	820,717	<0.1%	820,702	>99.9%	840,221	<0.1%	840,212	>99.9%
National Drug Code (NDC)	820,717	99.5%	4,258	99.3%	840,221	99.5%	4,218	99.3%
Diagnosis Code 1	820,717	0.0%	820,717	>99.9%	840,221	<0.1%	840,219	96.3%
Diagnosis Code 2	820,717	50.7%	404,378	>99.9%	840,221	41.8%	489,071	97.8%
Diagnosis Code 3	820,717	63.3%	301,147	>99.9%	840,221	55.5%	373,977	98.0%
Diagnosis Code 4	820,717	72.0%	229,515	>99.9%	840,221	65.5%	290,080	98.2%
Diagnosis Code 5	820,717	>99.9%	4	100%	840,221	84.5%	130,541	98.6%
Diagnosis Code 6	820,717	>99.9%	3	100%	840,221	88.0%	100,586	98.3%
Diagnosis Code 7	820,717	100%	0	NA	840,221	90.7%	78,431	98.0%
Diagnosis Code 8	820,717	100%	0	NA	840,221	92.6%	62,515	98.1%
Diagnosis Code 9	820,717	100%	0	NA	840,221	95.6%	37,382	98.4%
Diagnosis Code 10	820,717	100%	0	NA	840,221	96.4%	30,399	97.7%
Diagnosis Code 11	820,717	100%	0	NA	840,221	97.0%	24,907	97.0%
Diagnosis Code 12	820,717	100%	0	NA	840,221	97.5%	20,866	97.3%
Diagnosis Code 13	820,717	100%	0	NA	840,221	>99.9%	24	100%
Diagnosis Code 14	820,717	100%	0	NA	840,221	100%	0	NA
Diagnosis Code 15	820,717	100%	0	NA	840,221	100%	0	NA
Diagnosis Code 16	820,717	100%	0	NA	840,221	100%	0	NA
Diagnosis Code 17	820,717	100%	0	NA	840,221	100%	0	NA
Diagnosis Code 18	820,717	100%	0	NA	840,221	100%	0	NA
Diagnosis Code 19	820,717	100%	0	NA	840,221	100%	0	NA
Diagnosis Code 20	820,717	100%	0	NA	840,221	100%	0	NA
Diagnosis Code 21	820,717	100%	0	NA	840,221	100%	0	NA

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	820,717	100%	0	NA	840,221	100%	0	NA
Diagnosis Code 23	820,717	100%	0	NA	840,221	100%	0	NA
Diagnosis Code 24	820,717	100%	0	NA	840,221	100%	0	NA
Diagnosis Code 25	820,717	100%	0	NA	840,221	100%	0	NA

Table B-4—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: CHA-S

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	453,402	0.0%	453,402	>99.9%	505,788	0.0%	505,788	>99.9%
Billing Provider NPI	453,402	1.2%	448,141	97.3%	505,788	<0.1%	505,567	99.0%
Attending Provider NPI	453,402	27.5%	328,638	97.8%	505,788	0.3%	504,114	98.6%
Referring Provider NPI	453,402	78.2%	98,874	97.7%	505,788	99.0%	5,043	97.6%
CPT/HCPCS Procedure Code	453,402	26.0%	335,308	>99.9%	505,788	25.9%	374,820	99.8%
Revenue Code	453,402	0.0%	453,402	>99.9%	505,788	0.0%	505,788	>99.9%
National Drug Code (NDC)	453,402	90.2%	44,568	99.2%	505,788	90.5%	48,023	99.2%
Diagnosis Code 1	453,402	<0.1%	453,336	>99.9%	505,788	<0.1%	505,722	93.6%
Diagnosis Code 2	453,402	6.6%	423,275	>99.9%	505,788	0.7%	502,033	96.8%
Diagnosis Code 3	453,402	12.0%	399,064	>99.9%	505,788	8.2%	464,412	97.7%
Diagnosis Code 4	453,402	19.7%	364,298	>99.9%	505,788	14.6%	432,080	97.9%
Diagnosis Code 5	453,402	29.7%	318,660	100%	505,788	22.9%	389,813	98.6%
Diagnosis Code 6	453,402	42.5%	260,682	>99.9%	505,788	35.5%	326,478	98.7%
Diagnosis Code 7	453,402	52.5%	215,464	100%	505,788	46.8%	269,183	98.8%
Diagnosis Code 8	453,402	58.8%	186,589	>99.9%	505,788	54.9%	227,906	98.7%
Diagnosis Code 9	453,402	63.8%	164,311	100%	505,788	61.1%	196,501	99.1%
Diagnosis Code 10	453,402	68.0%	145,111	>99.9%	505,788	66.1%	171,555	98.6%
Diagnosis Code 11	453,402	72.1%	126,393	100%	505,788	70.8%	147,901	98.4%
Diagnosis Code 12	453,402	75.9%	109,421	>99.9%	505,788	74.7%	128,074	98.7%
Diagnosis Code 13	453,402	79.0%	95,177	100%	505,788	77.9%	111,873	98.5%
Diagnosis Code 14	453,402	81.9%	81,884	100%	505,788	81.2%	95,157	98.9%
Diagnosis Code 15	453,402	84.3%	71,370	100%	505,788	84.0%	80,770	98.6%
Diagnosis Code 16	453,402	86.5%	61,310	100%	505,788	86.2%	69,558	98.5%
Diagnosis Code 17	453,402	88.0%	54,182	100%	505,788	88.1%	60,052	98.2%
Diagnosis Code 18	453,402	90.0%	45,563	100%	505,788	90.0%	50,827	98.1%
Diagnosis Code 19	453,402	92.0%	36,178	100%	505,788	92.2%	39,652	99.0%
Diagnosis Code 20	453,402	93.2%	30,882	100%	505,788	93.4%	33,281	97.0%
Diagnosis Code 21	453,402	94.2%	26,499	100%	505,788	94.2%	29,145	98.1%

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	453,402	94.8%	23,467	100%	505,788	95.0%	25,248	98.4%
Diagnosis Code 23	453,402	95.6%	19,970	100%	505,788	95.7%	21,957	98.2%
Diagnosis Code 24	453,402	96.3%	16,972	100%	505,788	96.2%	19,103	98.3%
Diagnosis Code 25	453,402	99.8%	724	100%	505,788	97.3%	13,503	97.8%
Surgical Procedure Code 1	453,402	88.4%	52,433	99.9%	505,788	88.9%	56,102	99.7%
Surgical Procedure Code 2	453,402	92.6%	33,328	100%	505,788	88.9%	55,991	99.9%
Surgical Procedure Code 3	453,402	95.0%	22,677	100%	505,788	88.9%	55,989	99.9%
Surgical Procedure Code 4	453,402	96.6%	15,363	100%	505,788	88.9%	55,989	99.9%
Surgical Procedure Code 5	453,402	97.7%	10,565	100%	505,788	88.9%	55,983	99.9%
Surgical Procedure Code 6	453,402	98.3%	7,703	100%	505,788	88.9%	55,972	99.9%
Surgical Procedure Code 7	453,402	100%	0	NA	505,788	88.9%	55,948	99.9%
Surgical Procedure Code 8	453,402	100%	0	NA	505,788	88.9%	55,899	99.9%
Surgical Procedure Code 9	453,402	100%	0	NA	505,788	89.0%	55,806	99.9%
Surgical Procedure Code 10	453,402	100%	0	NA	505,788	89.0%	55,671	99.9%
Surgical Procedure Code 11	453,402	100%	0	NA	505,788	89.1%	55,356	99.9%
Surgical Procedure Code 12	453,402	100%	0	NA	505,788	89.1%	54,916	99.9%
Surgical Procedure Code 13	453,402	100%	0	NA	505,788	89.2%	54,437	99.9%
Surgical Procedure Code 14	453,402	100%	0	NA	505,788	89.4%	53,735	99.9%
Surgical Procedure Code 15	453,402	100%	0	NA	505,788	89.6%	52,811	99.9%
Surgical Procedure Code 16	453,402	100%	0	NA	505,788	89.8%	51,511	99.9%
Surgical Procedure Code 17	453,402	100%	0	NA	505,788	90.1%	50,303	99.9%
Surgical Procedure Code 18	453,402	100%	0	NA	505,788	90.3%	48,943	99.9%
Surgical Procedure Code 19	453,402	100%	0	NA	505,788	90.6%	47,554	99.9%
Surgical Procedure Code 20	453,402	100%	0	NA	505,788	90.8%	46,471	99.9%
Surgical Procedure Code 21	453,402	100%	0	NA	505,788	91.0%	45,535	99.9%
Surgical Procedure Code 22	453,402	100%	0	NA	505,788	91.2%	44,485	99.9%
Surgical Procedure Code 23	453,402	100%	0	NA	505,788	91.4%	43,649	99.9%
Surgical Procedure Code 24	453,402	100%	0	NA	505,788	91.5%	42,913	99.9%
Surgical Procedure Code 25	453,402	100%	0	NA	505,788	91.8%	41,649	99.9%

Table B-5—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: CMS-S

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	4,822,920	<0.1%	4,822,338	>99.9%	4,855,578	0.0%	4,855,578	99.8%
Billing Provider NPI	4,822,920	1.2%	4,766,080	98.6%	4,855,578	<0.1%	4,854,974	98.8%
Rendering Provider NPI	4,822,920	1.2%	4,765,323	99.3%	4,855,578	<0.1%	4,855,562	99.1%
Referring Provider NPI	4,822,920	6.6%	4,506,017	98.4%	4,855,578	62.7%	1,810,634	98.8%
CPT/HCPCS Procedure Code	4,822,920	0.0%	4,822,920	>99.9%	4,855,578	0.0%	4,855,578	>99.9%
National Drug Code (NDC)	4,822,920	99.3%	36,001	94.8%	4,855,578	99.3%	35,483	94.8%
Diagnosis Code 1	4,822,920	0.0%	4,822,920	>99.9%	4,855,578	0.0%	4,855,578	98.7%
Diagnosis Code 2	4,822,920	68.0%	1,541,420	>99.9%	4,855,578	68.5%	1,529,085	98.7%
Diagnosis Code 3	4,822,920	82.3%	854,862	>99.9%	4,855,578	82.6%	846,571	98.5%
Diagnosis Code 4	4,822,920	90.6%	451,410	>99.9%	4,855,578	90.8%	445,720	98.4%
Diagnosis Code 5	4,822,920	>99.9%	32	100%	4,855,578	100%	0	NA
Diagnosis Code 6	4,822,920	>99.9%	6	100%	4,855,578	100%	0	NA
Diagnosis Code 7	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 8	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 9	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 10	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 11	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 12	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 13	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 14	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 15	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 16	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 17	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 18	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 19	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 20	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 21	4,822,920	100%	0	NA	4,855,578	100%	0	NA

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 23	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 24	4,822,920	100%	0	NA	4,855,578	100%	0	NA
Diagnosis Code 25	4,822,920	100%	0	NA	4,855,578	100%	0	NA

Table B-6—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: CMS-S

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	908,613	<0.1%	908,610	>99.9%	886,971	0.0%	886,971	99.8%
Billing Provider NPI	908,613	<0.1%	908,466	99.0%	886,971	0.0%	886,971	98.9%
Attending Provider NPI	908,613	29.6%	639,595	99.4%	886,971	0.0%	886,971	98.9%
Referring Provider NPI	908,613	75.2%	225,788	99.0%	886,971	95.7%	37,868	98.3%
CPT/HCPCS Procedure Code	908,613	20.6%	721,026	>99.9%	886,971	21.1%	699,618	>99.9%
Revenue Code	908,613	0.0%	908,613	>99.9%	886,971	0.0%	886,971	100%
National Drug Code (NDC)	908,613	92.2%	70,964	96.7%	886,971	92.2%	69,121	96.7%
Diagnosis Code 1	908,613	0.0%	908,613	>99.9%	886,971	0.0%	886,971	94.5%
Diagnosis Code 2	908,613	29.6%	639,903	>99.9%	886,971	29.3%	626,868	97.9%
Diagnosis Code 3	908,613	48.9%	463,982	>99.9%	886,971	48.6%	456,064	98.5%
Diagnosis Code 4	908,613	62.6%	339,787	100%	886,971	62.2%	334,920	98.6%
Diagnosis Code 5	908,613	72.0%	254,314	100%	886,971	100%	0	NA
Diagnosis Code 6	908,613	78.8%	192,876	100%	886,971	100%	0	NA
Diagnosis Code 7	908,613	83.7%	147,762	>99.9%	886,971	100%	0	NA
Diagnosis Code 8	908,613	87.3%	115,691	100%	886,971	100%	0	NA
Diagnosis Code 9	908,613	89.9%	91,504	100%	886,971	100%	0	NA
Diagnosis Code 10	908,613	91.9%	73,764	100%	886,971	100%	0	NA
Diagnosis Code 11	908,613	93.4%	59,648	100%	886,971	100%	0	NA
Diagnosis Code 12	908,613	94.6%	48,980	100%	886,971	100%	0	NA
Diagnosis Code 13	908,613	95.6%	40,313	100%	886,971	100%	0	NA
Diagnosis Code 14	908,613	96.4%	32,553	100%	886,971	100%	0	NA
Diagnosis Code 15	908,613	97.0%	27,120	100%	886,971	100%	0	NA
Diagnosis Code 16	908,613	97.6%	21,694	100%	886,971	100%	0	NA
Diagnosis Code 17	908,613	98.0%	18,357	100%	886,971	100%	0	NA
Diagnosis Code 18	908,613	98.3%	15,078	100%	886,971	100%	0	NA
Diagnosis Code 19	908,613	98.6%	12,570	100%	886,971	100%	0	NA
Diagnosis Code 20	908,613	98.8%	10,672	100%	886,971	100%	0	NA
Diagnosis Code 21	908,613	99.0%	8,972	100%	886,971	100%	0	NA

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	908,613	99.2%	7,596	100%	886,971	100%	0	NA
Diagnosis Code 23	908,613	99.3%	6,492	100%	886,971	100%	0	NA
Diagnosis Code 24	908,613	99.4%	5,636	100%	886,971	100%	0	NA
Diagnosis Code 25	908,613	99.6%	3,616	100%	886,971	100%	0	NA
Surgical Procedure Code 1	908,613	93.4%	59,627	100%	886,971	93.1%	61,010	0.0%
Surgical Procedure Code 2	908,613	95.7%	38,936	100%	886,971	95.4%	40,412	0.0%
Surgical Procedure Code 3	908,613	97.0%	27,301	100%	886,971	96.8%	28,762	0.0%
Surgical Procedure Code 4	908,613	97.8%	19,688	100%	886,971	97.6%	21,069	0.0%
Surgical Procedure Code 5	908,613	98.4%	14,494	100%	886,971	100%	0	NA
Surgical Procedure Code 6	908,613	98.8%	10,595	100%	886,971	100%	0	NA
Surgical Procedure Code 7	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 8	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 9	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 10	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 11	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 12	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 13	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 14	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 15	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 16	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 17	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 18	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 19	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 20	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 21	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 22	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 23	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 24	908,613	100%	0	NA	886,971	100%	0	NA
Surgical Procedure Code 25	908,613	100%	0	NA	886,971	100%	0	NA

Table B-7—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: COV-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	1,316,071	0.4%	1,310,794	>99.9%	1,438,444	0.0%	1,438,444	>99.9%
Billing Provider NPI	1,316,071	0.6%	1,308,554	98.1%	1,438,444	2.4%	1,403,859	99.0%
Rendering Provider NPI	1,316,071	0.6%	1,308,337	99.0%	1,438,444	<0.1%	1,438,273	99.4%
Referring Provider NPI	1,316,071	98.6%	18,995	98.5%	1,438,444	100%	0	NA
CPT/HCPCS Procedure Code	1,316,071	0.0%	1,316,071	>99.9%	1,438,444	<0.1%	1,438,442	>99.9%
National Drug Code (NDC)	1,316,071	98.5%	19,559	97.9%	1,438,444	97.8%	31,218	96.0%
Diagnosis Code 1	1,316,071	0.0%	1,316,071	>99.9%	1,438,444	0.0%	1,438,444	97.1%
Diagnosis Code 2	1,316,071	55.7%	583,327	>99.9%	1,438,444	31.7%	983,075	97.8%
Diagnosis Code 3	1,316,071	71.2%	378,569	>99.9%	1,438,444	50.1%	717,444	98.5%
Diagnosis Code 4	1,316,071	81.2%	247,690	>99.9%	1,438,444	63.7%	521,882	98.7%
Diagnosis Code 5	1,316,071	100%	0	NA	1,438,444	78.5%	309,445	99.1%
Diagnosis Code 6	1,316,071	100%	0	NA	1,438,444	84.3%	225,139	99.0%
Diagnosis Code 7	1,316,071	100%	0	NA	1,438,444	88.7%	162,110	99.1%
Diagnosis Code 8	1,316,071	100%	0	NA	1,438,444	91.7%	119,956	99.0%
Diagnosis Code 9	1,316,071	100%	0	NA	1,438,444	94.7%	75,748	99.3%
Diagnosis Code 10	1,316,071	100%	0	NA	1,438,444	96.5%	50,803	99.1%
Diagnosis Code 11	1,316,071	100%	0	NA	1,438,444	98.2%	25,758	98.6%
Diagnosis Code 12	1,316,071	100%	0	NA	1,438,444	98.8%	17,401	98.7%
Diagnosis Code 13	1,316,071	100%	0	NA	1,438,444	100%	0	NA
Diagnosis Code 14	1,316,071	100%	0	NA	1,438,444	100%	0	NA
Diagnosis Code 15	1,316,071	100%	0	NA	1,438,444	100%	0	NA
Diagnosis Code 16	1,316,071	100%	0	NA	1,438,444	100%	0	NA
Diagnosis Code 17	1,316,071	100%	0	NA	1,438,444	100%	0	NA
Diagnosis Code 18	1,316,071	100%	0	NA	1,438,444	100%	0	NA
Diagnosis Code 19	1,316,071	100%	0	NA	1,438,444	100%	0	NA
Diagnosis Code 20	1,316,071	100%	0	NA	1,438,444	100%	0	NA
Diagnosis Code 21	1,316,071	100%	0	NA	1,438,444	100%	0	NA

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	1,316,071	100%	0	NA	1,438,444	100%	0	NA
Diagnosis Code 23	1,316,071	100%	0	NA	1,438,444	100%	0	NA
Diagnosis Code 24	1,316,071	100%	0	NA	1,438,444	100%	0	NA
Diagnosis Code 25	1,316,071	100%	0	NA	1,438,444	100%	0	NA

Table B-8—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: COV-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	355,175	<0.1%	355,174	>99.9%	461,363	0.0%	461,363	>99.9%
Billing Provider NPI	355,175	<0.1%	355,031	>99.9%	461,363	0.1%	460,723	>99.9%
Attending Provider NPI	355,175	30.0%	248,703	98.3%	461,363	<0.1%	461,156	98.1%
Referring Provider NPI	355,175	75.7%	86,354	97.4%	461,363	100%	0	NA
CPT/HCPCS Procedure Code	355,175	23.3%	272,272	100%	461,363	24.5%	348,100	99.9%
Revenue Code	355,175	2.2%	347,497	100%	461,363	0.0%	461,363	>99.9%
National Drug Code (NDC)	355,175	93.1%	24,561	99.3%	461,363	90.0%	46,361	97.4%
Diagnosis Code 1	355,175	0.0%	355,175	>99.9%	461,363	0.0%	461,363	92.2%
Diagnosis Code 2	355,175	28.8%	252,788	>99.9%	461,363	0.4%	459,412	94.7%
Diagnosis Code 3	355,175	50.1%	177,297	100%	461,363	16.1%	387,196	94.9%
Diagnosis Code 4	355,175	63.6%	129,368	>99.9%	461,363	31.2%	317,282	96.2%
Diagnosis Code 5	355,175	72.9%	96,322	100%	461,363	46.9%	244,815	96.8%
Diagnosis Code 6	355,175	79.9%	71,491	100%	461,363	60.3%	183,362	97.0%
Diagnosis Code 7	355,175	83.9%	57,260	100%	461,363	70.1%	138,141	96.6%
Diagnosis Code 8	355,175	86.8%	46,914	>99.9%	461,363	76.1%	110,260	96.7%
Diagnosis Code 9	355,175	89.4%	37,773	100%	461,363	80.5%	89,846	96.6%
Diagnosis Code 10	355,175	91.2%	31,319	100%	461,363	83.8%	74,760	93.1%
Diagnosis Code 11	355,175	92.9%	25,250	100%	461,363	86.3%	63,189	95.3%
Diagnosis Code 12	355,175	94.2%	20,614	100%	461,363	88.5%	53,139	97.3%
Diagnosis Code 13	355,175	95.1%	17,462	100%	461,363	90.3%	44,863	98.1%
Diagnosis Code 14	355,175	96.0%	14,312	100%	461,363	91.6%	38,884	97.4%
Diagnosis Code 15	355,175	96.6%	12,138	>99.9%	461,363	93.0%	32,080	98.1%
Diagnosis Code 16	355,175	97.3%	9,613	100%	461,363	94.0%	27,782	96.9%
Diagnosis Code 17	355,175	97.8%	7,780	100%	461,363	95.0%	22,855	96.9%
Diagnosis Code 18	355,175	98.2%	6,506	>99.9%	461,363	95.8%	19,473	98.0%
Diagnosis Code 19	355,175	98.5%	5,267	99.9%	461,363	96.4%	16,635	98.1%
Diagnosis Code 20	355,175	98.8%	4,349	100%	461,363	97.1%	13,592	98.0%
Diagnosis Code 21	355,175	99.0%	3,688	100%	461,363	97.5%	11,522	97.3%

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	355,175	99.1%	3,041	100%	461,363	97.9%	9,551	96.8%
Diagnosis Code 23	355,175	99.3%	2,425	100%	461,363	98.2%	8,113	96.5%
Diagnosis Code 24	355,175	99.4%	1,970	100%	461,363	98.5%	6,813	96.6%
Diagnosis Code 25	355,175	99.6%	1,469	100%	461,363	98.7%	5,944	97.9%
Surgical Procedure Code 1	355,175	92.2%	27,593	100%	461,363	89.0%	50,978	100%
Surgical Procedure Code 2	355,175	95.1%	17,490	100%	461,363	93.0%	32,389	100%
Surgical Procedure Code 3	355,175	97.3%	9,652	100%	461,363	95.9%	19,013	100%
Surgical Procedure Code 4	355,175	98.3%	6,031	100%	461,363	97.4%	12,180	100%
Surgical Procedure Code 5	355,175	98.8%	4,095	100%	461,363	98.2%	8,365	100%
Surgical Procedure Code 6	355,175	99.2%	3,011	100%	461,363	98.7%	5,903	100%
Surgical Procedure Code 7	355,175	100%	0	NA	461,363	99.2%	3,543	100%
Surgical Procedure Code 8	355,175	100%	0	NA	461,363	99.5%	2,391	100%
Surgical Procedure Code 9	355,175	100%	0	NA	461,363	99.6%	2,058	100%
Surgical Procedure Code 10	355,175	100%	0	NA	461,363	99.7%	1,394	100%
Surgical Procedure Code 11	355,175	100%	0	NA	461,363	99.8%	1,115	100%
Surgical Procedure Code 12	355,175	100%	0	NA	461,363	99.8%	778	100%
Surgical Procedure Code 13	355,175	100%	0	NA	461,363	99.9%	454	100%
Surgical Procedure Code 14	355,175	100%	0	NA	461,363	99.9%	309	100%
Surgical Procedure Code 15	355,175	100%	0	NA	461,363	>99.9%	150	100%
Surgical Procedure Code 16	355,175	100%	0	NA	461,363	>99.9%	76	100%
Surgical Procedure Code 17	355,175	100%	0	NA	461,363	>99.9%	37	100%
Surgical Procedure Code 18	355,175	100%	0	NA	461,363	>99.9%	37	100%
Surgical Procedure Code 19	355,175	100%	0	NA	461,363	100%	0	NA
Surgical Procedure Code 20	355,175	100%	0	NA	461,363	100%	0	NA
Surgical Procedure Code 21	355,175	100%	0	NA	461,363	100%	0	NA
Surgical Procedure Code 22	355,175	100%	0	NA	461,363	100%	0	NA
Surgical Procedure Code 23	355,175	100%	0	NA	461,363	100%	0	NA
Surgical Procedure Code 24	355,175	100%	0	NA	461,363	100%	0	NA
Surgical Procedure Code 25	355,175	100%	0	NA	461,363	100%	0	NA

Table B-9—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: HUM-M

| Data Element | AHCA-Submitted Data | | | | Plan-Submitted Data | | | |
| | Percent Not Populated | | Percent Valid | | Percent Not Populated | | Percent Valid | |
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	10,420,531	<0.1%	10,420,058	>99.9%	9,302,287	<0.1%	9,302,282	>99.9%
Billing Provider NPI	10,420,531	2.4%	10,170,200	98.4%	9,302,287	<0.1%	9,302,269	97.4%
Rendering Provider NPI	10,420,531	2.4%	10,166,049	98.3%	9,302,287	26.2%	6,865,335	96.8%
Referring Provider NPI	10,420,531	99.1%	92,211	97.1%	9,302,287	99.0%	94,135	95.0%
CPT/HCPCS Procedure Code	10,420,531	<0.1%	10,420,284	>99.9%	9,302,287	0.1%	9,291,259	>99.9%
National Drug Code (NDC)	10,420,531	98.2%	188,061	95.5%	9,302,287	98.4%	153,426	97.8%
Diagnosis Code 1	10,420,531	<0.1%	10,420,490	>99.9%	9,302,287	<0.1%	9,302,273	99.9%
Diagnosis Code 2	10,420,531	56.4%	4,546,426	>99.9%	9,302,287	32.4%	6,289,586	>99.9%
Diagnosis Code 3	10,420,531	72.3%	2,886,308	100%	9,302,287	51.2%	4,539,412	>99.9%
Diagnosis Code 4	10,420,531	81.5%	1,925,653	100%	9,302,287	64.3%	3,317,959	>99.9%
Diagnosis Code 5	10,420,531	>99.9%	1,821	100%	9,302,287	78.0%	2,049,937	>99.9%
Diagnosis Code 6	10,420,531	>99.9%	488	100%	9,302,287	83.9%	1,499,304	>99.9%
Diagnosis Code 7	10,420,531	100%	0	NA	9,302,287	88.1%	1,107,919	>99.9%
Diagnosis Code 8	10,420,531	100%	0	NA	9,302,287	91.0%	833,319	>99.9%
Diagnosis Code 9	10,420,531	100%	0	NA	9,302,287	93.6%	594,685	>99.9%
Diagnosis Code 10	10,420,531	100%	0	NA	9,302,287	95.4%	426,801	>99.9%
Diagnosis Code 11	10,420,531	100%	0	NA	9,302,287	96.8%	295,985	>99.9%
Diagnosis Code 12	10,420,531	100%	0	NA	9,302,287	97.6%	219,272	>99.9%
Diagnosis Code 13	10,420,531	100%	0	NA	9,302,287	100%	0	NA
Diagnosis Code 14	10,420,531	100%	0	NA	9,302,287	100%	0	NA
Diagnosis Code 15	10,420,531	100%	0	NA	9,302,287	100%	0	NA
Diagnosis Code 16	10,420,531	100%	0	NA	9,302,287	100%	0	NA
Diagnosis Code 17	10,420,531	100%	0	NA	9,302,287	100%	0	NA
Diagnosis Code 18	10,420,531	100%	0	NA	9,302,287	100%	0	NA
Diagnosis Code 19	10,420,531	100%	0	NA	9,302,287	100%	0	NA
Diagnosis Code 20	10,420,531	100%	0	NA	9,302,287	100%	0	NA
Diagnosis Code 21	10,420,531	100%	0	NA	9,302,287	100%	0	NA

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	10,420,531	100%	0	NA	9,302,287	100%	0	NA
Diagnosis Code 23	10,420,531	100%	0	NA	9,302,287	100%	0	NA
Diagnosis Code 24	10,420,531	100%	0	NA	9,302,287	100%	0	NA
Diagnosis Code 25	10,420,531	100%	0	NA	9,302,287	100%	0	NA

Table B-10—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: HUM-M

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	3,107,409	<0.1%	3,107,260	>99.9%	3,326,548	0.0%	3,326,548	>99.9%
Billing Provider NPI	3,107,409	0.3%	3,098,033	99.3%	3,326,548	0.0%	3,326,548	99.4%
Attending Provider NPI	3,107,409	26.7%	2,278,726	98.5%	3,326,548	<0.1%	3,325,735	96.0%
Referring Provider NPI	3,107,409	77.2%	707,346	97.7%	3,326,548	99.5%	18,258	96.6%
CPT/HCPCS Procedure Code	3,107,409	27.6%	2,249,922	>99.9%	3,326,548	26.1%	2,459,638	>99.9%
Revenue Code	3,107,409	2.9%	3,016,728	>99.9%	3,326,548	<0.1%	3,326,481	100%
National Drug Code (NDC)	3,107,409	87.9%	375,920	97.1%	3,326,548	86.0%	465,460	98.4%
Diagnosis Code 1	3,107,409	0.0%	3,107,409	>99.9%	3,326,548	0.0%	3,326,548	>99.9%
Diagnosis Code 2	3,107,409	21.1%	2,451,677	>99.9%	3,326,548	16.6%	2,772,894	>99.9%
Diagnosis Code 3	3,107,409	39.5%	1,881,058	>99.9%	3,326,548	31.5%	2,279,250	>99.9%
Diagnosis Code 4	3,107,409	52.6%	1,473,484	>99.9%	3,326,548	43.6%	1,877,596	>99.9%
Diagnosis Code 5	3,107,409	62.4%	1,168,633	99.9%	3,326,548	54.0%	1,528,730	>99.9%
Diagnosis Code 6	3,107,409	70.4%	919,737	99.9%	3,326,548	64.4%	1,182,835	>99.9%
Diagnosis Code 7	3,107,409	75.7%	754,338	99.9%	3,326,548	71.2%	958,784	99.9%
Diagnosis Code 8	3,107,409	79.9%	624,716	99.9%	3,326,548	75.9%	800,822	>99.9%
Diagnosis Code 9	3,107,409	83.0%	526,825	99.9%	3,326,548	79.6%	677,646	99.9%
Diagnosis Code 10	3,107,409	85.6%	446,607	99.9%	3,326,548	82.5%	582,352	99.9%
Diagnosis Code 11	3,107,409	87.9%	377,482	99.9%	3,326,548	84.9%	501,112	99.9%
Diagnosis Code 12	3,107,409	89.7%	320,631	>99.9%	3,326,548	87.0%	432,864	>99.9%
Diagnosis Code 13	3,107,409	91.2%	272,120	99.9%	3,326,548	88.9%	370,463	99.9%
Diagnosis Code 14	3,107,409	92.7%	227,052	99.9%	3,326,548	90.6%	313,788	99.9%
Diagnosis Code 15	3,107,409	93.8%	191,641	99.9%	3,326,548	91.9%	270,270	99.9%
Diagnosis Code 16	3,107,409	94.8%	161,185	99.9%	3,326,548	93.1%	229,906	99.9%
Diagnosis Code 17	3,107,409	95.6%	136,659	99.9%	3,326,548	94.1%	196,711	>99.9%
Diagnosis Code 18	3,107,409	96.3%	114,626	99.9%	3,326,548	95.0%	166,083	99.9%
Diagnosis Code 19	3,107,409	97.0%	92,208	>99.9%	3,326,548	95.9%	136,053	>99.9%
Diagnosis Code 20	3,107,409	97.5%	77,907	>99.9%	3,326,548	96.5%	116,049	>99.9%
Diagnosis Code 21	3,107,409	97.9%	65,942	>99.9%	3,326,548	97.0%	98,489	>99.9%

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	3,107,409	98.2%	55,317	100%	3,326,548	97.5%	83,622	100%
Diagnosis Code 23	3,107,409	98.5%	46,776	99.9%	3,326,548	97.9%	71,288	99.9%
Diagnosis Code 24	3,107,409	98.7%	39,350	100%	3,326,548	98.2%	59,670	100%
Diagnosis Code 25	3,107,409	99.0%	29,674	100%	3,326,548	98.6%	45,309	100%
Surgical Procedure Code 1	3,107,409	90.5%	295,136	99.8%	3,326,548	100%	0	NA
Surgical Procedure Code 2	3,107,409	94.0%	187,512	99.8%	3,326,548	100%	0	NA
Surgical Procedure Code 3	3,107,409	96.4%	113,111	99.8%	3,326,548	100%	0	NA
Surgical Procedure Code 4	3,107,409	97.7%	70,366	99.9%	3,326,548	100%	0	NA
Surgical Procedure Code 5	3,107,409	98.4%	48,167	99.9%	3,326,548	100%	0	NA
Surgical Procedure Code 6	3,107,409	98.9%	35,121	99.7%	3,326,548	100%	0	NA
Surgical Procedure Code 7	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 8	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 9	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 10	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 11	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 12	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 13	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 14	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 15	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 16	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 17	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 18	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 19	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 20	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 21	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 22	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 23	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 24	3,107,409	100%	0	NA	3,326,548	100%	0	NA
Surgical Procedure Code 25	3,107,409	100%	0	NA	3,326,548	100%	0	NA

Table B-11—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: MCC-S

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	6,311,234	0.0%	6,311,234	>99.9%	5,249,650	0.0%	5,249,650	>99.9%
Billing Provider NPI	6,311,234	0.5%	6,279,760	98.9%	5,249,650	<0.1%	5,249,606	98.9%
Rendering Provider NPI	6,311,234	0.6%	6,274,803	98.9%	5,249,650	<0.1%	5,249,633	98.9%
Referring Provider NPI	6,311,234	47.8%	3,295,069	96.4%	5,249,650	48.2%	2,717,063	92.2%
CPT/HCPCS Procedure Code	6,311,234	<0.1%	6,311,232	100%	5,249,650	0.0%	5,249,650	>99.9%
National Drug Code (NDC)	6,311,234	99.6%	22,320	98.6%	5,249,650	99.6%	19,668	98.6%
Diagnosis Code 1	6,311,234	0.0%	6,311,234	>99.9%	5,249,650	0.0%	5,249,650	96.8%
Diagnosis Code 2	6,311,234	55.6%	2,800,693	>99.9%	5,249,650	58.2%	2,193,136	97.1%
Diagnosis Code 3	6,311,234	69.5%	1,927,715	>99.9%	5,249,650	71.0%	1,524,006	97.9%
Diagnosis Code 4	6,311,234	77.9%	1,396,233	>99.9%	5,249,650	79.1%	1,096,811	98.1%
Diagnosis Code 5	6,311,234	>99.9%	37	100%	5,249,650	99.9%	3,022	97.8%
Diagnosis Code 6	6,311,234	>99.9%	13	100%	5,249,650	>99.9%	1,434	96.6%
Diagnosis Code 7	6,311,234	100%	0	NA	5,249,650	>99.9%	818	97.7%
Diagnosis Code 8	6,311,234	100%	0	NA	5,249,650	>99.9%	578	99.5%
Diagnosis Code 9	6,311,234	100%	0	NA	5,249,650	>99.9%	301	99.0%
Diagnosis Code 10	6,311,234	100%	0	NA	5,249,650	>99.9%	213	100%
Diagnosis Code 11	6,311,234	100%	0	NA	5,249,650	>99.9%	173	100%
Diagnosis Code 12	6,311,234	100%	0	NA	5,249,650	>99.9%	135	100%
Diagnosis Code 13	6,311,234	100%	0	NA	5,249,650	100%	0	NA
Diagnosis Code 14	6,311,234	100%	0	NA	5,249,650	100%	0	NA
Diagnosis Code 15	6,311,234	100%	0	NA	5,249,650	100%	0	NA
Diagnosis Code 16	6,311,234	100%	0	NA	5,249,650	100%	0	NA
Diagnosis Code 17	6,311,234	100%	0	NA	5,249,650	100%	0	NA
Diagnosis Code 18	6,311,234	100%	0	NA	5,249,650	100%	0	NA
Diagnosis Code 19	6,311,234	100%	0	NA	5,249,650	100%	0	NA
Diagnosis Code 20	6,311,234	100%	0	NA	5,249,650	100%	0	NA
Diagnosis Code 21	6,311,234	100%	0	NA	5,249,650	100%	0	NA

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	6,311,234	100%	0	NA	5,249,650	100%	0	NA
Diagnosis Code 23	6,311,234	100%	0	NA	5,249,650	100%	0	NA
Diagnosis Code 24	6,311,234	100%	0	NA	5,249,650	100%	0	NA
Diagnosis Code 25	6,311,234	100%	0	NA	5,249,650	100%	0	NA

Table B-12—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: MCC-S

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	1,169,709	0.0%	1,169,709	>99.9%	1,498,783	0.0%	1,498,783	>99.9%
Billing Provider NPI	1,169,709	0.1%	1,168,241	97.8%	1,498,783	<0.1%	1,498,756	99.2%
Attending Provider NPI	1,169,709	28.9%	831,996	98.9%	1,498,783	<0.1%	1,498,636	97.2%
Referring Provider NPI	1,169,709	75.3%	288,810	98.4%	1,498,783	>99.9%	15	100%
CPT/HCPCS Procedure Code	1,169,709	33.8%	774,587	>99.9%	1,498,783	72.6%	410,725	>99.9%
Revenue Code	1,169,709	2.9%	1,136,062	>99.9%	1,498,783	27.4%	1,088,058	100%
National Drug Code (NDC)	1,169,709	90.1%	116,211	99.0%	1,498,783	86.4%	203,425	99.3%
Diagnosis Code 1	1,169,709	0.0%	1,169,709	>99.9%	1,498,783	<0.1%	1,498,774	92.0%
Diagnosis Code 2	1,169,709	10.3%	1,048,662	>99.9%	1,498,783	8.6%	1,370,375	96.4%
Diagnosis Code 3	1,169,709	22.5%	906,196	>99.9%	1,498,783	18.9%	1,216,068	97.6%
Diagnosis Code 4	1,169,709	34.5%	765,585	>99.9%	1,498,783	30.0%	1,048,749	98.1%
Diagnosis Code 5	1,169,709	45.1%	642,632	>99.9%	1,498,783	41.0%	884,372	98.3%
Diagnosis Code 6	1,169,709	54.3%	534,243	>99.9%	1,498,783	52.7%	709,014	98.3%
Diagnosis Code 7	1,169,709	61.2%	453,393	>99.9%	1,498,783	60.4%	592,780	98.2%
Diagnosis Code 8	1,169,709	66.5%	391,849	>99.9%	1,498,783	65.9%	511,732	98.3%
Diagnosis Code 9	1,169,709	71.0%	339,108	>99.9%	1,498,783	70.2%	445,949	98.1%
Diagnosis Code 10	1,169,709	74.8%	295,331	99.9%	1,498,783	73.9%	391,892	98.1%
Diagnosis Code 11	1,169,709	78.0%	257,288	>99.9%	1,498,783	76.9%	346,397	98.1%
Diagnosis Code 12	1,169,709	80.8%	225,014	>99.9%	1,498,783	79.5%	306,901	97.9%
Diagnosis Code 13	1,169,709	83.4%	193,813	99.9%	1,498,783	100%	0	NA
Diagnosis Code 14	1,169,709	85.9%	164,367	99.9%	1,498,783	100%	0	NA
Diagnosis Code 15	1,169,709	87.8%	142,569	99.9%	1,498,783	100%	0	NA
Diagnosis Code 16	1,169,709	89.4%	123,488	>99.9%	1,498,783	100%	0	NA
Diagnosis Code 17	1,169,709	90.9%	106,239	99.9%	1,498,783	100%	0	NA
Diagnosis Code 18	1,169,709	92.3%	90,171	99.8%	1,498,783	100%	0	NA
Diagnosis Code 19	1,169,709	94.2%	67,410	99.7%	1,498,783	100%	0	NA
Diagnosis Code 20	1,169,709	95.2%	56,234	99.9%	1,498,783	100%	0	NA
Diagnosis Code 21	1,169,709	95.9%	47,487	99.9%	1,498,783	100%	0	NA

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	1,169,709	96.5%	40,626	99.9%	1,498,783	100%	0	NA
Diagnosis Code 23	1,169,709	97.1%	34,488	99.9%	1,498,783	100%	0	NA
Diagnosis Code 24	1,169,709	97.5%	29,262	99.9%	1,498,783	100%	0	NA
Diagnosis Code 25	1,169,709	98.2%	20,611	99.8%	1,498,783	100%	0	NA
Surgical Procedure Code 1	1,169,709	87.7%	143,714	100%	1,498,783	87.6%	185,898	100%
Surgical Procedure Code 2	1,169,709	92.2%	91,765	100%	1,498,783	92.0%	119,611	100%
Surgical Procedure Code 3	1,169,709	95.1%	57,508	100%	1,498,783	94.9%	76,899	100%
Surgical Procedure Code 4	1,169,709	97.0%	35,318	100%	1,498,783	96.7%	48,835	100%
Surgical Procedure Code 5	1,169,709	97.9%	23,981	100%	1,498,783	100%	0	NA
Surgical Procedure Code 6	1,169,709	98.6%	16,432	100%	1,498,783	100%	0	NA
Surgical Procedure Code 7	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 8	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 9	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 10	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 11	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 12	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 13	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 14	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 15	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 16	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 17	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 18	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 19	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 20	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 21	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 22	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 23	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 24	1,169,709	100%	0	NA	1,498,783	100%	0	NA
Surgical Procedure Code 25	1,169,709	100%	0	NA	1,498,783	100%	0	NA

Table B-13—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: MOL-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	9,034,562	<0.1%	9,034,531	>99.9%	9,634,007	0.0%	9,634,007	>99.9%
Billing Provider NPI	9,034,562	1.1%	8,936,043	98.6%	9,634,007	<0.1%	9,633,962	99.3%
Rendering Provider NPI	9,034,562	1.1%	8,934,828	98.9%	9,634,007	<0.1%	9,633,962	99.6%
Referring Provider NPI	9,034,562	47.6%	4,730,558	97.4%	9,634,007	48.1%	5,000,855	95.1%
CPT/HCPCS Procedure Code	9,034,562	<0.1%	9,034,548	100%	9,634,007	<0.1%	9,633,946	>99.9%
National Drug Code (NDC)	9,034,562	97.0%	266,627	96.4%	9,634,007	97.2%	265,692	96.0%
Diagnosis Code 1	9,034,562	0.0%	9,034,562	>99.9%	9,634,007	0.0%	9,634,007	97.1%
Diagnosis Code 2	9,034,562	59.0%	3,700,221	>99.9%	9,634,007	39.5%	5,825,902	97.7%
Diagnosis Code 3	9,034,562	74.6%	2,291,396	>99.9%	9,634,007	58.0%	4,045,829	98.2%
Diagnosis Code 4	9,034,562	83.7%	1,469,971	>99.9%	9,634,007	70.2%	2,871,783	98.5%
Diagnosis Code 5	9,034,562	>99.9%	131	100%	9,634,007	100%	0	NA
Diagnosis Code 6	9,034,562	>99.9%	25	100%	9,634,007	100%	0	NA
Diagnosis Code 7	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 8	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 9	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 10	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 11	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 12	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 13	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 14	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 15	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 16	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 17	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 18	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 19	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 20	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 21	9,034,562	100%	0	NA	9,634,007	100%	0	NA

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 23	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 24	9,034,562	100%	0	NA	9,634,007	100%	0	NA
Diagnosis Code 25	9,034,562	100%	0	NA	9,634,007	100%	0	NA

Table B-14—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: MOL-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	3,229,000	<0.1%	3,228,994	>99.9%	3,547,068	0.0%	3,547,068	>99.9%
Billing Provider NPI	3,229,000	0.2%	3,224,118	97.5%	3,547,068	0.0%	3,547,068	99.7%
Attending Provider NPI	3,229,000	38.9%	1,972,812	98.6%	3,547,068	<0.1%	3,546,911	97.2%
Referring Provider NPI	3,229,000	79.7%	653,874	98.3%	3,547,068	96.2%	134,490	95.2%
CPT/HCPCS Procedure Code	3,229,000	30.2%	2,254,309	>99.9%	3,547,068	27.6%	2,569,296	99.9%
Revenue Code	3,229,000	1.6%	3,176,809	>99.9%	3,547,068	<0.1%	3,547,051	>99.9%
National Drug Code (NDC)	3,229,000	89.3%	344,285	96.3%	3,547,068	87.5%	444,116	96.3%
Diagnosis Code 1	3,229,000	0.0%	3,229,000	>99.9%	3,547,068	0.0%	3,547,068	91.5%
Diagnosis Code 2	3,229,000	21.4%	2,538,657	>99.9%	3,547,068	0.8%	3,520,216	94.8%
Diagnosis Code 3	3,229,000	39.9%	1,939,247	100%	3,547,068	14.5%	3,033,671	94.9%
Diagnosis Code 4	3,229,000	53.5%	1,501,567	100%	3,547,068	28.8%	2,526,428	96.0%
Diagnosis Code 5	3,229,000	63.0%	1,193,132	100%	3,547,068	42.9%	2,027,098	96.3%
Diagnosis Code 6	3,229,000	69.9%	971,541	100%	3,547,068	54.4%	1,617,711	96.9%
Diagnosis Code 7	3,229,000	75.0%	806,386	100%	3,547,068	63.7%	1,288,466	97.1%
Diagnosis Code 8	3,229,000	78.9%	680,124	100%	3,547,068	70.1%	1,060,267	97.3%
Diagnosis Code 9	3,229,000	82.1%	577,781	>99.9%	3,547,068	74.8%	893,579	97.3%
Diagnosis Code 10	3,229,000	84.7%	494,487	100%	3,547,068	78.5%	763,194	97.4%
Diagnosis Code 11	3,229,000	86.8%	424,807	>99.9%	3,547,068	81.5%	655,975	97.5%
Diagnosis Code 12	3,229,000	88.7%	364,235	>99.9%	3,547,068	84.0%	567,293	97.6%
Diagnosis Code 13	3,229,000	90.3%	312,854	100%	3,547,068	100%	0	NA
Diagnosis Code 14	3,229,000	92.0%	258,245	100%	3,547,068	100%	0	NA
Diagnosis Code 15	3,229,000	93.1%	221,571	100%	3,547,068	100%	0	NA
Diagnosis Code 16	3,229,000	94.1%	190,213	100%	3,547,068	100%	0	NA
Diagnosis Code 17	3,229,000	95.0%	160,662	100%	3,547,068	100%	0	NA
Diagnosis Code 18	3,229,000	95.9%	133,900	100%	3,547,068	100%	0	NA
Diagnosis Code 19	3,229,000	96.5%	111,403	100%	3,547,068	100%	0	NA
Diagnosis Code 20	3,229,000	97.1%	94,161	100%	3,547,068	100%	0	NA
Diagnosis Code 21	3,229,000	97.5%	80,847	100%	3,547,068	100%	0	NA

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	3,229,000	97.8%	69,431	100%	3,547,068	100%	0	NA
Diagnosis Code 23	3,229,000	98.2%	59,527	100%	3,547,068	100%	0	NA
Diagnosis Code 24	3,229,000	98.4%	50,630	100%	3,547,068	100%	0	NA
Diagnosis Code 25	3,229,000	98.9%	35,776	100%	3,547,068	100%	0	NA
Surgical Procedure Code 1	3,229,000	88.0%	387,769	100%	3,547,068	100%	0	NA
Surgical Procedure Code 2	3,229,000	92.6%	240,086	100%	3,547,068	100%	0	NA
Surgical Procedure Code 3	3,229,000	95.7%	140,325	100%	3,547,068	100%	0	NA
Surgical Procedure Code 4	3,229,000	97.3%	86,468	100%	3,547,068	100%	0	NA
Surgical Procedure Code 5	3,229,000	98.3%	55,247	100%	3,547,068	100%	0	NA
Surgical Procedure Code 6	3,229,000	98.8%	37,257	100%	3,547,068	100%	0	NA
Surgical Procedure Code 7	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 8	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 9	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 10	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 11	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 12	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 13	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 14	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 15	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 16	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 17	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 18	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 19	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 20	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 21	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 22	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 23	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 24	3,229,000	100%	0	NA	3,547,068	100%	0	NA
Surgical Procedure Code 25	3,229,000	100%	0	NA	3,547,068	100%	0	NA

Table B-15—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: PRS-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	7,722,821	<0.1%	7,722,820	>99.9%	7,182,712	0.0%	7,182,712	>99.9%
Billing Provider NPI	7,722,821	1.1%	7,636,819	98.6%	7,182,712	0.0%	7,182,712	98.7%
Rendering Provider NPI	7,722,821	1.1%	7,636,172	99.1%	7,182,712	4.3%	6,876,780	99.0%
Referring Provider NPI	7,722,821	100%	0	NA	7,182,712	100%	0	NA
CPT/HCPCS Procedure Code	7,722,821	<0.1%	7,722,811	>99.9%	7,182,712	<0.1%	7,182,711	>99.9%
National Drug Code (NDC)	7,722,821	99.0%	77,626	98.3%	7,182,712	98.1%	136,262	97.3%
Diagnosis Code 1	7,722,821	0.0%	7,722,821	>99.9%	7,182,712	0.0%	7,182,712	>99.9%
Diagnosis Code 2	7,722,821	55.2%	3,460,469	>99.9%	7,182,712	41.7%	4,188,354	>99.9%
Diagnosis Code 3	7,722,821	71.7%	2,185,592	>99.9%	7,182,712	60.2%	2,860,060	>99.9%
Diagnosis Code 4	7,722,821	82.1%	1,382,565	>99.9%	7,182,712	73.0%	1,941,317	>99.9%
Diagnosis Code 5	7,722,821	>99.9%	69	100%	7,182,712	87.4%	901,451	>99.9%
Diagnosis Code 6	7,722,821	>99.9%	24	100%	7,182,712	91.0%	649,088	>99.9%
Diagnosis Code 7	7,722,821	100%	0	NA	7,182,712	93.2%	488,662	>99.9%
Diagnosis Code 8	7,722,821	100%	0	NA	7,182,712	94.7%	382,841	>99.9%
Diagnosis Code 9	7,722,821	100%	0	NA	7,182,712	96.3%	267,373	>99.9%
Diagnosis Code 10	7,722,821	100%	0	NA	7,182,712	97.5%	177,650	100%
Diagnosis Code 11	7,722,821	100%	0	NA	7,182,712	99.0%	68,813	>99.9%
Diagnosis Code 12	7,722,821	100%	0	NA	7,182,712	99.3%	47,173	100%
Diagnosis Code 13	7,722,821	100%	0	NA	7,182,712	100%	0	NA
Diagnosis Code 14	7,722,821	100%	0	NA	7,182,712	100%	0	NA
Diagnosis Code 15	7,722,821	100%	0	NA	7,182,712	100%	0	NA
Diagnosis Code 16	7,722,821	100%	0	NA	7,182,712	100%	0	NA
Diagnosis Code 17	7,722,821	100%	0	NA	7,182,712	100%	0	NA
Diagnosis Code 18	7,722,821	100%	0	NA	7,182,712	100%	0	NA
Diagnosis Code 19	7,722,821	100%	0	NA	7,182,712	100%	0	NA
Diagnosis Code 20	7,722,821	100%	0	NA	7,182,712	100%	0	NA
Diagnosis Code 21	7,722,821	100%	0	NA	7,182,712	100%	0	NA

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	7,722,821	100%	0	NA	7,182,712	100%	0	NA
Diagnosis Code 23	7,722,821	100%	0	NA	7,182,712	100%	0	NA
Diagnosis Code 24	7,722,821	100%	0	NA	7,182,712	100%	0	NA
Diagnosis Code 25	7,722,821	100%	0	NA	7,182,712	100%	0	NA

Table B-16—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: PRS-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	1,722,406	0.0%	1,722,406	>99.9%	1,821,834	0.0%	1,821,834	>99.9%
Billing Provider NPI	1,722,406	<0.1%	1,722,128	97.8%	1,821,834	0.0%	1,821,834	98.3%
Attending Provider NPI	1,722,406	37.7%	1,073,188	99.0%	1,821,834	0.4%	1,814,899	97.8%
Referring Provider NPI	1,722,406	67.7%	556,818	98.8%	1,821,834	100%	0	NA
CPT/HCPCS Procedure Code	1,722,406	15.0%	1,464,571	>99.9%	1,821,834	13.0%	1,585,733	>99.9%
Revenue Code	1,722,406	1.3%	1,700,752	>99.9%	1,821,834	0.0%	1,821,834	100%
National Drug Code (NDC)	1,722,406	88.7%	194,432	97.8%	1,821,834	88.2%	215,160	97.9%
Diagnosis Code 1	1,722,406	0.0%	1,722,406	>99.9%	1,821,834	0.0%	1,821,834	>99.9%
Diagnosis Code 2	1,722,406	25.3%	1,287,257	>99.9%	1,821,834	23.4%	1,395,567	>99.9%
Diagnosis Code 3	1,722,406	45.2%	944,729	>99.9%	1,821,834	42.2%	1,052,349	>99.9%
Diagnosis Code 4	1,722,406	59.2%	702,288	>99.9%	1,821,834	55.9%	803,673	>99.9%
Diagnosis Code 5	1,722,406	69.0%	533,649	>99.9%	1,821,834	66.0%	619,667	>99.9%
Diagnosis Code 6	1,722,406	76.2%	410,062	>99.9%	1,821,834	74.2%	470,312	>99.9%
Diagnosis Code 7	1,722,406	81.2%	323,811	>99.9%	1,821,834	79.8%	368,349	>99.9%
Diagnosis Code 8	1,722,406	84.9%	260,920	>99.9%	1,821,834	83.7%	297,591	>99.9%
Diagnosis Code 9	1,722,406	87.6%	213,760	>99.9%	1,821,834	86.6%	244,179	>99.9%
Diagnosis Code 10	1,722,406	89.8%	175,785	>99.9%	1,821,834	89.0%	200,837	>99.9%
Diagnosis Code 11	1,722,406	91.5%	145,962	100%	1,821,834	90.8%	167,460	100%
Diagnosis Code 12	1,722,406	92.9%	121,956	100%	1,821,834	92.3%	139,713	100%
Diagnosis Code 13	1,722,406	94.1%	100,816	100%	1,821,834	93.6%	116,091	100%
Diagnosis Code 14	1,722,406	95.3%	80,721	100%	1,821,834	94.8%	94,719	100%
Diagnosis Code 15	1,722,406	96.1%	66,439	100%	1,821,834	95.7%	78,582	100%
Diagnosis Code 16	1,722,406	96.8%	54,492	100%	1,821,834	96.5%	64,662	100%
Diagnosis Code 17	1,722,406	97.4%	44,014	100%	1,821,834	97.1%	52,292	100%
Diagnosis Code 18	1,722,406	98.1%	32,969	100%	1,821,834	97.8%	39,609	100%
Diagnosis Code 19	1,722,406	98.5%	26,448	>99.9%	1,821,834	98.3%	31,874	>99.9%
Diagnosis Code 20	1,722,406	98.7%	21,751	100%	1,821,834	98.5%	26,543	100%
Diagnosis Code 21	1,722,406	99.0%	17,555	100%	1,821,834	98.8%	21,506	100%

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	1,722,406	99.2%	14,558	100%	1,821,834	99.0%	17,871	100%
Diagnosis Code 23	1,722,406	99.3%	11,996	100%	1,821,834	99.2%	14,808	100%
Diagnosis Code 24	1,722,406	99.4%	9,979	100%	1,821,834	99.3%	12,050	100%
Diagnosis Code 25	1,722,406	99.7%	5,709	100%	1,821,834	99.6%	7,187	100%
Surgical Procedure Code 1	1,722,406	99.1%	16,149	100%	1,821,834	98.4%	29,315	>99.9%
Surgical Procedure Code 2	1,722,406	99.4%	10,987	100%	1,821,834	99.0%	17,520	>99.9%
Surgical Procedure Code 3	1,722,406	99.6%	6,461	100%	1,821,834	99.5%	9,497	>99.9%
Surgical Procedure Code 4	1,722,406	99.8%	3,858	100%	1,821,834	99.7%	5,467	100%
Surgical Procedure Code 5	1,722,406	99.9%	2,428	100%	1,821,834	99.8%	3,343	100%
Surgical Procedure Code 6	1,722,406	99.9%	1,654	100%	1,821,834	99.9%	2,252	100%
Surgical Procedure Code 7	1,722,406	100%	0	NA	1,821,834	99.9%	1,097	100%
Surgical Procedure Code 8	1,722,406	100%	0	NA	1,821,834	>99.9%	829	100%
Surgical Procedure Code 9	1,722,406	100%	0	NA	1,821,834	>99.9%	641	100%
Surgical Procedure Code 10	1,722,406	100%	0	NA	1,821,834	>99.9%	513	100%
Surgical Procedure Code 11	1,722,406	100%	0	NA	1,821,834	>99.9%	378	100%
Surgical Procedure Code 12	1,722,406	100%	0	NA	1,821,834	>99.9%	297	100%
Surgical Procedure Code 13	1,722,406	100%	0	NA	1,821,834	>99.9%	244	100%
Surgical Procedure Code 14	1,722,406	100%	0	NA	1,821,834	>99.9%	183	100%
Surgical Procedure Code 15	1,722,406	100%	0	NA	1,821,834	>99.9%	160	100%
Surgical Procedure Code 16	1,722,406	100%	0	NA	1,821,834	>99.9%	136	100%
Surgical Procedure Code 17	1,722,406	100%	0	NA	1,821,834	>99.9%	114	100%
Surgical Procedure Code 18	1,722,406	100%	0	NA	1,821,834	>99.9%	90	100%
Surgical Procedure Code 19	1,722,406	100%	0	NA	1,821,834	>99.9%	81	100%
Surgical Procedure Code 20	1,722,406	100%	0	NA	1,821,834	>99.9%	74	100%
Surgical Procedure Code 21	1,722,406	100%	0	NA	1,821,834	>99.9%	62	100%
Surgical Procedure Code 22	1,722,406	100%	0	NA	1,821,834	>99.9%	56	100%
Surgical Procedure Code 23	1,722,406	100%	0	NA	1,821,834	>99.9%	47	100%
Surgical Procedure Code 24	1,722,406	100%	0	NA	1,821,834	>99.9%	42	100%
Surgical Procedure Code 25	1,722,406	100%	0	NA	1,821,834	>99.9%	31	100%

Table B-17—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: SHP-M

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	4,431,442	0.0%	4,431,442	>99.9%	5,199,550	0.0%	5,199,550	>99.9%
Billing Provider NPI	4,431,442	1.9%	4,345,659	97.3%	5,199,550	0.2%	5,189,828	96.4%
Rendering Provider NPI	4,431,442	1.9%	4,345,102	98.5%	5,199,550	0.4%	5,179,273	96.9%
Referring Provider NPI	4,431,442	49.5%	2,235,910	96.0%	5,199,550	48.2%	2,692,372	92.6%
CPT/HCPCS Procedure Code	4,431,442	<0.1%	4,431,342	>99.9%	5,199,550	<0.1%	5,199,507	>99.9%
National Drug Code (NDC)	4,431,442	99.5%	21,034	98.0%	5,199,550	99.5%	24,631	97.9%
Diagnosis Code 1	4,431,442	0.0%	4,431,442	>99.9%	5,199,550	<0.1%	5,199,495	95.3%
Diagnosis Code 2	4,431,442	51.6%	2,146,156	>99.9%	5,199,550	32.3%	3,519,358	98.1%
Diagnosis Code 3	4,431,442	63.6%	1,612,910	>99.9%	5,199,550	46.8%	2,768,445	98.8%
Diagnosis Code 4	4,431,442	72.6%	1,213,127	>99.9%	5,199,550	58.3%	2,170,786	98.8%
Diagnosis Code 5	4,431,442	>99.9%	633	100%	5,199,550	73.9%	1,356,591	99.1%
Diagnosis Code 6	4,431,442	>99.9%	196	100%	5,199,550	80.5%	1,011,396	99.1%
Diagnosis Code 7	4,431,442	100%	0	NA	5,199,550	85.7%	742,177	99.2%
Diagnosis Code 8	4,431,442	100%	0	NA	5,199,550	89.7%	537,603	99.1%
Diagnosis Code 9	4,431,442	100%	0	NA	5,199,550	93.7%	326,723	99.1%
Diagnosis Code 10	4,431,442	100%	0	NA	5,199,550	95.6%	231,122	98.9%
Diagnosis Code 11	4,431,442	100%	0	NA	5,199,550	96.9%	161,431	98.6%
Diagnosis Code 12	4,431,442	100%	0	NA	5,199,550	97.8%	115,595	98.8%
Diagnosis Code 13	4,431,442	100%	0	NA	5,199,550	>99.9%	5	100%
Diagnosis Code 14	4,431,442	100%	0	NA	5,199,550	100%	0	NA
Diagnosis Code 15	4,431,442	100%	0	NA	5,199,550	100%	0	NA
Diagnosis Code 16	4,431,442	100%	0	NA	5,199,550	100%	0	NA
Diagnosis Code 17	4,431,442	100%	0	NA	5,199,550	100%	0	NA
Diagnosis Code 18	4,431,442	100%	0	NA	5,199,550	100%	0	NA
Diagnosis Code 19	4,431,442	100%	0	NA	5,199,550	100%	0	NA
Diagnosis Code 20	4,431,442	100%	0	NA	5,199,550	100%	0	NA
Diagnosis Code 21	4,431,442	100%	0	NA	5,199,550	100%	0	NA

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	4,431,442	100%	0	NA	5,199,550	100%	0	NA
Diagnosis Code 23	4,431,442	100%	0	NA	5,199,550	100%	0	NA
Diagnosis Code 24	4,431,442	100%	0	NA	5,199,550	100%	0	NA
Diagnosis Code 25	4,431,442	100%	0	NA	5,199,550	100%	0	NA

Table B-18—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: SHP-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	1,025,111	0.0%	1,025,111	>99.9%	1,289,311	0.0%	1,289,311	>99.9%
Billing Provider NPI	1,025,111	0.5%	1,020,491	99.9%	1,289,311	0.0%	1,289,311	99.6%
Attending Provider NPI	1,025,111	25.2%	766,939	98.2%	1,289,311	0.1%	1,287,864	99.4%
Referring Provider NPI	1,025,111	79.2%	213,581	96.7%	1,289,311	98.6%	18,153	94.1%
CPT/HCPCS Procedure Code	1,025,111	28.4%	733,945	>99.9%	1,289,311	28.0%	927,965	>99.9%
Revenue Code	1,025,111	0.0%	1,025,111	>99.9%	1,289,311	0.0%	1,289,311	>99.9%
National Drug Code (NDC)	1,025,111	91.8%	84,113	99.0%	1,289,311	91.8%	105,307	98.9%
Diagnosis Code 1	1,025,111	0.0%	1,025,111	>99.9%	1,289,311	0.0%	1,289,311	91.5%
Diagnosis Code 2	1,025,111	8.3%	939,934	>99.9%	1,289,311	1.4%	1,271,120	95.0%
Diagnosis Code 3	1,025,111	20.9%	810,555	>99.9%	1,289,311	16.3%	1,079,149	97.0%
Diagnosis Code 4	1,025,111	34.2%	674,960	>99.9%	1,289,311	29.4%	909,684	97.8%
Diagnosis Code 5	1,025,111	46.8%	545,580	>99.9%	1,289,311	42.2%	745,524	98.0%
Diagnosis Code 6	1,025,111	57.9%	431,110	>99.9%	1,289,311	53.5%	600,081	98.2%
Diagnosis Code 7	1,025,111	65.3%	355,300	>99.9%	1,289,311	62.1%	488,227	98.4%
Diagnosis Code 8	1,025,111	70.8%	299,746	100%	1,289,311	68.3%	408,938	98.5%
Diagnosis Code 9	1,025,111	75.3%	253,594	100%	1,289,311	73.4%	342,789	98.6%
Diagnosis Code 10	1,025,111	78.9%	215,839	100%	1,289,311	77.6%	289,172	98.2%
Diagnosis Code 11	1,025,111	81.9%	185,478	100%	1,289,311	80.8%	247,543	98.3%
Diagnosis Code 12	1,025,111	84.3%	160,974	100%	1,289,311	83.4%	213,547	98.5%
Diagnosis Code 13	1,025,111	86.5%	138,067	100%	1,289,311	85.9%	182,029	98.2%
Diagnosis Code 14	1,025,111	88.2%	120,476	>99.9%	1,289,311	87.8%	157,835	98.2%
Diagnosis Code 15	1,025,111	89.9%	103,702	100%	1,289,311	89.5%	135,454	98.5%
Diagnosis Code 16	1,025,111	91.3%	89,207	100%	1,289,311	91.1%	114,696	98.3%
Diagnosis Code 17	1,025,111	92.4%	77,723	100%	1,289,311	92.4%	97,968	97.9%
Diagnosis Code 18	1,025,111	93.5%	66,985	100%	1,289,311	93.3%	85,864	98.6%
Diagnosis Code 19	1,025,111	94.8%	53,322	100%	1,289,311	95.1%	63,685	98.0%
Diagnosis Code 20	1,025,111	95.6%	44,752	100%	1,289,311	95.9%	52,763	99.0%
Diagnosis Code 21	1,025,111	96.4%	36,570	100%	1,289,311	96.5%	45,020	97.8%

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	1,025,111	97.0%	30,981	100%	1,289,311	97.1%	37,668	98.0%
Diagnosis Code 23	1,025,111	97.4%	26,359	100%	1,289,311	97.5%	31,791	99.0%
Diagnosis Code 24	1,025,111	97.7%	23,315	100%	1,289,311	98.0%	26,364	95.2%
Diagnosis Code 25	1,025,111	>99.9%	468	100%	1,289,311	98.5%	18,947	94.8%
Surgical Procedure Code 1	1,025,111	87.5%	128,530	99.9%	1,289,311	87.7%	157,953	99.9%
Surgical Procedure Code 2	1,025,111	91.7%	85,279	100%	1,289,311	87.8%	157,852	>99.9%
Surgical Procedure Code 3	1,025,111	94.4%	57,314	100%	1,289,311	87.8%	157,851	>99.9%
Surgical Procedure Code 4	1,025,111	96.2%	39,112	100%	1,289,311	87.8%	157,839	>99.9%
Surgical Procedure Code 5	1,025,111	97.6%	24,848	100%	1,289,311	87.8%	157,791	>99.9%
Surgical Procedure Code 6	1,025,111	98.2%	18,296	100%	1,289,311	87.8%	157,736	>99.9%
Surgical Procedure Code 7	1,025,111	100%	0	NA	1,289,311	87.8%	157,502	>99.9%
Surgical Procedure Code 8	1,025,111	100%	0	NA	1,289,311	87.8%	157,243	>99.9%
Surgical Procedure Code 9	1,025,111	100%	0	NA	1,289,311	87.8%	156,719	>99.9%
Surgical Procedure Code 10	1,025,111	100%	0	NA	1,289,311	87.9%	155,861	>99.9%
Surgical Procedure Code 11	1,025,111	100%	0	NA	1,289,311	88.0%	154,721	>99.9%
Surgical Procedure Code 12	1,025,111	100%	0	NA	1,289,311	88.1%	153,192	>99.9%
Surgical Procedure Code 13	1,025,111	100%	0	NA	1,289,311	88.3%	151,226	>99.9%
Surgical Procedure Code 14	1,025,111	100%	0	NA	1,289,311	88.4%	149,627	>99.9%
Surgical Procedure Code 15	1,025,111	100%	0	NA	1,289,311	88.5%	147,758	>99.9%
Surgical Procedure Code 16	1,025,111	100%	0	NA	1,289,311	88.7%	145,998	>99.9%
Surgical Procedure Code 17	1,025,111	100%	0	NA	1,289,311	88.8%	143,918	>99.9%
Surgical Procedure Code 18	1,025,111	100%	0	NA	1,289,311	89.0%	142,439	>99.9%
Surgical Procedure Code 19	1,025,111	100%	0	NA	1,289,311	89.1%	140,465	>99.9%
Surgical Procedure Code 20	1,025,111	100%	0	NA	1,289,311	89.2%	138,736	100%
Surgical Procedure Code 21	1,025,111	100%	0	NA	1,289,311	89.4%	136,336	100%
Surgical Procedure Code 22	1,025,111	100%	0	NA	1,289,311	89.5%	135,132	100%
Surgical Procedure Code 23	1,025,111	100%	0	NA	1,289,311	89.7%	133,196	100%
Surgical Procedure Code 24	1,025,111	100%	0	NA	1,289,311	89.7%	132,414	100%
Surgical Procedure Code 25	1,025,111	100%	0	NA	1,289,311	89.9%	130,302	100%

Table B-19—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: STW-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	19,085,259	<0.1%	19,084,231	>99.9%	14,384,445	0.0%	14,384,445	>99.9%
Billing Provider NPI	19,085,259	2.8%	18,542,993	97.5%	14,384,445	<0.1%	14,384,443	97.6%
Rendering Provider NPI	19,085,259	2.8%	18,544,462	98.2%	14,384,445	24.0%	10,936,241	98.9%
Referring Provider NPI	19,085,259	48.7%	9,786,667	96.9%	14,384,445	100%	0	NA
CPT/HCPCS Procedure Code	19,085,259	<0.1%	19,085,178	>99.9%	14,384,445	<0.1%	14,384,443	100%
National Drug Code (NDC)	19,085,259	96.7%	637,600	96.2%	14,384,445	96.5%	500,708	0.0%
Diagnosis Code 1	19,085,259	0.0%	19,085,259	100%	14,384,445	0.0%	14,384,445	>99.9%
Diagnosis Code 2	19,085,259	57.0%	8,202,875	100%	14,384,445	37.8%	8,950,961	>99.9%
Diagnosis Code 3	19,085,259	73.2%	5,122,767	100%	14,384,445	56.9%	6,198,732	>99.9%
Diagnosis Code 4	19,085,259	82.5%	3,338,718	100%	14,384,445	69.4%	4,401,512	>99.9%
Diagnosis Code 5	19,085,259	>99.9%	2,665	100%	14,384,445	81.6%	2,645,428	>99.9%
Diagnosis Code 6	19,085,259	>99.9%	212	100%	14,384,445	87.0%	1,872,694	>99.9%
Diagnosis Code 7	19,085,259	100%	0	NA	14,384,445	90.6%	1,353,517	100%
Diagnosis Code 8	19,085,259	100%	0	NA	14,384,445	93.0%	1,005,714	>99.9%
Diagnosis Code 9	19,085,259	100%	0	NA	14,384,445	95.1%	701,090	>99.9%
Diagnosis Code 10	19,085,259	100%	0	NA	14,384,445	96.7%	477,417	>99.9%
Diagnosis Code 11	19,085,259	100%	0	NA	14,384,445	98.1%	277,620	>99.9%
Diagnosis Code 12	19,085,259	100%	0	NA	14,384,445	98.7%	192,570	100%
Diagnosis Code 13	19,085,259	100%	0	NA	14,384,445	100%	0	NA
Diagnosis Code 14	19,085,259	100%	0	NA	14,384,445	>99.9%	2	0.0%
Diagnosis Code 15	19,085,259	100%	0	NA	14,384,445	>99.9%	2	0.0%
Diagnosis Code 16	19,085,259	100%	0	NA	14,384,445	>99.9%	2	0.0%
Diagnosis Code 17	19,085,259	100%	0	NA	14,384,445	>99.9%	1	0.0%
Diagnosis Code 18	19,085,259	100%	0	NA	14,384,445	100%	0	NA
Diagnosis Code 19	19,085,259	100%	0	NA	14,384,445	100%	0	NA
Diagnosis Code 20	19,085,259	100%	0	NA	14,384,445	100%	0	NA
Diagnosis Code 21	19,085,259	100%	0	NA	14,384,445	100%	0	NA

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	19,085,259	100%	0	NA	14,384,445	100%	0	NA
Diagnosis Code 23	19,085,259	100%	0	NA	14,384,445	100%	0	NA
Diagnosis Code 24	19,085,259	100%	0	NA	14,384,445	100%	0	NA
Diagnosis Code 25	19,085,259	100%	0	NA	14,384,445	100%	0	NA

Table B-20—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: STW-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	4,992,143	<0.1%	4,992,112	>99.9%	5,265,787	0.0%	5,265,787	>99.9%
Billing Provider NPI	4,992,143	0.6%	4,964,080	97.7%	5,265,787	0.0%	5,265,787	97.6%
Attending Provider NPI	4,992,143	26.0%	3,694,434	99.0%	5,265,787	<0.1%	5,265,728	97.0%
Referring Provider NPI	4,992,143	77.7%	1,114,551	98.7%	5,265,787	100%	0	NA
CPT/HCPCS Procedure Code	4,992,143	30.5%	3,471,517	100%	5,265,787	26.6%	3,866,059	>99.9%
Revenue Code	4,992,143	2.9%	4,849,746	>99.9%	5,265,787	0.0%	5,265,787	100%
National Drug Code (NDC)	4,992,143	88.9%	551,704	96.8%	5,265,787	87.6%	654,781	0.0%
Diagnosis Code 1	4,992,143	0.0%	4,992,143	>99.9%	5,265,787	0.0%	5,265,787	>99.9%
Diagnosis Code 2	4,992,143	19.6%	4,014,162	>99.9%	5,265,787	<0.1%	5,264,967	>99.9%
Diagnosis Code 3	4,992,143	36.7%	3,160,603	>99.9%	5,265,787	12.6%	4,602,797	>99.9%
Diagnosis Code 4	4,992,143	49.9%	2,501,894	>99.9%	5,265,787	26.2%	3,886,357	>99.9%
Diagnosis Code 5	4,992,143	60.0%	1,997,508	>99.9%	5,265,787	40.4%	3,138,996	>99.9%
Diagnosis Code 6	4,992,143	67.9%	1,603,127	100%	5,265,787	52.5%	2,498,819	>99.9%
Diagnosis Code 7	4,992,143	73.3%	1,331,897	>99.9%	5,265,787	63.3%	1,933,256	100%
Diagnosis Code 8	4,992,143	77.4%	1,128,311	>99.9%	5,265,787	70.5%	1,555,937	>99.9%
Diagnosis Code 9	4,992,143	80.6%	968,281	>99.9%	5,265,787	75.4%	1,293,895	>99.9%
Diagnosis Code 10	4,992,143	83.3%	835,652	>99.9%	5,265,787	79.2%	1,096,483	>99.9%
Diagnosis Code 11	4,992,143	85.5%	723,509	>99.9%	5,265,787	82.1%	943,987	>99.9%
Diagnosis Code 12	4,992,143	87.4%	629,984	>99.9%	5,265,787	84.5%	817,253	>99.9%
Diagnosis Code 13	4,992,143	89.1%	544,944	>99.9%	5,265,787	86.5%	711,836	>99.9%
Diagnosis Code 14	4,992,143	90.6%	469,816	>99.9%	5,265,787	88.3%	618,188	>99.9%
Diagnosis Code 15	4,992,143	91.9%	405,056	>99.9%	5,265,787	89.8%	535,380	>99.9%
Diagnosis Code 16	4,992,143	93.0%	349,317	>99.9%	5,265,787	91.2%	465,075	>99.9%
Diagnosis Code 17	4,992,143	94.0%	301,104	>99.9%	5,265,787	92.3%	404,082	>99.9%
Diagnosis Code 18	4,992,143	95.0%	249,870	>99.9%	5,265,787	93.3%	351,214	>99.9%
Diagnosis Code 19	4,992,143	95.9%	204,346	>99.9%	5,265,787	94.4%	293,930	>99.9%
Diagnosis Code 20	4,992,143	96.4%	178,278	>99.9%	5,265,787	95.3%	245,808	99.9%
Diagnosis Code 21	4,992,143	96.9%	154,097	99.9%	5,265,787	96.0%	212,173	>99.9%

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	4,992,143	97.4%	131,533	>99.9%	5,265,787	96.5%	184,325	>99.9%
Diagnosis Code 23	4,992,143	97.7%	112,689	100%	5,265,787	97.0%	158,640	99.9%
Diagnosis Code 24	4,992,143	98.0%	97,680	100%	5,265,787	97.5%	134,043	100%
Diagnosis Code 25	4,992,143	98.6%	68,782	100%	5,265,787	97.8%	117,269	100%
Surgical Procedure Code 1	4,992,143	87.5%	626,367	>99.9%	5,265,787	87.9%	638,294	>99.9%
Surgical Procedure Code 2	4,992,143	92.1%	394,803	>99.9%	5,265,787	92.3%	404,155	99.9%
Surgical Procedure Code 3	4,992,143	95.3%	234,109	>99.9%	5,265,787	95.4%	243,619	>99.9%
Surgical Procedure Code 4	4,992,143	97.1%	143,109	>99.9%	5,265,787	97.1%	151,183	>99.9%
Surgical Procedure Code 5	4,992,143	98.2%	92,027	>99.9%	5,265,787	98.1%	99,751	100%
Surgical Procedure Code 6	4,992,143	98.7%	63,680	100%	5,265,787	98.7%	70,714	>99.9%
Surgical Procedure Code 7	4,992,143	100%	0	NA	5,265,787	99.1%	46,085	100%
Surgical Procedure Code 8	4,992,143	100%	0	NA	5,265,787	99.3%	34,705	100%
Surgical Procedure Code 9	4,992,143	100%	0	NA	5,265,787	99.5%	27,038	100%
Surgical Procedure Code 10	4,992,143	100%	0	NA	5,265,787	99.6%	21,288	100%
Surgical Procedure Code 11	4,992,143	100%	0	NA	5,265,787	99.7%	17,267	100%
Surgical Procedure Code 12	4,992,143	100%	0	NA	5,265,787	99.7%	13,779	100%
Surgical Procedure Code 13	4,992,143	100%	0	NA	5,265,787	99.8%	11,083	100%
Surgical Procedure Code 14	4,992,143	100%	0	NA	5,265,787	99.8%	8,958	100%
Surgical Procedure Code 15	4,992,143	100%	0	NA	5,265,787	99.9%	7,821	100%
Surgical Procedure Code 16	4,992,143	100%	0	NA	5,265,787	99.9%	6,596	100%
Surgical Procedure Code 17	4,992,143	100%	0	NA	5,265,787	99.9%	5,396	100%
Surgical Procedure Code 18	4,992,143	100%	0	NA	5,265,787	99.9%	4,730	100%
Surgical Procedure Code 19	4,992,143	100%	0	NA	5,265,787	99.9%	4,173	99.1%
Surgical Procedure Code 20	4,992,143	100%	0	NA	5,265,787	99.9%	3,513	100%
Surgical Procedure Code 21	4,992,143	100%	0	NA	5,265,787	99.9%	2,704	100%
Surgical Procedure Code 22	4,992,143	100%	0	NA	5,265,787	>99.9%	2,091	100%
Surgical Procedure Code 23	4,992,143	100%	0	NA	5,265,787	>99.9%	1,634	100%
Surgical Procedure Code 24	4,992,143	100%	0	NA	5,265,787	>99.9%	1,406	100%
Surgical Procedure Code 25	4,992,143	100%	0	NA	5,265,787	>99.9%	486	100%

Table B-21—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: SUN-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	13,707,614	<0.1%	13,706,614	99.6%	11,097,415	0.0%	11,097,415	99.6%
Billing Provider NPI	13,707,614	2.9%	13,303,524	98.1%	11,097,415	1.6%	10,920,023	97.0%
Rendering Provider NPI	13,707,614	2.9%	13,305,727	98.4%	11,097,415	1.0%	10,991,104	97.1%
Referring Provider NPI	13,707,614	53.9%	6,318,925	95.9%	11,097,415	42.3%	6,404,363	92.3%
CPT/HCPCS Procedure Code	13,707,614	<0.1%	13,707,589	>99.9%	11,097,415	<0.1%	11,097,412	>99.9%
National Drug Code (NDC)	13,707,614	98.5%	201,934	96.9%	11,097,415	98.4%	180,602	96.0%
Diagnosis Code 1	13,707,614	0.0%	13,707,614	>99.9%	11,097,415	0.0%	11,097,415	95.9%
Diagnosis Code 2	13,707,614	53.5%	6,378,433	>99.9%	11,097,415	53.0%	5,212,260	96.8%
Diagnosis Code 3	13,707,614	69.9%	4,124,598	>99.9%	11,097,415	70.4%	3,282,385	97.5%
Diagnosis Code 4	13,707,614	79.8%	2,767,345	>99.9%	11,097,415	80.9%	2,124,904	97.7%
Diagnosis Code 5	13,707,614	>99.9%	90	100%	11,097,415	85.8%	1,578,762	98.2%
Diagnosis Code 6	13,707,614	>99.9%	18	100%	11,097,415	89.8%	1,130,188	98.2%
Diagnosis Code 7	13,707,614	100%	0	NA	11,097,415	92.3%	854,535	98.3%
Diagnosis Code 8	13,707,614	100%	0	NA	11,097,415	94.0%	668,484	98.4%
Diagnosis Code 9	13,707,614	100%	0	NA	11,097,415	95.7%	479,193	98.1%
Diagnosis Code 10	13,707,614	100%	0	NA	11,097,415	97.0%	335,202	97.9%
Diagnosis Code 11	13,707,614	100%	0	NA	11,097,415	98.5%	171,783	96.6%
Diagnosis Code 12	13,707,614	100%	0	NA	11,097,415	98.9%	127,185	96.2%
Diagnosis Code 13	13,707,614	100%	0	NA	11,097,415	100%	0	NA
Diagnosis Code 14	13,707,614	100%	0	NA	11,097,415	100%	0	NA
Diagnosis Code 15	13,707,614	100%	0	NA	11,097,415	100%	0	NA
Diagnosis Code 16	13,707,614	100%	0	NA	11,097,415	100%	0	NA
Diagnosis Code 17	13,707,614	100%	0	NA	11,097,415	100%	0	NA
Diagnosis Code 18	13,707,614	100%	0	NA	11,097,415	100%	0	NA
Diagnosis Code 19	13,707,614	100%	0	NA	11,097,415	100%	0	NA
Diagnosis Code 20	13,707,614	100%	0	NA	11,097,415	100%	0	NA
Diagnosis Code 21	13,707,614	100%	0	NA	11,097,415	100%	0	NA

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	13,707,614	100%	0	NA	11,097,415	100%	0	NA
Diagnosis Code 23	13,707,614	100%	0	NA	11,097,415	100%	0	NA
Diagnosis Code 24	13,707,614	100%	0	NA	11,097,415	100%	0	NA
Diagnosis Code 25	13,707,614	100%	0	NA	11,097,415	100%	0	NA

Table B-22—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: SUN-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	3,981,359	<0.1%	3,981,340	99.8%	4,252,967	0.0%	4,252,967	99.9%
Billing Provider NPI	3,981,359	0.2%	3,975,150	98.4%	4,252,967	0.3%	4,241,926	98.7%
Attending Provider NPI	3,981,359	26.1%	2,942,567	98.9%	4,252,967	<0.1%	4,252,896	97.0%
Referring Provider NPI	3,981,359	77.0%	915,072	98.2%	4,252,967	>99.9%	369	95.1%
CPT/HCPCS Procedure Code	3,981,359	32.9%	2,671,797	>99.9%	4,252,967	27.3%	3,092,743	>99.9%
Revenue Code	3,981,359	3.0%	3,863,692	>99.9%	4,252,967	0.0%	4,252,967	>99.9%
National Drug Code (NDC)	3,981,359	89.1%	434,411	97.0%	4,252,967	86.9%	555,277	98.0%
Diagnosis Code 1	3,981,359	0.0%	3,981,359	>99.9%	4,252,967	0.0%	4,252,967	91.4%
Diagnosis Code 2	3,981,359	20.8%	3,151,300	100%	4,252,967	18.5%	3,466,535	95.9%
Diagnosis Code 3	3,981,359	38.7%	2,438,737	100%	4,252,967	34.8%	2,773,368	97.4%
Diagnosis Code 4	3,981,359	51.8%	1,917,350	100%	4,252,967	47.2%	2,244,378	97.9%
Diagnosis Code 5	3,981,359	61.6%	1,527,544	100%	4,252,967	57.5%	1,807,341	98.1%
Diagnosis Code 6	3,981,359	69.5%	1,215,648	100%	4,252,967	67.6%	1,377,423	98.1%
Diagnosis Code 7	3,981,359	74.7%	1,007,143	100%	4,252,967	73.7%	1,119,041	98.0%
Diagnosis Code 8	3,981,359	78.7%	849,599	100%	4,252,967	77.9%	938,668	98.3%
Diagnosis Code 9	3,981,359	81.7%	726,665	100%	4,252,967	81.1%	802,159	98.3%
Diagnosis Code 10	3,981,359	84.3%	625,183	>99.9%	4,252,967	83.8%	690,314	98.0%
Diagnosis Code 11	3,981,359	86.4%	539,677	100%	4,252,967	85.9%	597,989	98.3%
Diagnosis Code 12	3,981,359	88.3%	467,624	100%	4,252,967	87.8%	518,905	98.3%
Diagnosis Code 13	3,981,359	89.9%	401,993	100%	4,252,967	89.5%	445,195	49.5%
Diagnosis Code 14	3,981,359	91.4%	343,789	100%	4,252,967	91.0%	382,019	81.3%
Diagnosis Code 15	3,981,359	92.5%	299,507	100%	4,252,967	92.2%	331,816	81.1%
Diagnosis Code 16	3,981,359	93.5%	257,828	100%	4,252,967	93.3%	286,394	98.2%
Diagnosis Code 17	3,981,359	94.4%	222,089	100%	4,252,967	94.2%	246,352	98.0%
Diagnosis Code 18	3,981,359	95.3%	186,791	100%	4,252,967	95.2%	205,680	97.9%
Diagnosis Code 19	3,981,359	96.1%	154,525	100%	4,252,967	96.0%	170,338	97.7%
Diagnosis Code 20	3,981,359	96.6%	133,913	100%	4,252,967	96.5%	147,101	97.8%
Diagnosis Code 21	3,981,359	97.1%	116,008	100%	4,252,967	97.0%	127,395	97.8%

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	3,981,359	97.5%	100,741	100%	4,252,967	97.4%	110,570	97.8%
Diagnosis Code 23	3,981,359	97.9%	84,995	100%	4,252,967	97.8%	93,648	97.5%
Diagnosis Code 24	3,981,359	98.2%	72,474	100%	4,252,967	98.1%	80,156	97.7%
Diagnosis Code 25	3,981,359	98.7%	51,425	100%	4,252,967	98.6%	57,998	97.5%
Surgical Procedure Code 1	3,981,359	86.6%	533,893	100%	4,252,967	88.2%	501,471	>99.9%
Surgical Procedure Code 2	3,981,359	91.7%	331,712	100%	4,252,967	92.7%	309,847	>99.9%
Surgical Procedure Code 3	3,981,359	95.0%	197,962	100%	4,252,967	95.7%	184,492	100%
Surgical Procedure Code 4	3,981,359	96.9%	123,344	100%	4,252,967	97.3%	114,850	100%
Surgical Procedure Code 5	3,981,359	97.9%	81,853	100%	4,252,967	98.2%	75,406	100%
Surgical Procedure Code 6	3,981,359	98.5%	59,838	100%	4,252,967	98.7%	54,111	100%
Surgical Procedure Code 7	3,981,359	100%	0	NA	4,252,967	99.2%	34,518	100%
Surgical Procedure Code 8	3,981,359	100%	0	NA	4,252,967	99.4%	26,837	100%
Surgical Procedure Code 9	3,981,359	100%	0	NA	4,252,967	99.5%	21,027	100%
Surgical Procedure Code 10	3,981,359	100%	0	NA	4,252,967	99.6%	16,756	100%
Surgical Procedure Code 11	3,981,359	100%	0	NA	4,252,967	99.7%	13,266	100%
Surgical Procedure Code 12	3,981,359	100%	0	NA	4,252,967	99.7%	11,274	100%
Surgical Procedure Code 13	3,981,359	100%	0	NA	4,252,967	99.8%	9,297	100%
Surgical Procedure Code 14	3,981,359	100%	0	NA	4,252,967	99.8%	8,079	100%
Surgical Procedure Code 15	3,981,359	100%	0	NA	4,252,967	99.8%	6,962	100%
Surgical Procedure Code 16	3,981,359	100%	0	NA	4,252,967	99.9%	5,737	100%
Surgical Procedure Code 17	3,981,359	100%	0	NA	4,252,967	99.9%	4,924	100%
Surgical Procedure Code 18	3,981,359	100%	0	NA	4,252,967	99.9%	4,161	100%
Surgical Procedure Code 19	3,981,359	100%	0	NA	4,252,967	99.9%	3,604	100%
Surgical Procedure Code 20	3,981,359	100%	0	NA	4,252,967	99.9%	2,954	100%
Surgical Procedure Code 21	3,981,359	100%	0	NA	4,252,967	99.9%	2,697	100%
Surgical Procedure Code 22	3,981,359	100%	0	NA	4,252,967	99.9%	2,500	100%
Surgical Procedure Code 23	3,981,359	100%	0	NA	4,252,967	>99.9%	2,094	100%
Surgical Procedure Code 24	3,981,359	100%	0	NA	4,252,967	>99.9%	1,759	100%
Surgical Procedure Code 25	3,981,359	100%	0	NA	4,252,967	>99.9%	1,613	100%

Table B-23—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: SUN-S

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	970,163	0.0%	970,163	>99.9%	1,131,240	0.0%	1,131,240	>99.9%
Billing Provider NPI	970,163	0.3%	966,891	98.9%	1,131,240	0.0%	1,131,240	97.8%
Rendering Provider NPI	970,163	0.2%	968,485	99.1%	1,131,240	0.7%	1,123,332	99.2%
Referring Provider NPI	970,163	82.8%	166,935	98.8%	1,131,240	77.4%	255,219	96.8%
CPT/HCPCS Procedure Code	970,163	0.0%	970,163	100%	1,131,240	<0.1%	1,131,238	>99.9%
National Drug Code (NDC)	970,163	98.6%	13,251	96.4%	1,131,240	98.6%	15,501	96.6%
Diagnosis Code 1	970,163	0.0%	970,163	>99.9%	1,131,240	0.0%	1,131,240	97.5%
Diagnosis Code 2	970,163	77.5%	218,746	100%	1,131,240	76.4%	266,824	96.2%
Diagnosis Code 3	970,163	89.3%	103,768	>99.9%	1,131,240	88.5%	129,794	96.8%
Diagnosis Code 4	970,163	94.5%	53,138	100%	1,131,240	94.2%	65,838	96.6%
Diagnosis Code 5	970,163	>99.9%	2	100%	1,131,240	93.4%	75,044	98.6%
Diagnosis Code 6	970,163	100%	0	NA	1,131,240	95.9%	46,225	98.6%
Diagnosis Code 7	970,163	100%	0	NA	1,131,240	97.5%	28,576	98.4%
Diagnosis Code 8	970,163	100%	0	NA	1,131,240	98.4%	17,663	98.3%
Diagnosis Code 9	970,163	100%	0	NA	1,131,240	99.2%	8,984	97.9%
Diagnosis Code 10	970,163	100%	0	NA	1,131,240	99.5%	5,178	97.1%
Diagnosis Code 11	970,163	100%	0	NA	1,131,240	99.7%	2,986	94.4%
Diagnosis Code 12	970,163	100%	0	NA	1,131,240	99.8%	1,714	96.4%
Diagnosis Code 13	970,163	100%	0	NA	1,131,240	100%	0	NA
Diagnosis Code 14	970,163	100%	0	NA	1,131,240	100%	0	NA
Diagnosis Code 15	970,163	100%	0	NA	1,131,240	100%	0	NA
Diagnosis Code 16	970,163	100%	0	NA	1,131,240	100%	0	NA
Diagnosis Code 17	970,163	100%	0	NA	1,131,240	100%	0	NA
Diagnosis Code 18	970,163	100%	0	NA	1,131,240	100%	0	NA
Diagnosis Code 19	970,163	100%	0	NA	1,131,240	100%	0	NA
Diagnosis Code 20	970,163	100%	0	NA	1,131,240	100%	0	NA
Diagnosis Code 21	970,163	100%	0	NA	1,131,240	100%	0	NA

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	970,163	100%	0	NA	1,131,240	100%	0	NA
Diagnosis Code 23	970,163	100%	0	NA	1,131,240	100%	0	NA
Diagnosis Code 24	970,163	100%	0	NA	1,131,240	100%	0	NA
Diagnosis Code 25	970,163	100%	0	NA	1,131,240	100%	0	NA

Table B-24—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: SUN-S

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	171,450	0.0%	171,450	99.9%	192,472	0.0%	192,472	100%
Billing Provider NPI	171,450	0.1%	171,202	99.0%	192,472	0.1%	192,273	98.5%
Attending Provider NPI	171,450	24.2%	129,971	99.4%	192,472	<0.1%	192,463	98.9%
Referring Provider NPI	171,450	77.8%	38,133	99.1%	192,472	>99.9%	1	100%
CPT/HCPCS Procedure Code	171,450	27.0%	125,175	100%	192,472	26.2%	141,998	>99.9%
Revenue Code	171,450	<0.1%	171,444	>99.9%	192,472	0.0%	192,472	>99.9%
National Drug Code (NDC)	171,450	91.1%	15,184	96.5%	192,472	91.4%	16,579	96.9%
Diagnosis Code 1	171,450	0.0%	171,450	100%	192,472	0.0%	192,472	86.9%
Diagnosis Code 2	171,450	36.2%	109,397	100%	192,472	35.1%	124,888	93.2%
Diagnosis Code 3	171,450	60.0%	68,497	100%	192,472	59.3%	78,319	95.1%
Diagnosis Code 4	171,450	74.3%	44,041	100%	192,472	73.5%	51,037	95.4%
Diagnosis Code 5	171,450	83.0%	29,137	100%	192,472	82.2%	34,266	95.7%
Diagnosis Code 6	171,450	88.4%	19,915	100%	192,472	87.9%	23,340	95.6%
Diagnosis Code 7	171,450	91.9%	13,886	100%	192,472	91.5%	16,286	94.6%
Diagnosis Code 8	171,450	94.2%	9,924	100%	192,472	93.9%	11,739	94.7%
Diagnosis Code 9	171,450	95.9%	7,057	100%	192,472	95.6%	8,431	94.1%
Diagnosis Code 10	171,450	96.8%	5,468	100%	192,472	96.6%	6,552	95.1%
Diagnosis Code 11	171,450	97.5%	4,336	100%	192,472	97.3%	5,109	92.8%
Diagnosis Code 12	171,450	98.3%	2,997	>99.9%	192,472	98.1%	3,629	93.9%
Diagnosis Code 13	171,450	98.7%	2,301	100%	192,472	98.5%	2,858	46.3%
Diagnosis Code 14	171,450	98.9%	1,815	100%	192,472	98.8%	2,306	77.3%
Diagnosis Code 15	171,450	99.2%	1,454	100%	192,472	99.1%	1,818	79.0%
Diagnosis Code 16	171,450	99.3%	1,170	100%	192,472	99.2%	1,471	92.5%
Diagnosis Code 17	171,450	99.4%	953	100%	192,472	99.4%	1,210	91.0%
Diagnosis Code 18	171,450	99.6%	739	100%	192,472	99.5%	959	94.9%
Diagnosis Code 19	171,450	99.7%	599	100%	192,472	99.6%	782	94.2%
Diagnosis Code 20	171,450	99.7%	471	100%	192,472	99.7%	601	93.7%
Diagnosis Code 21	171,450	99.8%	293	100%	192,472	99.8%	410	100%

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	171,450	99.9%	175	100%	192,472	99.8%	302	96.7%
Diagnosis Code 23	171,450	99.9%	175	100%	192,472	99.9%	256	96.1%
Diagnosis Code 24	171,450	99.9%	123	100%	192,472	99.9%	201	95.5%
Diagnosis Code 25	171,450	99.9%	122	100%	192,472	99.9%	181	95.0%
Surgical Procedure Code 1	171,450	95.6%	7,483	100%	192,472	95.6%	8,396	100%
Surgical Procedure Code 2	171,450	97.4%	4,435	100%	192,472	97.4%	4,960	100%
Surgical Procedure Code 3	171,450	98.3%	2,985	100%	192,472	98.3%	3,293	100%
Surgical Procedure Code 4	171,450	98.8%	2,032	100%	192,472	98.9%	2,154	100%
Surgical Procedure Code 5	171,450	99.3%	1,255	100%	192,472	99.3%	1,341	100%
Surgical Procedure Code 6	171,450	99.5%	819	100%	192,472	99.5%	917	100%
Surgical Procedure Code 7	171,450	100%	0	NA	192,472	99.8%	461	100%
Surgical Procedure Code 8	171,450	100%	0	NA	192,472	99.9%	278	100%
Surgical Procedure Code 9	171,450	100%	0	NA	192,472	99.9%	236	100%
Surgical Procedure Code 10	171,450	100%	0	NA	192,472	99.9%	193	100%
Surgical Procedure Code 11	171,450	100%	0	NA	192,472	99.9%	142	100%
Surgical Procedure Code 12	171,450	100%	0	NA	192,472	99.9%	109	100%
Surgical Procedure Code 13	171,450	100%	0	NA	192,472	99.9%	109	100%
Surgical Procedure Code 14	171,450	100%	0	NA	192,472	99.9%	109	100%
Surgical Procedure Code 15	171,450	100%	0	NA	192,472	99.9%	109	100%
Surgical Procedure Code 16	171,450	100%	0	NA	192,472	>99.9%	86	100%
Surgical Procedure Code 17	171,450	100%	0	NA	192,472	>99.9%	54	100%
Surgical Procedure Code 18	171,450	100%	0	NA	192,472	>99.9%	54	100%
Surgical Procedure Code 19	171,450	100%	0	NA	192,472	100%	0	NA
Surgical Procedure Code 20	171,450	100%	0	NA	192,472	100%	0	NA
Surgical Procedure Code 21	171,450	100%	0	NA	192,472	100%	0	NA
Surgical Procedure Code 22	171,450	100%	0	NA	192,472	100%	0	NA
Surgical Procedure Code 23	171,450	100%	0	NA	192,472	100%	0	NA
Surgical Procedure Code 24	171,450	100%	0	NA	192,472	100%	0	NA
Surgical Procedure Code 25	171,450	100%	0	NA	192,472	100%	0	NA

Table B-25—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Professional Encounters: URA-M

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	9,264,472	<0.1%	9,264,446	99.9%	7,548,018	0.0%	7,548,018	>99.9%
Billing Provider NPI	9,264,472	2.4%	9,045,635	97.8%	7,548,018	5.1%	7,162,394	97.5%
Rendering Provider NPI	9,264,472	2.4%	9,045,634	98.3%	7,548,018	36.3%	4,808,067	96.9%
Referring Provider NPI	9,264,472	50.8%	4,560,517	94.4%	7,548,018	51.4%	3,668,977	90.8%
CPT/HCPCS Procedure Code	9,264,472	<0.1%	9,264,408	>99.9%	7,548,018	0.0%	7,548,018	>99.9%
National Drug Code (NDC)	9,264,472	98.9%	101,261	97.1%	7,548,018	99.0%	74,404	97.2%
Diagnosis Code 1	9,264,472	0.0%	9,264,472	>99.9%	7,548,018	0.0%	7,548,018	>99.9%
Diagnosis Code 2	9,264,472	62.7%	3,452,283	>99.9%	7,548,018	48.5%	3,884,824	>99.9%
Diagnosis Code 3	9,264,472	76.7%	2,154,565	>99.9%	7,548,018	64.8%	2,653,302	>99.9%
Diagnosis Code 4	9,264,472	84.8%	1,408,924	>99.9%	7,548,018	75.0%	1,886,537	>99.9%
Diagnosis Code 5	9,264,472	>99.9%	356	100%	7,548,018	84.5%	1,168,770	>99.9%
Diagnosis Code 6	9,264,472	>99.9%	58	100%	7,548,018	88.8%	845,606	>99.9%
Diagnosis Code 7	9,264,472	100%	0	NA	7,548,018	92.0%	607,372	>99.9%
Diagnosis Code 8	9,264,472	100%	0	NA	7,548,018	94.0%	449,664	>99.9%
Diagnosis Code 9	9,264,472	100%	0	NA	7,548,018	96.4%	273,393	100%
Diagnosis Code 10	9,264,472	100%	0	NA	7,548,018	97.7%	170,968	100%
Diagnosis Code 11	9,264,472	100%	0	NA	7,548,018	98.9%	79,263	100%
Diagnosis Code 12	9,264,472	100%	0	NA	7,548,018	99.3%	49,308	100%
Diagnosis Code 13	9,264,472	100%	0	NA	7,548,018	100%	0	NA
Diagnosis Code 14	9,264,472	100%	0	NA	7,548,018	100%	0	NA
Diagnosis Code 15	9,264,472	100%	0	NA	7,548,018	100%	0	NA
Diagnosis Code 16	9,264,472	100%	0	NA	7,548,018	100%	0	NA
Diagnosis Code 17	9,264,472	100%	0	NA	7,548,018	100%	0	NA
Diagnosis Code 18	9,264,472	100%	0	NA	7,548,018	100%	0	NA
Diagnosis Code 19	9,264,472	100%	0	NA	7,548,018	100%	0	NA
Diagnosis Code 20	9,264,472	100%	0	NA	7,548,018	100%	0	NA
Diagnosis Code 21	9,264,472	100%	0	NA	7,548,018	100%	0	NA

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	9,264,472	100%	0	NA	7,548,018	100%	0	NA
Diagnosis Code 23	9,264,472	100%	0	NA	7,548,018	100%	0	NA
Diagnosis Code 24	9,264,472	100%	0	NA	7,548,018	100%	0	NA
Diagnosis Code 25	9,264,472	100%	0	NA	7,548,018	100%	0	NA

Table B-26—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid) for Institutional Encounters: URA-M

Data Element	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Enrollee ID	1,925,903	<0.1%	1,925,897	>99.9%	2,322,634	0.0%	2,322,634	>99.9%
Billing Provider NPI	1,925,903	0.3%	1,919,901	99.8%	2,322,634	0.2%	2,319,069	97.3%
Attending Provider NPI	1,925,903	32.9%	1,291,681	98.7%	2,322,634	0.9%	2,302,320	96.0%
Referring Provider NPI	1,925,903	71.0%	558,135	98.3%	2,322,634	97.2%	64,713	92.3%
CPT/HCPCS Procedure Code	1,925,903	34.6%	1,259,196	>99.9%	2,322,634	31.7%	1,587,239	>99.9%
Revenue Code	1,925,903	5.8%	1,814,077	>99.9%	2,322,634	0.0%	2,322,634	100%
National Drug Code (NDC)	1,925,903	92.1%	151,727	97.3%	2,322,634	92.3%	179,536	97.7%
Diagnosis Code 1	1,925,903	0.0%	1,925,903	>99.9%	2,322,634	0.0%	2,322,634	>99.9%
Diagnosis Code 2	1,925,903	21.9%	1,504,649	>99.9%	2,322,634	19.0%	1,880,526	>99.9%
Diagnosis Code 3	1,925,903	39.8%	1,158,756	100%	2,322,634	34.6%	1,518,721	100%
Diagnosis Code 4	1,925,903	53.2%	900,674	>99.9%	2,322,634	46.7%	1,237,012	>99.9%
Diagnosis Code 5	1,925,903	62.9%	715,314	>99.9%	2,322,634	55.9%	1,024,730	>99.9%
Diagnosis Code 6	1,925,903	69.7%	583,551	>99.9%	2,322,634	62.9%	862,287	>99.9%
Diagnosis Code 7	1,925,903	74.7%	486,508	>99.9%	2,322,634	68.2%	739,388	>99.9%
Diagnosis Code 8	1,925,903	78.6%	412,254	>99.9%	2,322,634	72.3%	643,679	>99.9%
Diagnosis Code 9	1,925,903	81.8%	351,030	>99.9%	2,322,634	75.7%	563,544	>99.9%
Diagnosis Code 10	1,925,903	84.4%	300,502	>99.9%	2,322,634	78.7%	494,121	>99.9%
Diagnosis Code 11	1,925,903	86.5%	259,502	>99.9%	2,322,634	81.1%	437,905	>99.9%
Diagnosis Code 12	1,925,903	88.3%	225,372	>99.9%	2,322,634	83.3%	388,473	>99.9%
Diagnosis Code 13	1,925,903	89.9%	194,198	100%	2,322,634	100%	0	NA
Diagnosis Code 14	1,925,903	91.5%	163,714	>99.9%	2,322,634	100%	0	NA
Diagnosis Code 15	1,925,903	92.7%	141,274	100%	2,322,634	100%	0	NA
Diagnosis Code 16	1,925,903	93.7%	122,072	100%	2,322,634	100%	0	NA
Diagnosis Code 17	1,925,903	94.5%	105,687	>99.9%	2,322,634	100%	0	NA
Diagnosis Code 18	1,925,903	95.4%	89,052	>99.9%	2,322,634	100%	0	NA
Diagnosis Code 19	1,925,903	96.3%	71,304	>99.9%	2,322,634	100%	0	NA
Diagnosis Code 20	1,925,903	96.8%	61,460	100%	2,322,634	100%	0	NA
Diagnosis Code 21	1,925,903	97.3%	51,582	100%	2,322,634	100%	0	NA

	AHCA-Submitted Data				Plan-Submitted Data			
	Percent Not Populated		Percent Valid		Percent Not Populated		Percent Valid	
Data Element	Denominator	Percent	Denominator	Percent Valid	Denominator	Percent	Denominator	Percent Valid
Diagnosis Code 22	1,925,903	97.7%	44,478	100%	2,322,634	100%	0	NA
Diagnosis Code 23	1,925,903	98.0%	37,960	100%	2,322,634	100%	0	NA
Diagnosis Code 24	1,925,903	98.3%	32,685	100%	2,322,634	100%	0	NA
Diagnosis Code 25	1,925,903	98.8%	23,012	100%	2,322,634	100%	0	NA
Surgical Procedure Code 1	1,925,903	84.5%	297,714	>99.9%	2,322,634	84.4%	362,215	>99.9%
Surgical Procedure Code 2	1,925,903	90.5%	183,333	100%	2,322,634	90.3%	226,368	>99.9%
Surgical Procedure Code 3	1,925,903	94.5%	106,329	100%	2,322,634	94.2%	135,155	>99.9%
Surgical Procedure Code 4	1,925,903	96.7%	64,500	>99.9%	2,322,634	96.4%	84,504	>99.9%
Surgical Procedure Code 5	1,925,903	98.0%	39,353	>99.9%	2,322,634	97.7%	52,855	99.9%
Surgical Procedure Code 6	1,925,903	98.6%	26,285	>99.9%	2,322,634	98.5%	35,534	99.9%
Surgical Procedure Code 7	1,925,903	100%	0	NA	2,322,634	99.0%	22,375	100%
Surgical Procedure Code 8	1,925,903	100%	0	NA	2,322,634	99.3%	16,919	100%
Surgical Procedure Code 9	1,925,903	100%	0	NA	2,322,634	99.5%	12,688	100%
Surgical Procedure Code 10	1,925,903	100%	0	NA	2,322,634	99.6%	9,729	100%
Surgical Procedure Code 11	1,925,903	100%	0	NA	2,322,634	99.7%	7,755	100%
Surgical Procedure Code 12	1,925,903	100%	0	NA	2,322,634	99.7%	6,145	100%
Surgical Procedure Code 13	1,925,903	100%	0	NA	2,322,634	99.8%	4,930	100%
Surgical Procedure Code 14	1,925,903	100%	0	NA	2,322,634	100%	0	NA
Surgical Procedure Code 15	1,925,903	100%	0	NA	2,322,634	100%	0	NA
Surgical Procedure Code 16	1,925,903	100%	0	NA	2,322,634	100%	0	NA
Surgical Procedure Code 17	1,925,903	100%	0	NA	2,322,634	100%	0	NA
Surgical Procedure Code 18	1,925,903	100%	0	NA	2,322,634	100%	0	NA
Surgical Procedure Code 19	1,925,903	100%	0	NA	2,322,634	100%	0	NA
Surgical Procedure Code 20	1,925,903	100%	0	NA	2,322,634	100%	0	NA
Surgical Procedure Code 21	1,925,903	100%	0	NA	2,322,634	100%	0	NA
Surgical Procedure Code 22	1,925,903	100%	0	NA	2,322,634	100%	0	NA
Surgical Procedure Code 23	1,925,903	100%	0	NA	2,322,634	100%	0	NA
Surgical Procedure Code 24	1,925,903	100%	0	NA	2,322,634	100%	0	NA
Surgical Procedure Code 25	1,925,903	100%	0	NA	2,322,634	100%	0	NA

Appendix C: Comparative Analysis

This appendix contains detailed comparative analysis results for each plan.

Table C-1—Record Omission and Surplus: CCP-M

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	1,122,880	85,264	7.6%	1,084,085	46,469	4.3%
Institutional	347,997	42,226	12.1%	307,394	1,623	0.5%

Table C-2—Element Omission, Surplus, and Accuracy—Professional Encounters: CCP-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	1,037,616	5	<0.1%	0	0.0%	1,037,611	1,037,473	>99.9%
Detail Service From Date	1,037,616	0	0.0%	0	0.0%	1,037,616	965,613	93.1%
Detail Service To Date	1,037,616	0	0.0%	1,037,065	99.9%	551	468	84.9%
Billing Provider NPI	1,037,616	2,623	0.3%	0	0.0%	1,034,993	981,244	94.8%
Rendering Provider NPI	1,037,616	2,199	0.2%	194,504	18.7%	839,850	826,318	98.4%
Referring Provider NPI	1,037,616	99,350	9.6%	1	<0.1%	323,542	312,637	96.6%
Detail Paid Amount	1,037,616	0	0.0%	0	0.0%	1,037,616	1,031,962	99.5%
Header Paid Amount	1,037,616	0	0.0%	0	0.0%	1,037,616	806,550	77.7%
CPT/HCPCS Procedure Code	1,037,616	0	0.0%	0	0.0%	1,037,616	1,034,857	99.7%
Modifier 1	1,037,616	1,351	0.1%	1,421	0.1%	298,176	297,156	99.7%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Modifier 2	1,037,616	530	0.1%	568	0.1%	11,948	11,598	97.1%
Modifier 3	1,037,616	48	<0.1%	46	<0.1%	1,294	1,262	97.5%
Modifier 4	1,037,616	3	<0.1%	24	<0.1%	252	252	100%
National Drug Code (NDC)	1,037,616	235	<0.1%	0	0.0%	1,376	1,248	90.7%
Drug Quantity	1,037,616	1,611	0.2%	0	0.0%	0	0	NA
Diagnosis Code 1	1,037,616	0	0.0%	0	0.0%	1,037,616	852,576	82.2%
Diagnosis Code 2	1,037,616	259,347	25.0%	0	0.0%	442,414	399,316	90.3%
Diagnosis Code 3	1,037,616	223,026	21.5%	0	0.0%	272,763	246,767	90.5%
Diagnosis Code 4	1,037,616	173,642	16.7%	0	0.0%	177,166	159,199	89.9%
Diagnosis Code 5	1,037,616	218,300	21.0%	0	0.0%	29	0	0.0%
Diagnosis Code 6	1,037,616	158,580	15.3%	0	0.0%	3	0	0.0%
Diagnosis Code 7	1,037,616	114,138	11.0%	0	0.0%	0	0	NA
Diagnosis Code 8	1,037,616	83,137	8.0%	0	0.0%	0	0	NA
Diagnosis Code 9	1,037,616	61,955	6.0%	0	0.0%	0	0	NA
Diagnosis Code 10	1,037,616	46,076	4.4%	0	0.0%	0	0	NA
Diagnosis Code 11	1,037,616	33,893	3.3%	0	0.0%	0	0	NA
Diagnosis Code 12	1,037,616	27,980	2.7%	0	0.0%	0	0	NA
Diagnosis Code 13	1,037,616	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 14	1,037,616	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	1,037,616	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	1,037,616	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	1,037,616	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	1,037,616	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	1,037,616	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	1,037,616	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	1,037,616	0	0.0%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 22	1,037,616	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	1,037,616	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 24	1,037,616	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	1,037,616	0	0.0%	0	0.0%	0	0	NA

Table C-3—Element Omission, Surplus, and Accuracy—Institutional Encounters: CCP-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	305,771	0	0.0%	0	0.0%	305,771	305,743	>99.9%
Header Service From Date	305,771	0	0.0%	0	0.0%	305,771	305,103	99.8%
Header Service To Date	305,771	0	0.0%	0	0.0%	305,771	300,863	98.4%
Billing Provider NPI	305,771	105	<0.1%	0	0.0%	305,666	304,288	99.5%
Attending Provider NPI	305,771	108,878	35.6%	0	0.0%	190,558	186,871	98.1%
Referring Provider NPI	305,771	5,807	1.9%	99,213	32.4%	307	21	6.8%
Detail Paid Amount	305,771	1,405	0.5%	0	0.0%	304,366	304,073	99.9%
Header Paid Amount	305,771	0	0.0%	0	0.0%	305,771	286,582	93.7%
CPT/HCPCS Procedure Code	305,771	934	0.3%	8	<0.1%	223,762	223,528	99.9%
Modifier 1	305,771	1,125	0.4%	869	0.3%	47,657	47,560	99.8%
Modifier 2	305,771	120	<0.1%	66	<0.1%	4,251	4,249	>99.9%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Modifier 3	305,771	10	<0.1%	8	<0.1%	196	196	100%
Modifier 4	305,771	1	<0.1%	1	<0.1%	0	0	NA
National Drug Code (NDC)	305,771	53	<0.1%	19	<0.1%	15,749	15,247	96.8%
Drug Quantity	305,771	15,802	5.2%	0	0.0%	0	0	NA
Revenue Code	305,771	1,405	0.5%	0	0.0%	304,366	304,095	99.9%
Diagnosis Related Group (DRG)	305,771	1,996	0.7%	819	0.3%	47,220	46,416	98.3%
Diagnosis Code 1	305,771	0	0.0%	0	0.0%	305,771	281,182	92.0%
Diagnosis Code 2	305,771	0	0.0%	0	0.0%	213,640	205,621	96.2%
Diagnosis Code 3	305,771	0	0.0%	0	0.0%	151,288	147,394	97.4%
Diagnosis Code 4	305,771	0	0.0%	0	0.0%	112,082	109,104	97.3%
Diagnosis Code 5	305,771	0	0.0%	0	0.0%	85,190	83,149	97.6%
Diagnosis Code 6	305,771	0	0.0%	0	0.0%	64,984	63,284	97.4%
Diagnosis Code 7	305,771	6	<0.1%	0	0.0%	51,400	50,348	98.0%
Diagnosis Code 8	305,771	0	0.0%	0	0.0%	42,100	41,052	97.5%
Diagnosis Code 9	305,771	0	0.0%	0	0.0%	35,188	34,196	97.2%
Diagnosis Code 10	305,771	0	0.0%	0	0.0%	29,689	29,040	97.8%
Diagnosis Code 11	305,771	0	0.0%	0	0.0%	25,106	24,403	97.2%
Diagnosis Code 12	305,771	0	0.0%	0	0.0%	21,596	21,013	97.3%
Diagnosis Code 13	305,771	0	0.0%	0	0.0%	18,361	17,780	96.8%
Diagnosis Code 14	305,771	0	0.0%	0	0.0%	15,872	15,497	97.6%
Diagnosis Code 15	305,771	0	0.0%	0	0.0%	12,950	12,693	98.0%
Diagnosis Code 16	305,771	0	0.0%	0	0.0%	11,137	10,908	97.9%
Diagnosis Code 17	305,771	0	0.0%	0	0.0%	9,479	9,227	97.3%
Diagnosis Code 18	305,771	0	0.0%	0	0.0%	8,069	7,887	97.7%
Diagnosis Code 19	305,771	0	0.0%	0	0.0%	6,187	6,110	98.8%
Diagnosis Code 20	305,771	0	0.0%	0	0.0%	5,406	5,374	99.4%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 21	305,771	0	0.0%	0	0.0%	4,551	4,535	99.6%
Diagnosis Code 22	305,771	0	0.0%	0	0.0%	3,959	3,877	97.9%
Diagnosis Code 23	305,771	0	0.0%	0	0.0%	3,647	3,604	98.8%
Diagnosis Code 24	305,771	0	0.0%	0	0.0%	3,136	3,035	96.8%
Diagnosis Code 25	305,771	0	0.0%	0	0.0%	2,680	2,562	95.6%
Surgical Procedure Code 1	305,771	0	0.0%	0	0.0%	30,115	30,115	100%
Surgical Procedure Code 2	305,771	0	0.0%	0	0.0%	17,875	17,875	100%
Surgical Procedure Code 3	305,771	0	0.0%	0	0.0%	10,465	10,465	100%
Surgical Procedure Code 4	305,771	0	0.0%	0	0.0%	6,221	6,221	100%
Surgical Procedure Code 5	305,771	0	0.0%	0	0.0%	4,385	4,385	100%
Surgical Procedure Code 6	305,771	0	0.0%	0	0.0%	3,204	3,204	100%
Surgical Procedure Code 7	305,771	2,233	0.7%	0	0.0%	0	0	NA
Surgical Procedure Code 8	305,771	1,781	0.6%	0	0.0%	0	0	NA
Surgical Procedure Code 9	305,771	1,355	0.4%	0	0.0%	0	0	NA
Surgical Procedure Code 10	305,771	1,156	0.4%	0	0.0%	0	0	NA
Surgical Procedure Code 11	305,771	1,047	0.3%	0	0.0%	0	0	NA
Surgical Procedure Code 12	305,771	947	0.3%	0	0.0%	0	0	NA
Surgical Procedure Code 13	305,771	806	0.3%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 14	305,771	604	0.2%	0	0.0%	0	0	NA
Surgical Procedure Code 15	305,771	478	0.2%	0	0.0%	0	0	NA
Surgical Procedure Code 16	305,771	377	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 17	305,771	243	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 18	305,771	243	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 19	305,771	243	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 20	305,771	215	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 21	305,771	179	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 22	305,771	34	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 23	305,771	34	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 24	305,771	34	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 25	305,771	34	<0.1%	0	0.0%	0	0	NA

Table C-4—Record Omission and Surplus: CHA-S

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	840,221	26,486	3.2%	820,717	6,982	0.9%
Institutional	505,788	55,143	10.9%	453,402	2,757	0.6%

Table C-5—Element Omission, Surplus, and Accuracy—Professional Encounters: CHA-S

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	813,735	0	0.0%	0	0.0%	813,735	813,735	100%
Detail Service From Date	813,735	0	0.0%	0	0.0%	813,735	813,093	99.9%
Detail Service To Date	813,735	0	0.0%	0	0.0%	813,735	813,089	99.9%
Billing Provider NPI	813,735	13,481	1.7%	23	<0.1%	800,230	770,160	96.2%
Rendering Provider NPI	813,735	13,669	1.7%	688	0.1%	799,376	782,790	97.9%
Referring Provider NPI	813,735	10,155	1.2%	69	<0.1%	484,967	470,281	97.0%
Detail Paid Amount	813,735	0	0.0%	0	0.0%	813,735	686,750	84.4%
Header Paid Amount	813,735	0	0.0%	0	0.0%	813,735	629,878	77.4%
CPT/HCPCS Procedure Code	813,735	0	0.0%	0	0.0%	813,735	813,735	100%
Modifier 1	813,735	547	0.1%	547	0.1%	374,747	371,313	99.1%
Modifier 2	813,735	900	0.1%	900	0.1%	20,186	19,811	98.1%
Modifier 3	813,735	81	<0.1%	82	<0.1%	2,802	2,774	99.0%
Modifier 4	813,735	4	<0.1%	4	<0.1%	278	278	100%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	813,735	1	<0.1%	153	<0.1%	4,070	4,049	99.5%
Drug Quantity	813,735	4,071	0.5%	0	0.0%	0	0	NA
Diagnosis Code 1	813,735	0	0.0%	0	0.0%	813,735	734,297	90.2%
Diagnosis Code 2	813,735	73,267	9.0%	0	0.0%	401,429	371,175	92.5%
Diagnosis Code 3	813,735	63,930	7.9%	0	0.0%	298,940	281,019	94.0%
Diagnosis Code 4	813,735	53,629	6.6%	0	0.0%	227,888	216,460	95.0%
Diagnosis Code 5	813,735	126,506	15.5%	0	0.0%	4	0	0.0%
Diagnosis Code 6	813,735	97,465	12.0%	0	0.0%	3	0	0.0%
Diagnosis Code 7	813,735	76,060	9.3%	0	0.0%	0	0	NA
Diagnosis Code 8	813,735	60,600	7.4%	0	0.0%	0	0	NA
Diagnosis Code 9	813,735	36,134	4.4%	0	0.0%	0	0	NA
Diagnosis Code 10	813,735	29,363	3.6%	0	0.0%	0	0	NA
Diagnosis Code 11	813,735	24,092	3.0%	0	0.0%	0	0	NA
Diagnosis Code 12	813,735	20,181	2.5%	0	0.0%	0	0	NA
Diagnosis Code 13	813,735	24	<0.1%	0	0.0%	0	0	NA
Diagnosis Code 14	813,735	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	813,735	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	813,735	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	813,735	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	813,735	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	813,735	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	813,735	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	813,735	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	813,735	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	813,735	0	0.0%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 24	813,735	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	813,735	0	0.0%	0	0.0%	0	0	NA

Table C-6—Element Omission, Surplus, and Accuracy—Institutional Encounters: CHA-S

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	450,645	0	0.0%	0	0.0%	450,645	450,645	100%
Header Service From Date	450,645	0	0.0%	0	0.0%	450,645	450,645	100%
Header Service To Date	450,645	0	0.0%	0	0.0%	450,645	450,645	100%
Billing Provider NPI	450,645	5,250	1.2%	113	<0.1%	445,282	404,619	90.9%
Attending Provider NPI	450,645	122,188	27.1%	20	<0.1%	326,858	49,288	15.1%
Referring Provider NPI	450,645	3,730	0.8%	97,379	21.6%	640	0	0.0%
Detail Paid Amount	450,645	0	0.0%	0	0.0%	450,645	367,832	81.6%
Header Paid Amount	450,645	0	0.0%	0	0.0%	450,645	252,230	56.0%
CPT/HCPCS Procedure Code	450,645	128	<0.1%	213	<0.1%	333,224	331,412	99.5%
Modifier 1	450,645	1,938	0.4%	2,024	0.4%	83,328	82,959	99.6%
Modifier 2	450,645	972	0.2%	1,004	0.2%	26,398	25,007	94.7%
Modifier 3	450,645	613	0.1%	601	0.1%	3,767	3,753	99.6%
Modifier 4	450,645	2	<0.1%	2	<0.1%	30	30	100%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	450,645	138	<0.1%	1,106	0.2%	43,361	43,257	99.8%
Drug Quantity	450,645	43,499	9.7%	0	0.0%	0	0	NA
Revenue Code	450,645	0	0.0%	0	0.0%	450,645	448,476	99.5%
Diagnosis Related Group (DRG)	450,645	31,897	7.1%	3,850	0.9%	47,221	42,074	89.1%
Diagnosis Code 1	450,645	0	0.0%	0	0.0%	450,579	422,284	93.7%
Diagnosis Code 2	450,645	26,657	5.9%	0	0.0%	420,715	237,728	56.5%
Diagnosis Code 3	450,645	16,751	3.7%	679	0.2%	395,967	216,498	54.7%
Diagnosis Code 4	450,645	23,245	5.2%	1,411	0.3%	360,707	198,580	55.1%
Diagnosis Code 5	450,645	31,018	6.9%	1,549	0.3%	315,174	180,269	57.2%
Diagnosis Code 6	450,645	31,376	7.0%	1,871	0.4%	257,189	150,784	58.6%
Diagnosis Code 7	450,645	24,661	5.5%	1,883	0.4%	212,268	128,674	60.6%
Diagnosis Code 8	450,645	16,463	3.7%	1,746	0.4%	183,736	115,132	62.7%
Diagnosis Code 9	450,645	11,043	2.5%	1,636	0.4%	161,643	103,524	64.0%
Diagnosis Code 10	450,645	9,077	2.0%	1,663	0.4%	142,497	92,006	64.6%
Diagnosis Code 11	450,645	7,295	1.6%	1,460	0.3%	124,086	80,762	65.1%
Diagnosis Code 12	450,645	6,772	1.5%	1,264	0.3%	107,415	70,883	66.0%
Diagnosis Code 13	450,645	6,610	1.5%	1,365	0.3%	93,121	63,155	67.8%
Diagnosis Code 14	450,645	5,383	1.2%	1,787	0.4%	79,517	55,327	69.6%
Diagnosis Code 15	450,645	3,465	0.8%	1,811	0.4%	69,167	48,549	70.2%
Diagnosis Code 16	450,645	3,086	0.7%	1,257	0.3%	59,676	42,381	71.0%
Diagnosis Code 17	450,645	1,570	0.3%	1,178	0.3%	52,667	37,286	70.8%
Diagnosis Code 18	450,645	1,360	0.3%	916	0.2%	44,327	30,850	69.6%
Diagnosis Code 19	450,645	1,363	0.3%	1,721	0.4%	34,211	23,608	69.0%
Diagnosis Code 20	450,645	546	0.1%	1,308	0.3%	29,433	19,776	67.2%
Diagnosis Code 21	450,645	958	0.2%	962	0.2%	25,411	17,114	67.3%
Diagnosis Code 22	450,645	355	0.1%	835	0.2%	22,506	14,996	66.6%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 23	450,645	568	0.1%	522	0.1%	19,425	12,783	65.8%
Diagnosis Code 24	450,645	949	0.2%	538	0.1%	16,434	11,081	67.4%
Diagnosis Code 25	450,645	11,487	2.5%	0	0.0%	724	609	84.1%
Surgical Procedure Code 1	450,645	227	0.1%	0	0.0%	52,249	19,278	36.9%
Surgical Procedure Code 2	450,645	19,163	4.3%	0	0.0%	33,213	14,420	43.4%
Surgical Procedure Code 3	450,645	29,759	6.6%	0	0.0%	22,615	6,231	27.6%
Surgical Procedure Code 4	450,645	37,053	8.2%	0	0.0%	15,321	4,213	27.5%
Surgical Procedure Code 5	450,645	41,825	9.3%	0	0.0%	10,543	2,669	25.3%
Surgical Procedure Code 6	450,645	44,676	9.9%	0	0.0%	7,681	2,045	26.6%
Surgical Procedure Code 7	450,645	52,333	11.6%	0	0.0%	0	0	NA
Surgical Procedure Code 8	450,645	52,284	11.6%	0	0.0%	0	0	NA
Surgical Procedure Code 9	450,645	52,199	11.6%	0	0.0%	0	0	NA
Surgical Procedure Code 10	450,645	52,073	11.6%	0	0.0%	0	0	NA
Surgical Procedure Code 11	450,645	51,768	11.5%	0	0.0%	0	0	NA
Surgical Procedure Code 12	450,645	51,339	11.4%	0	0.0%	0	0	NA
Surgical Procedure Code 13	450,645	50,860	11.3%	0	0.0%	0	0	NA
Surgical Procedure Code 14	450,645	50,158	11.1%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 15	450,645	49,283	10.9%	0	0.0%	0	0	NA
Surgical Procedure Code 16	450,645	48,013	10.7%	0	0.0%	0	0	NA
Surgical Procedure Code 17	450,645	46,821	10.4%	0	0.0%	0	0	NA
Surgical Procedure Code 18	450,645	45,597	10.1%	0	0.0%	0	0	NA
Surgical Procedure Code 19	450,645	44,316	9.8%	0	0.0%	0	0	NA
Surgical Procedure Code 20	450,645	43,271	9.6%	0	0.0%	0	0	NA
Surgical Procedure Code 21	450,645	42,385	9.4%	0	0.0%	0	0	NA
Surgical Procedure Code 22	450,645	41,356	9.2%	0	0.0%	0	0	NA
Surgical Procedure Code 23	450,645	40,586	9.0%	0	0.0%	0	0	NA
Surgical Procedure Code 24	450,645	39,919	8.9%	0	0.0%	0	0	NA
Surgical Procedure Code 25	450,645	38,779	8.6%	0	0.0%	0	0	NA

Table C-7—Record Omission and Surplus: CMS-S

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	4,855,578	390,458	8.0%	4,822,920	357,800	7.4%
Institutional	886,971	15,311	1.7%	908,613	36,953	4.1%

Table C-8—Element Omission, Surplus, and Accuracy—Professional Encounters: CMS-S

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	4,465,120	3	<0.1%	0	0.0%	4,465,117	4,460,769	99.9%
Detail Service From Date	4,465,120	0	0.0%	0	0.0%	4,465,120	4,453,430	99.7%
Detail Service To Date	4,465,120	0	0.0%	0	0.0%	4,465,120	4,453,385	99.7%
Billing Provider NPI	4,465,120	54,683	1.2%	2	<0.1%	4,409,833	4,262,821	96.7%
Rendering Provider NPI	4,465,120	56,020	1.3%	16	<0.1%	4,409,084	4,355,758	98.8%
Referring Provider NPI	4,465,120	2,882	0.1%	2,652,913	59.4%	1,797,142	1,696,691	94.4%
Detail Paid Amount	4,465,120	0	0.0%	0	0.0%	4,465,120	4,462,580	99.9%
Header Paid Amount	4,465,120	0	0.0%	0	0.0%	4,465,120	1,844,236	41.3%
CPT/HCPCS Procedure Code	4,465,120	0	0.0%	0	0.0%	4,465,120	4,465,120	100%
Modifier 1	4,465,120	2,060	<0.1%	2,090	<0.1%	1,616,105	1,609,933	99.6%
Modifier 2	4,465,120	1,378	<0.1%	1,392	<0.1%	85,497	84,692	99.1%
Modifier 3	4,465,120	194	<0.1%	194	<0.1%	6,772	6,760	99.8%
Modifier 4	4,465,120	2	<0.1%	2	<0.1%	59	59	100%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	4,465,120	25	<0.1%	75	<0.1%	35,341	34,908	98.8%
Drug Quantity	4,465,120	35,366	0.8%	0	0.0%	0	0	NA
Diagnosis Code 1	4,465,120	0	0.0%	0	0.0%	4,465,120	4,191,640	93.9%
Diagnosis Code 2	4,465,120	207	<0.1%	218	<0.1%	1,520,124	1,499,350	98.6%
Diagnosis Code 3	4,465,120	101	<0.1%	104	<0.1%	841,361	828,345	98.5%
Diagnosis Code 4	4,465,120	57	<0.1%	59	<0.1%	442,844	435,559	98.4%
Diagnosis Code 5	4,465,120	0	0.0%	25	<0.1%	0	0	NA
Diagnosis Code 6	4,465,120	0	0.0%	6	<0.1%	0	0	NA
Diagnosis Code 7	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 8	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 9	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 10	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 11	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 12	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 13	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 14	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	4,465,120	0	0.0%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 24	4,465,120	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	4,465,120	0	0.0%	0	0.0%	0	0	NA

Table C-9—Element Omission, Surplus, and Accuracy—Institutional Encounters: CMS-S

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	871,660	3	<0.1%	0	0.0%	871,657	870,482	99.9%
Header Service From Date	871,660	0	0.0%	0	0.0%	871,660	868,534	99.6%
Header Service To Date	871,660	0	0.0%	0	0.0%	871,660	856,039	98.2%
Billing Provider NPI	871,660	147	<0.1%	0	0.0%	871,513	846,424	97.1%
Attending Provider NPI	871,660	263,444	30.2%	0	0.0%	608,216	0	0.0%
Referring Provider NPI	871,660	28,244	3.2%	215,410	24.7%	9,282	0	0.0%
Detail Paid Amount	871,660	0	0.0%	0	0.0%	871,660	870,032	99.8%
Header Paid Amount	871,660	0	0.0%	0	0.0%	871,660	203,967	23.4%
CPT/HCPCS Procedure Code	871,660	186	<0.1%	292	<0.1%	690,477	688,148	99.7%
Modifier 1	871,660	2,158	0.2%	2,221	0.3%	240,108	239,216	99.6%
Modifier 2	871,660	450	0.1%	269	<0.1%	27,077	26,982	99.6%
Modifier 3	871,660	65	<0.1%	58	<0.1%	453	453	100%
Modifier 4	871,660	0	0.0%	0	0.0%	1	1	100%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	871,660	126	<0.1%	377	<0.1%	68,340	68,192	99.8%
Drug Quantity	871,660	68,466	7.9%	0	0.0%	0	0	NA
Revenue Code	871,660	0	0.0%	0	0.0%	871,660	868,341	99.6%
Diagnosis Related Group (DRG)	871,660	1,709	0.2%	2,764	0.3%	99,603	99,369	99.8%
Diagnosis Code 1	871,660	0	0.0%	0	0.0%	871,660	824,369	94.6%
Diagnosis Code 2	871,660	0	0.0%	0	0.0%	613,355	600,322	97.9%
Diagnosis Code 3	871,660	0	0.0%	0	0.0%	444,178	437,616	98.5%
Diagnosis Code 4	871,660	0	0.0%	0	0.0%	324,509	320,086	98.6%
Diagnosis Code 5	871,660	0	0.0%	242,787	27.9%	0	0	NA
Diagnosis Code 6	871,660	0	0.0%	184,635	21.2%	0	0	NA
Diagnosis Code 7	871,660	0	0.0%	141,663	16.3%	0	0	NA
Diagnosis Code 8	871,660	0	0.0%	110,978	12.7%	0	0	NA
Diagnosis Code 9	871,660	0	0.0%	87,826	10.1%	0	0	NA
Diagnosis Code 10	871,660	0	0.0%	70,671	8.1%	0	0	NA
Diagnosis Code 11	871,660	0	0.0%	57,057	6.5%	0	0	NA
Diagnosis Code 12	871,660	0	0.0%	47,010	5.4%	0	0	NA
Diagnosis Code 13	871,660	0	0.0%	38,644	4.4%	0	0	NA
Diagnosis Code 14	871,660	0	0.0%	31,083	3.6%	0	0	NA
Diagnosis Code 15	871,660	0	0.0%	25,868	3.0%	0	0	NA
Diagnosis Code 16	871,660	0	0.0%	20,667	2.4%	0	0	NA
Diagnosis Code 17	871,660	0	0.0%	17,433	2.0%	0	0	NA
Diagnosis Code 18	871,660	0	0.0%	14,305	1.6%	0	0	NA
Diagnosis Code 19	871,660	0	0.0%	11,919	1.4%	0	0	NA
Diagnosis Code 20	871,660	0	0.0%	10,050	1.2%	0	0	NA
Diagnosis Code 21	871,660	0	0.0%	8,375	1.0%	0	0	NA
Diagnosis Code 22	871,660	0	0.0%	7,087	0.8%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 23	871,660	0	0.0%	5,983	0.7%	0	0	NA
Diagnosis Code 24	871,660	0	0.0%	5,167	0.6%	0	0	NA
Diagnosis Code 25	871,660	0	0.0%	3,292	0.4%	0	0	NA
Surgical Procedure Code 1	871,660	0	0.0%	0	0.0%	57,396	0	0.0%
Surgical Procedure Code 2	871,660	0	0.0%	0	0.0%	37,225	0	0.0%
Surgical Procedure Code 3	871,660	60	<0.1%	0	0.0%	25,956	0	0.0%
Surgical Procedure Code 4	871,660	118	<0.1%	0	0.0%	18,571	0	0.0%
Surgical Procedure Code 5	871,660	0	0.0%	13,580	1.6%	0	0	NA
Surgical Procedure Code 6	871,660	0	0.0%	9,817	1.1%	0	0	NA
Surgical Procedure Code 7	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 8	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 9	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 10	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 11	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 12	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 13	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 14	871,660	0	0.0%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 15	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 16	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 17	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 18	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 19	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 20	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 21	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 22	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 23	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 24	871,660	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 25	871,660	0	0.0%	0	0.0%	0	0	NA

Table C-10—Record Omission and Surplus: COV-M

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	1,438,444	376,361	26.2%	1,316,071	253,988	19.3%
Institutional	461,363	173,099	37.5%	355,175	66,911	18.8%

Table C-11—Element Omission, Surplus, and Accuracy—Professional Encounters: COV-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	1,062,083	0	0.0%	0	0.0%	1,062,083	1,061,294	99.9%
Detail Service From Date	1,062,083	0	0.0%	0	0.0%	1,062,083	1,017,989	95.8%
Detail Service To Date	1,062,083	0	0.0%	0	0.0%	1,062,083	1,017,992	95.8%
Billing Provider NPI	1,062,083	1	<0.1%	25,164	2.4%	1,036,918	974,565	94.0%
Rendering Provider NPI	1,062,083	55	<0.1%	133	<0.1%	1,061,895	1,031,951	97.2%
Referring Provider NPI	1,062,083	0	0.0%	16,739	1.6%	0	0	NA
Detail Paid Amount	1,062,083	0	0.0%	0	0.0%	1,062,083	962,352	90.6%
Header Paid Amount	1,062,083	0	0.0%	0	0.0%	1,062,083	1,059,047	99.7%
CPT/HCPCS Procedure Code	1,062,083	0	0.0%	0	0.0%	1,062,083	1,062,083	100%
Modifier 1	1,062,083	9,709	0.9%	5,200	0.5%	314,870	308,125	97.9%
Modifier 2	1,062,083	1,198	0.1%	1,405	0.1%	40,618	34,656	85.3%
Modifier 3	1,062,083	542	0.1%	592	0.1%	5,640	5,055	89.6%
Modifier 4	1,062,083	57	<0.1%	64	<0.1%	309	292	94.5%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	1,062,083	14	<0.1%	9	<0.1%	16,287	16,211	99.5%
Drug Quantity	1,062,083	1,062,083	100%	0	0.0%	0	0	NA
Diagnosis Code 1	1,062,083	0	0.0%	0	0.0%	1,062,083	889,319	83.7%
Diagnosis Code 2	1,062,083	195,357	18.4%	0	0.0%	468,769	420,509	89.7%
Diagnosis Code 3	1,062,083	162,857	15.3%	0	0.0%	301,519	276,651	91.8%
Diagnosis Code 4	1,062,083	130,069	12.2%	0	0.0%	194,440	179,215	92.2%
Diagnosis Code 5	1,062,083	173,784	16.4%	0	0.0%	0	0	NA
Diagnosis Code 6	1,062,083	123,637	11.6%	0	0.0%	0	0	NA
Diagnosis Code 7	1,062,083	88,776	8.4%	0	0.0%	0	0	NA
Diagnosis Code 8	1,062,083	67,466	6.4%	0	0.0%	0	0	NA
Diagnosis Code 9	1,062,083	46,306	4.4%	0	0.0%	0	0	NA
Diagnosis Code 10	1,062,083	30,579	2.9%	0	0.0%	0	0	NA
Diagnosis Code 11	1,062,083	12,348	1.2%	0	0.0%	0	0	NA
Diagnosis Code 12	1,062,083	8,213	0.8%	0	0.0%	0	0	NA
Diagnosis Code 13	1,062,083	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 14	1,062,083	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	1,062,083	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	1,062,083	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	1,062,083	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	1,062,083	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	1,062,083	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	1,062,083	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	1,062,083	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	1,062,083	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	1,062,083	0	0.0%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 24	1,062,083	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	1,062,083	0	0.0%	0	0.0%	0	0	NA

Table C-12—Element Omission, Surplus, and Accuracy—Institutional Encounters: COV-M

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	288,264	0	0.0%	0	0.0%	288,264	288,177	>99.9%
Header Service From Date	288,264	0	0.0%	0	0.0%	288,264	288,264	100%
Header Service To Date	288,264	0	0.0%	0	0.0%	288,264	288,264	100%
Billing Provider NPI	288,264	0	0.0%	113	<0.1%	288,151	287,821	99.9%
Attending Provider NPI	288,264	89,209	30.9%	0	0.0%	198,992	196,016	98.5%
Referring Provider NPI	288,264	0	0.0%	75,530	26.2%	0	0	NA
Detail Paid Amount	288,264	0	0.0%	0	0.0%	288,264	286,461	99.4%
Header Paid Amount	288,264	0	0.0%	0	0.0%	288,264	288,099	99.9%
CPT/HCPCS Procedure Code	288,264	0	0.0%	0	0.0%	226,942	226,942	100%
Modifier 1	288,264	500	0.2%	496	0.2%	43,542	43,351	99.6%
Modifier 2	288,264	16	<0.1%	22	<0.1%	800	704	88.0%
Modifier 3	288,264	0	0.0%	0	0.0%	21	17	81.0%
Modifier 4	288,264	0	0.0%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	288,264	43	<0.1%	7	<0.1%	19,008	18,984	99.9%
Drug Quantity	288,264	288,264	100%	0	0.0%	0	0	NA
Revenue Code	288,264	0	0.0%	0	0.0%	288,264	288,264	100%
Diagnosis Related Group (DRG)	288,264	0	0.0%	1	<0.1%	31,837	31,730	99.7%
Diagnosis Code 1	288,264	0	0.0%	0	0.0%	288,264	263,798	91.5%
Diagnosis Code 2	288,264	85,438	29.6%	0	0.0%	201,229	132,173	65.7%
Diagnosis Code 3	288,264	89,716	31.1%	0	0.0%	137,920	70,603	51.2%
Diagnosis Code 4	288,264	74,265	25.8%	0	0.0%	99,221	46,061	46.4%
Diagnosis Code 5	288,264	51,045	17.7%	0	0.0%	72,781	32,104	44.1%
Diagnosis Code 6	288,264	35,303	12.2%	0	0.0%	52,886	21,466	40.6%
Diagnosis Code 7	288,264	20,756	7.2%	0	0.0%	41,944	16,049	38.3%
Diagnosis Code 8	288,264	14,251	4.9%	0	0.0%	33,908	12,426	36.6%
Diagnosis Code 9	288,264	11,056	3.8%	0	0.0%	26,711	8,959	33.5%
Diagnosis Code 10	288,264	7,603	2.6%	0	0.0%	22,041	3,660	16.6%
Diagnosis Code 11	288,264	6,412	2.2%	0	0.0%	17,463	3,055	17.5%
Diagnosis Code 12	288,264	5,079	1.8%	0	0.0%	14,095	2,207	15.7%
Diagnosis Code 13	288,264	4,125	1.4%	0	0.0%	11,777	1,480	12.6%
Diagnosis Code 14	288,264	3,910	1.4%	0	0.0%	9,161	1,238	13.5%
Diagnosis Code 15	288,264	2,663	0.9%	0	0.0%	7,397	881	11.9%
Diagnosis Code 16	288,264	2,612	0.9%	0	0.0%	5,642	565	10.0%
Diagnosis Code 17	288,264	1,817	0.6%	0	0.0%	4,388	430	9.8%
Diagnosis Code 18	288,264	1,335	0.5%	0	0.0%	3,533	322	9.1%
Diagnosis Code 19	288,264	1,091	0.4%	0	0.0%	2,786	157	5.6%
Diagnosis Code 20	288,264	968	0.3%	0	0.0%	2,217	204	9.2%
Diagnosis Code 21	288,264	794	0.3%	0	0.0%	1,904	126	6.6%
Diagnosis Code 22	288,264	461	0.2%	0	0.0%	1,739	105	6.0%

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 23	288,264	554	0.2%	0	0.0%	1,342	71	5.3%
Diagnosis Code 24	288,264	416	0.1%	0	0.0%	1,032	69	6.7%
Diagnosis Code 25	288,264	460	0.2%	0	0.0%	723	13	1.8%
Surgical Procedure Code 1	288,264	0	0.0%	0	0.0%	22,079	12,575	57.0%
Surgical Procedure Code 2	288,264	0	0.0%	67	<0.1%	13,294	3,770	28.4%
Surgical Procedure Code 3	288,264	0	0.0%	29	<0.1%	6,924	3,837	55.4%
Surgical Procedure Code 4	288,264	0	0.0%	49	<0.1%	4,054	2,761	68.1%
Surgical Procedure Code 5	288,264	0	0.0%	24	<0.1%	2,574	1,916	74.4%
Surgical Procedure Code 6	288,264	0	0.0%	23	<0.1%	1,814	1,398	77.1%
Surgical Procedure Code 7	288,264	1,068	0.4%	0	0.0%	0	0	NA
Surgical Procedure Code 8	288,264	674	0.2%	0	0.0%	0	0	NA
Surgical Procedure Code 9	288,264	635	0.2%	0	0.0%	0	0	NA
Surgical Procedure Code 10	288,264	400	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 11	288,264	221	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 12	288,264	129	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 13	288,264	32	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 14	288,264	16	<0.1%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 15	288,264	8	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 16	288,264	5	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 17	288,264	2	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 18	288,264	2	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 19	288,264	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 20	288,264	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 21	288,264	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 22	288,264	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 23	288,264	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 24	288,264	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 25	288,264	0	0.0%	0	0.0%	0	0	NA

Table C-13—Record Omission and Surplus: HUM-M

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	9,302,287	88,407	1.0%	10,420,531	1,206,651	11.6%
Institutional	3,326,548	948,141	28.5%	3,107,409	729,002	23.5%

Table C-14—Element Omission, Surplus, and Accuracy—Professional Encounters: HUM-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	9,213,880	308	<0.1%	0	0.0%	9,213,572	9,213,431	>99.9%
Detail Service From Date	9,213,880	0	0.0%	0	0.0%	9,213,880	8,854,818	96.1%
Detail Service To Date	9,213,880	0	0.0%	0	0.0%	9,213,880	8,854,774	96.1%
Billing Provider NPI	9,213,880	160,962	1.7%	0	0.0%	9,052,909	8,710,977	96.2%
Rendering Provider NPI	9,213,880	133,947	1.5%	2,373,753	25.8%	6,675,343	6,446,925	96.6%
Referring Provider NPI	9,213,880	2,087	<0.1%	0	0.0%	90,194	87,633	97.2%
Detail Paid Amount	9,213,880	0	0.0%	2	<0.1%	9,213,846	8,200,700	89.0%
Header Paid Amount	9,213,880	0	0.0%	0	0.0%	9,213,880	5,063,417	55.0%
CPT/HCPCS Procedure Code	9,213,880	0	0.0%	0	0.0%	9,213,701	9,213,701	100%
Modifier 1	9,213,880	14,413	0.2%	14,286	0.2%	2,787,477	2,771,319	99.4%
Modifier 2	9,213,880	7,340	0.1%	7,336	0.1%	181,221	177,716	98.1%
Modifier 3	9,213,880	587	<0.1%	589	<0.1%	18,669	18,528	99.2%
Modifier 4	9,213,880	28	<0.1%	28	<0.1%	1,698	1,687	99.4%
National Drug Code (NDC)	9,213,880	85	<0.1%	16,118	0.2%	150,102	149,895	99.9%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Drug Quantity	9,213,880	166,211	1.8%	0	0.0%	0	0	NA
Diagnosis Code 1	9,213,880	40	<0.1%	0	0.0%	9,213,839	7,693,547	83.5%
Diagnosis Code 2	9,213,880	2,322,193	25.2%	0	0.0%	3,919,257	3,511,262	89.6%
Diagnosis Code 3	9,213,880	2,043,281	22.2%	0	0.0%	2,461,290	2,249,535	91.4%
Diagnosis Code 4	9,213,880	1,669,984	18.1%	0	0.0%	1,622,140	1,487,526	91.7%
Diagnosis Code 5	9,213,880	2,032,000	22.1%	0	0.0%	1,483	19	1.3%
Diagnosis Code 6	9,213,880	1,486,481	16.1%	0	0.0%	430	0	0.0%
Diagnosis Code 7	9,213,880	1,098,618	11.9%	0	0.0%	0	0	NA
Diagnosis Code 8	9,213,880	826,256	9.0%	0	0.0%	0	0	NA
Diagnosis Code 9	9,213,880	589,377	6.4%	0	0.0%	0	0	NA
Diagnosis Code 10	9,213,880	422,718	4.6%	0	0.0%	0	0	NA
Diagnosis Code 11	9,213,880	293,466	3.2%	0	0.0%	0	0	NA
Diagnosis Code 12	9,213,880	217,421	2.4%	0	0.0%	0	0	NA
Diagnosis Code 13	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 14	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 24	9,213,880	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	9,213,880	0	0.0%	0	0.0%	0	0	NA

Table C-15—Element Omission, Surplus, and Accuracy—Institutional Encounters: HUM-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	2,378,407	28	<0.1%	0	0.0%	2,378,379	2,378,317	>99.9%
Header Service From Date	2,378,407	0	0.0%	0	0.0%	2,378,407	2,378,220	>99.9%
Header Service To Date	2,378,407	0	0.0%	0	0.0%	2,378,407	2,374,166	99.8%
Billing Provider NPI	2,378,407	3,762	0.2%	0	0.0%	2,374,645	2,307,528	97.2%
Attending Provider NPI	2,378,407	692,018	29.1%	0	0.0%	1,685,618	1,657,123	98.3%
Referring Provider NPI	2,378,407	14,211	0.6%	613,487	25.8%	3,969	0	0.0%
Detail Paid Amount	2,378,407	224	<0.1%	440	<0.1%	2,357,367	2,340,705	99.3%
Header Paid Amount	2,378,407	0	0.0%	0	0.0%	2,378,407	2,349,646	98.8%
CPT/HCPCS Procedure Code	2,378,407	235	<0.1%	5,608	0.2%	1,728,814	1,708,031	98.8%
Modifier 1	2,378,407	8,349	0.4%	12,344	0.5%	290,538	288,141	99.2%
Modifier 2	2,378,407	913	<0.1%	1,022	<0.1%	14,344	14,241	99.3%
Modifier 3	2,378,407	399	<0.1%	408	<0.1%	526	526	100%
Modifier 4	2,378,407	0	0.0%	0	0.0%	5	5	100%
National Drug Code (NDC)	2,378,407	98	<0.1%	34,383	1.4%	267,427	254,492	95.2%
Drug Quantity	2,378,407	301,642	12.7%	0	0.0%	0	0	NA
Revenue Code	2,378,407	0	0.0%	0	0.0%	2,378,406	2,378,406	100%
Diagnosis Related Group (DRG)	2,378,407	31,836	1.3%	4,835	0.2%	347,985	292,375	84.0%
Diagnosis Code 1	2,378,407	0	0.0%	0	0.0%	2,378,407	2,377,708	>99.9%
Diagnosis Code 2	2,378,407	0	0.0%	0	0.0%	1,885,471	1,884,764	>99.9%

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 3	2,378,407	0	0.0%	0	0.0%	1,449,111	1,448,516	>99.9%
Diagnosis Code 4	2,378,407	7	<0.1%	0	0.0%	1,136,520	1,136,112	>99.9%
Diagnosis Code 5	2,378,407	7	<0.1%	0	0.0%	905,695	905,210	99.9%
Diagnosis Code 6	2,378,407	0	0.0%	0	0.0%	718,943	718,480	99.9%
Diagnosis Code 7	2,378,407	0	0.0%	0	0.0%	591,185	590,690	99.9%
Diagnosis Code 8	2,378,407	0	0.0%	49	<0.1%	491,804	491,582	>99.9%
Diagnosis Code 9	2,378,407	0	0.0%	0	0.0%	415,900	415,492	99.9%
Diagnosis Code 10	2,378,407	0	0.0%	0	0.0%	354,801	354,391	99.9%
Diagnosis Code 11	2,378,407	0	0.0%	0	0.0%	302,138	301,936	99.9%
Diagnosis Code 12	2,378,407	0	0.0%	0	0.0%	258,559	258,452	>99.9%
Diagnosis Code 13	2,378,407	0	0.0%	0	0.0%	220,033	219,848	99.9%
Diagnosis Code 14	2,378,407	0	0.0%	0	0.0%	184,907	184,711	99.9%
Diagnosis Code 15	2,378,407	0	0.0%	0	0.0%	157,502	157,380	99.9%
Diagnosis Code 16	2,378,407	0	0.0%	0	0.0%	133,232	133,044	99.9%
Diagnosis Code 17	2,378,407	0	0.0%	0	0.0%	113,099	113,017	99.9%
Diagnosis Code 18	2,378,407	0	0.0%	0	0.0%	94,965	94,869	99.9%
Diagnosis Code 19	2,378,407	0	0.0%	0	0.0%	76,670	76,670	100%
Diagnosis Code 20	2,378,407	19	<0.1%	0	0.0%	64,552	64,552	100%
Diagnosis Code 21	2,378,407	19	<0.1%	0	0.0%	54,771	54,771	100%
Diagnosis Code 22	2,378,407	19	<0.1%	0	0.0%	46,227	46,227	100%
Diagnosis Code 23	2,378,407	19	<0.1%	0	0.0%	39,422	39,422	100%
Diagnosis Code 24	2,378,407	19	<0.1%	0	0.0%	33,277	33,277	100%
Diagnosis Code 25	2,378,407	19	<0.1%	0	0.0%	25,079	25,079	100%
Surgical Procedure Code 1	2,378,407	0	0.0%	270,330	11.4%	0	0	NA
Surgical Procedure Code 2	2,378,407	0	0.0%	170,913	7.2%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 3	2,378,407	0	0.0%	101,899	4.3%	0	0	NA
Surgical Procedure Code 4	2,378,407	0	0.0%	62,687	2.6%	0	0	NA
Surgical Procedure Code 5	2,378,407	0	0.0%	42,443	1.8%	0	0	NA
Surgical Procedure Code 6	2,378,407	0	0.0%	30,504	1.3%	0	0	NA
Surgical Procedure Code 7	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 8	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 9	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 10	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 11	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 12	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 13	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 14	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 15	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 16	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 17	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 18	2,378,407	0	0.0%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 19	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 20	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 21	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 22	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 23	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 24	2,378,407	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 25	2,378,407	0	0.0%	0	0.0%	0	0	NA

Table C-16—Record Omission and Surplus: MCC-S

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	5,249,650	331,024	6.3%	6,311,234	1,392,608	22.1%
Institutional	1,498,783	358,968	24.0%	1,169,709	29,894	2.6%

Table C-17—Element Omission, Surplus, and Accuracy—Professional Encounters: MCC-S

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	4,918,626	0	0.0%	0	0.0%	4,918,626	4,918,249	>99.9%
Detail Service From Date	4,918,626	0	0.0%	0	0.0%	4,918,626	4,584,019	93.2%
Detail Service To Date	4,918,626	0	0.0%	0	0.0%	4,918,626	4,584,023	93.2%
Billing Provider NPI	4,918,626	17,760	0.4%	35	<0.1%	4,900,831	4,782,547	97.6%
Rendering Provider NPI	4,918,626	22,678	0.5%	3	<0.1%	4,895,935	4,784,302	97.7%
Referring Provider NPI	4,918,626	126,574	2.6%	2,338	<0.1%	2,393,274	2,319,192	96.9%
Detail Paid Amount	4,918,626	0	0.0%	0	0.0%	4,918,626	3,592,259	73.0%
Header Paid Amount	4,918,626	0	0.0%	0	0.0%	4,918,626	3,083,618	62.7%
CPT/HCPCS Procedure Code	4,918,626	0	0.0%	0	0.0%	4,918,626	4,918,626	100%
Modifier 1	4,918,626	5,241	0.1%	5,893	0.1%	2,257,253	2,252,353	99.8%
Modifier 2	4,918,626	3,531	0.1%	3,294	0.1%	113,707	110,364	97.1%
Modifier 3	4,918,626	708	<0.1%	685	<0.1%	13,268	13,150	99.1%
Modifier 4	4,918,626	30	<0.1%	26	<0.1%	993	991	99.8%

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	4,918,626	9	<0.1%	11	<0.1%	17,556	17,545	99.9%
Drug Quantity	4,918,626	17,565	0.4%	0	0.0%	0	0	NA
Diagnosis Code 1	4,918,626	0	0.0%	0	0.0%	4,918,626	4,752,566	96.6%
Diagnosis Code 2	4,918,626	1,184	<0.1%	1,194	<0.1%	2,040,459	1,973,569	96.7%
Diagnosis Code 3	4,918,626	1,058	<0.1%	1,063	<0.1%	1,416,270	1,379,006	97.4%
Diagnosis Code 4	4,918,626	997	<0.1%	1,014	<0.1%	1,025,723	1,000,325	97.5%
Diagnosis Code 5	4,918,626	2,356	<0.1%	32	<0.1%	0	0	NA
Diagnosis Code 6	4,918,626	1,156	<0.1%	13	<0.1%	0	0	NA
Diagnosis Code 7	4,918,626	675	<0.1%	0	0.0%	0	0	NA
Diagnosis Code 8	4,918,626	477	<0.1%	0	0.0%	0	0	NA
Diagnosis Code 9	4,918,626	294	<0.1%	0	0.0%	0	0	NA
Diagnosis Code 10	4,918,626	213	<0.1%	0	0.0%	0	0	NA
Diagnosis Code 11	4,918,626	173	<0.1%	0	0.0%	0	0	NA
Diagnosis Code 12	4,918,626	135	<0.1%	0	0.0%	0	0	NA
Diagnosis Code 13	4,918,626	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 14	4,918,626	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	4,918,626	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	4,918,626	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	4,918,626	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	4,918,626	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	4,918,626	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	4,918,626	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	4,918,626	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	4,918,626	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	4,918,626	0	0.0%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 24	4,918,626	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	4,918,626	0	0.0%	0	0.0%	0	0	NA

Table C-18—Element Omission, Surplus, and Accuracy—Institutional Encounters: MCC-S

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	1,139,815	0	0.0%	0	0.0%	1,139,815	1,139,736	>99.9%
Header Service From Date	1,139,815	0	0.0%	0	0.0%	1,139,815	1,137,262	99.8%
Header Service To Date	1,139,815	0	0.0%	0	0.0%	1,139,815	1,103,869	96.8%
Billing Provider NPI	1,139,815	1,381	0.1%	0	0.0%	1,138,434	1,060,313	93.1%
Attending Provider NPI	1,139,815	328,818	28.8%	0	0.0%	810,929	799,730	98.6%
Referring Provider NPI	1,139,815	15	<0.1%	283,501	24.9%	0	0	NA
Detail Paid Amount	1,139,815	32,007	2.8%	0	0.0%	1,107,808	1,106,531	99.9%
Header Paid Amount	1,139,815	0	0.0%	0	0.0%	1,139,815	787,275	69.1%
CPT/HCPCS Procedure Code	1,139,815	11,144	1.0%	404,716	35.5%	352,026	352,026	100%
Modifier 1	1,139,815	8,955	0.8%	4,525	0.4%	91,942	91,190	99.2%
Modifier 2	1,139,815	1,011	0.1%	394	<0.1%	2,036	1,987	97.6%
Modifier 3	1,139,815	92	<0.1%	47	<0.1%	48	48	100%
Modifier 4	1,139,815	0	0.0%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	1,139,815	597	0.1%	37	<0.1%	112,650	112,073	99.5%
Drug Quantity	1,139,815	113,247	9.9%	0	0.0%	0	0	NA
Revenue Code	1,139,815	20,863	1.8%	352,026	30.9%	755,782	755,749	>99.9%
Diagnosis Related Group (DRG)	1,139,815	8,714	0.8%	38,246	3.4%	230,635	181,639	78.8%
Diagnosis Code 1	1,139,815	0	0.0%	2	<0.1%	1,139,813	1,039,522	91.2%
Diagnosis Code 2	1,139,815	5	<0.1%	385	<0.1%	1,021,043	978,879	95.9%
Diagnosis Code 3	1,139,815	14	<0.1%	254	<0.1%	881,478	856,716	97.2%
Diagnosis Code 4	1,139,815	6	<0.1%	305	<0.1%	743,461	726,684	97.7%
Diagnosis Code 5	1,139,815	7	<0.1%	267	<0.1%	623,257	610,699	98.0%
Diagnosis Code 6	1,139,815	21	<0.1%	247	<0.1%	517,614	507,795	98.1%
Diagnosis Code 7	1,139,815	8	<0.1%	340	<0.1%	439,142	430,908	98.1%
Diagnosis Code 8	1,139,815	7	<0.1%	286	<0.1%	379,232	372,461	98.2%
Diagnosis Code 9	1,139,815	7	<0.1%	249	<0.1%	327,936	321,374	98.0%
Diagnosis Code 10	1,139,815	7	<0.1%	252	<0.1%	285,166	279,326	98.0%
Diagnosis Code 11	1,139,815	15	<0.1%	162	<0.1%	248,027	242,912	97.9%
Diagnosis Code 12	1,139,815	7	<0.1%	153	<0.1%	216,475	211,802	97.8%
Diagnosis Code 13	1,139,815	0	0.0%	186,423	16.4%	0	0	NA
Diagnosis Code 14	1,139,815	0	0.0%	157,883	13.9%	0	0	NA
Diagnosis Code 15	1,139,815	0	0.0%	136,802	12.0%	0	0	NA
Diagnosis Code 16	1,139,815	0	0.0%	118,113	10.4%	0	0	NA
Diagnosis Code 17	1,139,815	0	0.0%	101,268	8.9%	0	0	NA
Diagnosis Code 18	1,139,815	0	0.0%	85,945	7.5%	0	0	NA
Diagnosis Code 19	1,139,815	0	0.0%	64,364	5.6%	0	0	NA
Diagnosis Code 20	1,139,815	0	0.0%	53,554	4.7%	0	0	NA
Diagnosis Code 21	1,139,815	0	0.0%	45,140	4.0%	0	0	NA
Diagnosis Code 22	1,139,815	0	0.0%	38,582	3.4%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 23	1,139,815	0	0.0%	32,643	2.9%	0	0	NA
Diagnosis Code 24	1,139,815	0	0.0%	27,763	2.4%	0	0	NA
Diagnosis Code 25	1,139,815	0	0.0%	19,344	1.7%	0	0	NA
Surgical Procedure Code 1	1,139,815	13	<0.1%	0	0.0%	137,914	137,914	100%
Surgical Procedure Code 2	1,139,815	7	<0.1%	0	0.0%	87,399	87,399	100%
Surgical Procedure Code 3	1,139,815	1	<0.1%	0	0.0%	54,297	54,297	100%
Surgical Procedure Code 4	1,139,815	0	0.0%	18	<0.1%	33,055	33,055	100%
Surgical Procedure Code 5	1,139,815	0	0.0%	22,149	1.9%	0	0	NA
Surgical Procedure Code 6	1,139,815	0	0.0%	15,326	1.3%	0	0	NA
Surgical Procedure Code 7	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 8	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 9	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 10	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 11	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 12	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 13	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 14	1,139,815	0	0.0%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 15	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 16	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 17	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 18	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 19	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 20	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 21	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 22	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 23	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 24	1,139,815	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 25	1,139,815	0	0.0%	0	0.0%	0	0	NA

Table C-19—Record Omission and Surplus: MOL-M

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	9,634,007	1,546,286	16.1%	9,034,562	946,841	10.5%
Institutional	3,547,068	714,917	20.2%	3,229,000	396,849	12.3%

Table C-20—Element Omission, Surplus, and Accuracy—Professional Encounters: MOL-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	8,087,721	0	0.0%	0	0.0%	8,087,721	8,087,554	>99.9%
Detail Service From Date	8,087,721	0	0.0%	0	0.0%	8,087,721	7,596,035	93.9%
Detail Service To Date	8,087,721	0	0.0%	0	0.0%	8,087,721	7,596,562	93.9%
Billing Provider NPI	8,087,721	1,998	<0.1%	0	0.0%	8,085,678	7,815,257	96.7%
Rendering Provider NPI	8,087,721	3,188	<0.1%	0	0.0%	8,084,488	7,969,544	98.6%
Referring Provider NPI	8,087,721	234,220	2.9%	0	0.0%	4,162,560	4,048,685	97.3%
Detail Paid Amount	8,087,721	0	0.0%	0	0.0%	8,087,721	7,904,827	97.7%
Header Paid Amount	8,087,721	0	0.0%	0	0.0%	8,087,721	6,690,062	82.7%
CPT/HCPCS Procedure Code	8,087,721	0	0.0%	0	0.0%	8,087,721	8,087,721	100%
Modifier 1	8,087,721	10,408	0.1%	10,511	0.1%	3,063,306	2,991,163	97.6%
Modifier 2	8,087,721	9,103	0.1%	7,645	0.1%	223,847	216,839	96.9%
Modifier 3	8,087,721	2,817	<0.1%	2,024	<0.1%	23,131	22,811	98.6%
Modifier 4	8,087,721	139	<0.1%	150	<0.1%	1,169	1,151	98.5%

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	8,087,721	25	<0.1%	712	<0.1%	247,029	246,105	99.6%
Drug Quantity	8,087,721	247,054	3.1%	0	0.0%	0	0	NA
Diagnosis Code 1	8,087,721	0	0.0%	0	0.0%	8,087,721	6,971,984	86.2%
Diagnosis Code 2	8,087,721	1,298,144	16.1%	0	0.0%	3,216,946	2,975,744	92.5%
Diagnosis Code 3	8,087,721	1,017,899	12.6%	0	0.0%	1,965,184	1,840,709	93.7%
Diagnosis Code 4	8,087,721	782,680	9.7%	0	0.0%	1,245,117	1,170,804	94.0%
Diagnosis Code 5	8,087,721	0	0.0%	114	<0.1%	0	0	NA
Diagnosis Code 6	8,087,721	0	0.0%	24	<0.1%	0	0	NA
Diagnosis Code 7	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 8	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 9	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 10	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 11	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 12	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 13	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 14	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	8,087,721	0	0.0%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 24	8,087,721	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	8,087,721	0	0.0%	0	0.0%	0	0	NA

Table C-21—Element Omission, Surplus, and Accuracy—Institutional Encounters: MOL-M

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	2,832,151	0	0.0%	0	0.0%	2,832,151	2,832,074	>99.9%
Header Service From Date	2,832,151	0	0.0%	0	0.0%	2,832,151	2,832,133	>99.9%
Header Service To Date	2,832,151	0	0.0%	0	0.0%	2,832,151	2,832,133	>99.9%
Billing Provider NPI	2,832,151	5	<0.1%	0	0.0%	2,832,146	2,705,920	95.5%
Attending Provider NPI	2,832,151	1,062,408	37.5%	0	0.0%	1,769,656	1,676,690	94.7%
Referring Provider NPI	2,832,151	110,162	3.9%	538,702	19.0%	11,094	278	2.5%
Detail Paid Amount	2,832,151	0	0.0%	0	0.0%	2,832,151	2,710,763	95.7%
Header Paid Amount	2,832,151	0	0.0%	0	0.0%	2,832,151	2,707,223	95.6%
CPT/HCPCS Procedure Code	2,832,151	2,170	0.1%	131	<0.1%	2,021,076	1,981,538	98.0%
Modifier 1	2,832,151	9,633	0.3%	10,605	0.4%	337,431	335,573	99.4%
Modifier 2	2,832,151	1,060	<0.1%	922	<0.1%	18,631	18,558	99.6%
Modifier 3	2,832,151	251	<0.1%	228	<0.1%	446	446	100%
Modifier 4	2,832,151	1	<0.1%	0	0.0%	10	10	100%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	2,832,151	564	<0.1%	1,403	<0.1%	308,591	286,846	93.0%
Drug Quantity	2,832,151	309,155	10.9%	0	0.0%	0	0	NA
Revenue Code	2,832,151	0	0.0%	0	0.0%	2,832,151	2,832,151	100%
Diagnosis Related Group (DRG)	2,832,151	411	<0.1%	206	<0.1%	477,733	473,593	99.1%
Diagnosis Code 1	2,832,151	0	0.0%	0	0.0%	2,832,151	2,576,894	91.0%
Diagnosis Code 2	2,832,151	583,717	20.6%	0	0.0%	2,230,848	606,894	27.2%
Diagnosis Code 3	2,832,151	673,969	23.8%	0	0.0%	1,707,116	473,180	27.7%
Diagnosis Code 4	2,832,151	595,823	21.0%	0	0.0%	1,324,297	407,299	30.8%
Diagnosis Code 5	2,832,151	437,102	15.4%	0	0.0%	1,050,188	353,157	33.6%
Diagnosis Code 6	2,832,151	310,709	11.0%	0	0.0%	854,271	312,647	36.6%
Diagnosis Code 7	2,832,151	214,651	7.6%	0	0.0%	708,970	277,702	39.2%
Diagnosis Code 8	2,832,151	151,718	5.4%	0	0.0%	597,321	247,673	41.5%
Diagnosis Code 9	2,832,151	118,318	4.2%	0	0.0%	506,422	219,489	43.3%
Diagnosis Code 10	2,832,151	94,195	3.3%	0	0.0%	432,056	197,770	45.8%
Diagnosis Code 11	2,832,151	73,857	2.6%	0	0.0%	370,586	176,116	47.5%
Diagnosis Code 12	2,832,151	62,314	2.2%	0	0.0%	316,794	157,761	49.8%
Diagnosis Code 13	2,832,151	0	0.0%	272,689	9.6%	0	0	NA
Diagnosis Code 14	2,832,151	0	0.0%	226,319	8.0%	0	0	NA
Diagnosis Code 15	2,832,151	0	0.0%	194,108	6.9%	0	0	NA
Diagnosis Code 16	2,832,151	0	0.0%	166,927	5.9%	0	0	NA
Diagnosis Code 17	2,832,151	0	0.0%	140,946	5.0%	0	0	NA
Diagnosis Code 18	2,832,151	0	0.0%	117,703	4.2%	0	0	NA
Diagnosis Code 19	2,832,151	0	0.0%	98,637	3.5%	0	0	NA
Diagnosis Code 20	2,832,151	0	0.0%	83,812	3.0%	0	0	NA
Diagnosis Code 21	2,832,151	0	0.0%	72,296	2.6%	0	0	NA
Diagnosis Code 22	2,832,151	0	0.0%	62,108	2.2%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 23	2,832,151	0	0.0%	53,554	1.9%	0	0	NA
Diagnosis Code 24	2,832,151	0	0.0%	45,491	1.6%	0	0	NA
Diagnosis Code 25	2,832,151	0	0.0%	31,716	1.1%	0	0	NA
Surgical Procedure Code 1	2,832,151	0	0.0%	343,242	12.1%	0	0	NA
Surgical Procedure Code 2	2,832,151	0	0.0%	212,013	7.5%	0	0	NA
Surgical Procedure Code 3	2,832,151	0	0.0%	124,176	4.4%	0	0	NA
Surgical Procedure Code 4	2,832,151	0	0.0%	76,429	2.7%	0	0	NA
Surgical Procedure Code 5	2,832,151	0	0.0%	48,861	1.7%	0	0	NA
Surgical Procedure Code 6	2,832,151	0	0.0%	32,990	1.2%	0	0	NA
Surgical Procedure Code 7	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 8	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 9	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 10	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 11	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 12	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 13	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 14	2,832,151	0	0.0%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 15	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 16	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 17	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 18	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 19	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 20	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 21	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 22	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 23	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 24	2,832,151	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 25	2,832,151	0	0.0%	0	0.0%	0	0	NA

Table C-22—Record Omission and Surplus: PRS-M

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	7,182,712	48,788	0.7%	7,722,821	588,897	7.6%
Institutional	1,821,834	182,990	10.0%	1,722,406	83,562	4.9%

Table C-23—Element Omission, Surplus, and Accuracy—Professional Encounters: PRS-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	7,133,924	1	<0.1%	0	0.0%	7,133,923	7,133,683	>99.9%
Detail Service From Date	7,133,924	0	0.0%	0	0.0%	7,133,924	6,824,448	95.7%
Detail Service To Date	7,133,924	0	0.0%	0	0.0%	7,133,924	6,824,448	95.7%
Billing Provider NPI	7,133,924	45,776	0.6%	0	0.0%	7,088,148	6,874,328	97.0%
Rendering Provider NPI	7,133,924	44,197	0.6%	299,565	4.2%	6,787,930	5,889,204	86.8%
Referring Provider NPI	7,133,924	0	0.0%	0	0.0%	0	0	NA
Detail Paid Amount	7,133,924	0	0.0%	0	0.0%	7,133,924	5,685,706	79.7%
Header Paid Amount	7,133,924	0	0.0%	0	0.0%	7,133,924	5,822,500	81.6%
Procedure Code	7,133,924	0	0.0%	0	0.0%	7,133,923	7,133,923	100%
Modifier 1	7,133,924	11,653	0.2%	11,439	0.2%	2,708,891	2,697,196	99.6%
Modifier 2	7,133,924	3,387	<0.1%	3,358	<0.1%	130,645	128,609	98.4%
Modifier 3	7,133,924	511	<0.1%	583	<0.1%	8,932	8,862	99.2%
Modifier 4	7,133,924	14	<0.1%	14	<0.1%	372	368	98.9%
National Drug Code (NDC)	7,133,924	69,085	1.0%	81	<0.1%	66,995	66,957	99.9%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Drug Quantity	7,133,924	136,080	1.9%	0	0.0%	0	0	NA
Diagnosis Code 1	7,133,924	0	0.0%	0	0.0%	7,133,924	6,337,391	88.8%
Diagnosis Code 2	7,133,924	1,046,060	14.7%	0	0.0%	3,120,319	2,854,101	91.5%
Diagnosis Code 3	7,133,924	890,948	12.5%	0	0.0%	1,955,158	1,802,993	92.2%
Diagnosis Code 4	7,133,924	709,745	9.9%	0	0.0%	1,222,747	1,136,280	92.9%
Diagnosis Code 5	7,133,924	899,378	12.6%	0	0.0%	68	1	1.5%
Diagnosis Code 6	7,133,924	647,754	9.1%	0	0.0%	24	0	0.0%
Diagnosis Code 7	7,133,924	487,763	6.8%	0	0.0%	0	0	NA
Diagnosis Code 8	7,133,924	382,175	5.4%	0	0.0%	0	0	NA
Diagnosis Code 9	7,133,924	267,046	3.7%	0	0.0%	0	0	NA
Diagnosis Code 10	7,133,924	177,468	2.5%	0	0.0%	0	0	NA
Diagnosis Code 11	7,133,924	68,677	1.0%	0	0.0%	0	0	NA
Diagnosis Code 12	7,133,924	47,055	0.7%	0	0.0%	0	0	NA
Diagnosis Code 13	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 14	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 24	7,133,924	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	7,133,924	0	0.0%	0	0.0%	0	0	NA

Table C-24—Element Omission, Surplus, and Accuracy—Institutional Encounters: PRS-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	1,638,844	0	0.0%	0	0.0%	1,638,844	1,638,839	>99.9%
Header Service From Date	1,638,844	0	0.0%	0	0.0%	1,638,844	1,629,037	99.4%
Header Service To Date	1,638,844	0	0.0%	0	0.0%	1,638,844	1,596,533	97.4%
Billing Provider NPI	1,638,844	123	<0.1%	0	0.0%	1,638,721	1,504,994	91.8%
Attending Provider NPI	1,638,844	615,117	37.5%	0	0.0%	1,017,080	1,005,020	98.8%
Referring Provider NPI	1,638,844	0	0.0%	538,845	32.9%	0	0	NA
Detail Paid Amount	1,638,844	0	0.0%	0	0.0%	1,638,844	1,633,577	99.7%
Header Paid Amount	1,638,844	0	0.0%	0	0.0%	1,638,844	1,638,616	>99.9%
CPT/HCPCS Procedure Code	1,638,844	0	0.0%	0	0.0%	1,414,655	1,414,655	100%
Modifier 1	1,638,844	3,599	0.2%	3,598	0.2%	240,869	240,133	99.7%
Modifier 2	1,638,844	12,278	0.7%	0	0.0%	0	0	NA
Modifier 3	1,638,844	170	<0.1%	0	0.0%	0	0	NA
Modifier 4	1,638,844	0	0.0%	0	0.0%	0	0	NA
National Drug Code (NDC)	1,638,844	2	<0.1%	1	<0.1%	188,610	188,598	>99.9%
Drug Quantity	1,638,844	188,612	11.5%	0	0.0%	0	0	NA
Revenue Code	1,638,844	0	0.0%	0	0.0%	1,638,844	1,638,844	100%
Diagnosis Related Group (DRG)	1,638,844	393	<0.1%	5,947	0.4%	39,656	38,127	96.1%
Diagnosis Code 1	1,638,844	0	0.0%	0	0.0%	1,638,844	1,638,844	100%
Diagnosis Code 2	1,638,844	0	0.0%	0	0.0%	1,224,945	1,224,945	100%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 3	1,638,844	0	0.0%	0	0.0%	896,612	896,612	100%
Diagnosis Code 4	1,638,844	0	0.0%	0	0.0%	664,709	664,709	100%
Diagnosis Code 5	1,638,844	0	0.0%	0	0.0%	504,208	504,208	100%
Diagnosis Code 6	1,638,844	0	0.0%	0	0.0%	388,110	388,110	100%
Diagnosis Code 7	1,638,844	0	0.0%	0	0.0%	306,685	306,685	100%
Diagnosis Code 8	1,638,844	0	0.0%	0	0.0%	247,195	247,195	100%
Diagnosis Code 9	1,638,844	0	0.0%	0	0.0%	202,885	202,885	100%
Diagnosis Code 10	1,638,844	0	0.0%	0	0.0%	166,635	166,635	100%
Diagnosis Code 11	1,638,844	0	0.0%	0	0.0%	138,705	138,705	100%
Diagnosis Code 12	1,638,844	0	0.0%	0	0.0%	115,777	115,777	100%
Diagnosis Code 13	1,638,844	0	0.0%	0	0.0%	95,781	95,781	100%
Diagnosis Code 14	1,638,844	0	0.0%	0	0.0%	77,308	77,308	100%
Diagnosis Code 15	1,638,844	0	0.0%	0	0.0%	63,602	63,602	100%
Diagnosis Code 16	1,638,844	0	0.0%	0	0.0%	52,087	52,087	100%
Diagnosis Code 17	1,638,844	0	0.0%	0	0.0%	41,911	41,911	100%
Diagnosis Code 18	1,638,844	0	0.0%	0	0.0%	31,329	31,329	100%
Diagnosis Code 19	1,638,844	0	0.0%	0	0.0%	25,155	25,155	100%
Diagnosis Code 20	1,638,844	0	0.0%	0	0.0%	20,637	20,637	100%
Diagnosis Code 21	1,638,844	0	0.0%	0	0.0%	16,555	16,555	100%
Diagnosis Code 22	1,638,844	0	0.0%	0	0.0%	13,675	13,675	100%
Diagnosis Code 23	1,638,844	0	0.0%	0	0.0%	11,218	11,218	100%
Diagnosis Code 24	1,638,844	0	0.0%	0	0.0%	9,295	9,295	100%
Diagnosis Code 25	1,638,844	0	0.0%	0	0.0%	5,282	5,282	100%
Surgical Procedure Code 1	1,638,844	12,689	0.8%	0	0.0%	14,894	14,894	100%
Surgical Procedure Code 2	1,638,844	6,292	0.4%	0	0.0%	10,151	10,151	100%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 3	1,638,844	2,757	0.2%	0	0.0%	5,957	5,957	100%
Surgical Procedure Code 4	1,638,844	1,302	0.1%	0	0.0%	3,550	3,550	100%
Surgical Procedure Code 5	1,638,844	677	<0.1%	0	0.0%	2,236	2,236	100%
Surgical Procedure Code 6	1,638,844	409	<0.1%	0	0.0%	1,530	1,530	100%
Surgical Procedure Code 7	1,638,844	917	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 8	1,638,844	677	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 9	1,638,844	522	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 10	1,638,844	421	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 11	1,638,844	306	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 12	1,638,844	232	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 13	1,638,844	185	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 14	1,638,844	152	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 15	1,638,844	133	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 16	1,638,844	114	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 17	1,638,844	94	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 18	1,638,844	73	<0.1%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 19	1,638,844	66	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 20	1,638,844	59	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 21	1,638,844	48	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 22	1,638,844	44	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 23	1,638,844	36	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 24	1,638,844	32	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 25	1,638,844	22	<0.1%	0	0.0%	0	0	NA

Table C-25—Record Omission and Surplus: SHP-M

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	5,199,550	786,206	15.1%	4,431,442	18,098	0.4%
Institutional	1,289,311	308,157	23.9%	1,025,111	43,957	4.3%

Table C-26—Element Omission, Surplus, and Accuracy—Professional Encounters: SHP-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	4,413,344	0	0.0%	0	0.0%	4,413,344	4,413,291	>99.9%
Detail Service From Date	4,413,344	0	0.0%	0	0.0%	4,413,344	4,041,207	91.6%
Detail Service To Date	4,413,344	0	0.0%	0	0.0%	4,413,344	4,041,239	91.6%
Billing Provider NPI	4,413,344	77,693	1.8%	49	<0.1%	4,327,541	4,179,387	96.6%
Rendering Provider NPI	4,413,344	86,230	2.0%	19,996	0.5%	4,307,037	4,168,003	96.8%
Referring Provider NPI	4,413,344	64,012	1.5%	470	<0.1%	2,225,307	2,091,570	94.0%
Detail Paid Amount	4,413,344	0	0.0%	0	0.0%	4,413,344	3,401,447	77.1%
Header Paid Amount	4,413,344	0	0.0%	0	0.0%	4,413,344	2,615,386	59.3%
CPT/HCPCS Procedure Code	4,413,344	0	0.0%	0	0.0%	4,413,344	4,413,344	100%
Modifier 1	4,413,344	5,118	0.1%	4,726	0.1%	1,336,161	1,326,696	99.3%
Modifier 2	4,413,344	6,451	0.1%	6,342	0.1%	134,259	132,302	98.5%
Modifier 3	4,413,344	674	<0.1%	640	<0.1%	28,409	28,190	99.2%
Modifier 4	4,413,344	64	<0.1%	55	<0.1%	2,632	2,591	98.4%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	4,413,344	6	<0.1%	455	<0.1%	20,496	20,473	99.9%
Drug Quantity	4,413,344	20,502	0.5%	0	0.0%	0	0	NA
Diagnosis Code 1	4,413,344	0	0.0%	0	0.0%	4,413,344	3,671,911	83.2%
Diagnosis Code 2	4,413,344	841,079	19.1%	0	0.0%	2,138,775	1,963,017	91.8%
Diagnosis Code 3	4,413,344	734,852	16.7%	0	0.0%	1,608,082	1,507,401	93.7%
Diagnosis Code 4	4,413,344	625,717	14.2%	0	0.0%	1,209,633	1,141,198	94.3%
Diagnosis Code 5	4,413,344	1,139,868	25.8%	0	0.0%	588	16	2.7%
Diagnosis Code 6	4,413,344	850,721	19.3%	0	0.0%	196	0	0.0%
Diagnosis Code 7	4,413,344	624,847	14.2%	0	0.0%	0	0	NA
Diagnosis Code 8	4,413,344	452,409	10.3%	0	0.0%	0	0	NA
Diagnosis Code 9	4,413,344	274,390	6.2%	0	0.0%	0	0	NA
Diagnosis Code 10	4,413,344	194,217	4.4%	0	0.0%	0	0	NA
Diagnosis Code 11	4,413,344	135,380	3.1%	0	0.0%	0	0	NA
Diagnosis Code 12	4,413,344	96,806	2.2%	0	0.0%	0	0	NA
Diagnosis Code 13	4,413,344	5	<0.1%	0	0.0%	0	0	NA
Diagnosis Code 14	4,413,344	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	4,413,344	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	4,413,344	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	4,413,344	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	4,413,344	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	4,413,344	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	4,413,344	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	4,413,344	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	4,413,344	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	4,413,344	0	0.0%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 24	4,413,344	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	4,413,344	0	0.0%	0	0.0%	0	0	NA

Table C-27—Element Omission, Surplus, and Accuracy—Institutional Encounters: SHP-M

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	981,154	0	0.0%	0	0.0%	981,154	981,148	>99.9%
Header Service From Date	981,154	0	0.0%	0	0.0%	981,154	981,154	100%
Header Service To Date	981,154	0	0.0%	0	0.0%	981,154	981,154	100%
Billing Provider NPI	981,154	4,619	0.5%	0	0.0%	976,535	953,000	97.6%
Attending Provider NPI	981,154	250,287	25.5%	0	0.0%	729,532	154,668	21.2%
Referring Provider NPI	981,154	11,533	1.2%	205,817	21.0%	1,506	173	11.5%
Detail Paid Amount	981,154	0	0.0%	0	0.0%	981,154	879,957	89.7%
Header Paid Amount	981,154	0	0.0%	0	0.0%	981,154	668,884	68.2%
CPT/HCPCS Procedure Code	981,154	0	0.0%	0	0.0%	695,334	695,334	100%
Modifier 1	981,154	3,768	0.4%	3,681	0.4%	166,770	165,754	99.4%
Modifier 2	981,154	920	0.1%	837	0.1%	31,125	30,434	97.8%
Modifier 3	981,154	201	<0.1%	193	<0.1%	2,885	2,772	96.1%
Modifier 4	981,154	55	<0.1%	54	<0.1%	227	227	100%

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	981,154	29	<0.1%	1,559	0.2%	78,111	76,870	98.4%
Drug Quantity	981,154	78,140	8.0%	0	0.0%	0	0	NA
Revenue Code	981,154	0	0.0%	0	0.0%	981,154	981,154	100%
Diagnosis Related Group (DRG)	981,154	110,838	11.3%	623	0.1%	82,426	69,765	84.6%
Diagnosis Code 1	981,154	0	0.0%	0	0.0%	981,154	898,727	91.6%
Diagnosis Code 2	981,154	67,156	6.8%	172	<0.1%	899,271	544,279	60.5%
Diagnosis Code 3	981,154	59,716	6.1%	12,214	1.2%	765,062	450,045	58.8%
Diagnosis Code 4	981,154	63,341	6.5%	14,232	1.5%	636,509	371,886	58.4%
Diagnosis Code 5	981,154	58,420	6.0%	11,762	1.2%	517,502	299,359	57.8%
Diagnosis Code 6	981,154	52,730	5.4%	8,422	0.9%	411,424	240,944	58.6%
Diagnosis Code 7	981,154	36,018	3.7%	6,885	0.7%	340,210	204,455	60.1%
Diagnosis Code 8	981,154	26,661	2.7%	5,724	0.6%	288,033	176,617	61.3%
Diagnosis Code 9	981,154	20,894	2.1%	4,845	0.5%	244,289	152,913	62.6%
Diagnosis Code 10	981,154	16,275	1.7%	4,656	0.5%	207,970	132,583	63.8%
Diagnosis Code 11	981,154	13,261	1.4%	4,062	0.4%	178,998	116,183	64.9%
Diagnosis Code 12	981,154	9,599	1.0%	2,976	0.3%	156,276	102,481	65.6%
Diagnosis Code 13	981,154	7,741	0.8%	3,122	0.3%	133,699	88,285	66.0%
Diagnosis Code 14	981,154	6,805	0.7%	3,098	0.3%	116,429	78,131	67.1%
Diagnosis Code 15	981,154	5,273	0.5%	2,319	0.2%	100,717	68,021	67.5%
Diagnosis Code 16	981,154	3,656	0.4%	2,234	0.2%	86,505	58,087	67.1%
Diagnosis Code 17	981,154	2,134	0.2%	2,377	0.2%	74,999	49,751	66.3%
Diagnosis Code 18	981,154	2,143	0.2%	1,656	0.2%	65,019	43,032	66.2%
Diagnosis Code 19	981,154	1,783	0.2%	4,690	0.5%	48,486	31,852	65.7%
Diagnosis Code 20	981,154	1,271	0.1%	4,282	0.4%	40,340	26,208	65.0%
Diagnosis Code 21	981,154	796	0.1%	1,948	0.2%	34,574	21,872	63.3%
Diagnosis Code 22	981,154	919	0.1%	2,037	0.2%	28,896	18,264	63.2%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 23	981,154	561	0.1%	1,943	0.2%	24,369	15,913	65.3%
Diagnosis Code 24	981,154	118	<0.1%	2,646	0.3%	20,622	12,855	62.3%
Diagnosis Code 25	981,154	14,664	1.5%	57	<0.1%	410	354	86.3%
Surgical Procedure Code 1	981,154	443	<0.1%	0	0.0%	127,988	43,316	33.8%
Surgical Procedure Code 2	981,154	43,388	4.4%	0	0.0%	84,961	39,667	46.7%
Surgical Procedure Code 3	981,154	71,301	7.3%	0	0.0%	57,047	17,526	30.7%
Surgical Procedure Code 4	981,154	89,451	9.1%	0	0.0%	38,885	10,507	27.0%
Surgical Procedure Code 5	981,154	103,618	10.6%	0	0.0%	24,670	4,347	17.6%
Surgical Procedure Code 6	981,154	110,067	11.2%	0	0.0%	18,166	4,322	23.8%
Surgical Procedure Code 7	981,154	128,017	13.0%	0	0.0%	0	0	NA
Surgical Procedure Code 8	981,154	127,772	13.0%	0	0.0%	0	0	NA
Surgical Procedure Code 9	981,154	127,288	13.0%	0	0.0%	0	0	NA
Surgical Procedure Code 10	981,154	126,475	12.9%	0	0.0%	0	0	NA
Surgical Procedure Code 11	981,154	125,415	12.8%	0	0.0%	0	0	NA
Surgical Procedure Code 12	981,154	123,897	12.6%	0	0.0%	0	0	NA
Surgical Procedure Code 13	981,154	122,010	12.4%	0	0.0%	0	0	NA
Surgical Procedure Code 14	981,154	120,464	12.3%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 15	981,154	118,714	12.1%	0	0.0%	0	0	NA
Surgical Procedure Code 16	981,154	117,049	11.9%	0	0.0%	0	0	NA
Surgical Procedure Code 17	981,154	115,113	11.7%	0	0.0%	0	0	NA
Surgical Procedure Code 18	981,154	113,634	11.6%	0	0.0%	0	0	NA
Surgical Procedure Code 19	981,154	111,804	11.4%	0	0.0%	0	0	NA
Surgical Procedure Code 20	981,154	110,151	11.2%	0	0.0%	0	0	NA
Surgical Procedure Code 21	981,154	107,982	11.0%	0	0.0%	0	0	NA
Surgical Procedure Code 22	981,154	106,848	10.9%	0	0.0%	0	0	NA
Surgical Procedure Code 23	981,154	105,088	10.7%	0	0.0%	0	0	NA
Surgical Procedure Code 24	981,154	104,352	10.6%	0	0.0%	0	0	NA
Surgical Procedure Code 25	981,154	102,486	10.4%	0	0.0%	0	0	NA

Table C-28—Record Omission and Surplus: STW-M

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	14,384,445	738,040	5.1%	19,085,259	5,438,854	28.5%
Institutional	5,265,787	853,445	16.2%	4,992,143	579,801	11.6%

Table C-29—Element Omission, Surplus, and Accuracy—Professional Encounters: STW-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	13,646,405	0	0.0%	0	0.0%	13,646,405	13,646,193	>99.9%
Detail Service From Date	13,646,405	0	0.0%	0	0.0%	13,646,405	13,084,174	95.9%
Detail Service To Date	13,646,405	0	0.0%	0	0.0%	13,646,405	13,084,053	95.9%
Billing Provider NPI	13,646,405	26,528	0.2%	1	<0.1%	13,619,876	13,147,141	96.5%
Rendering Provider NPI	13,646,405	18,696	0.1%	3,289,213	24.1%	10,331,087	10,066,569	97.4%
Referring Provider NPI	13,646,405	0	0.0%	6,753,339	49.5%	0	0	NA
Detail Paid Amount	13,646,405	0	0.0%	1	<0.1%	13,646,404	13,177,564	96.6%
Header Paid Amount	13,646,405	0	0.0%	1,677	<0.1%	13,644,728	10,900,834	79.9%
CPT/HCPCS Procedure Code	13,646,405	5	<0.1%	1	<0.1%	13,646,399	13,315,462	97.6%
Modifier 1	13,646,405	57,748	0.4%	45,297	0.3%	4,560,629	4,527,412	99.3%
Modifier 2	13,646,405	13,009	0.1%	12,002	0.1%	285,621	277,783	97.3%
Modifier 3	13,646,405	0	0.0%	36,586	0.3%	0	0	NA
Modifier 4	13,646,405	0	0.0%	1,984	<0.1%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	13,646,405	7,035	0.1%	14,754	0.1%	470,242	0	0.0%
Drug Quantity	13,646,405	477,277	3.5%	0	0.0%	0	0	NA
Diagnosis Code 1	13,646,405	0	0.0%	0	0.0%	13,646,405	11,734,305	86.0%
Diagnosis Code 2	13,646,405	2,823,283	20.7%	0	0.0%	5,645,477	5,221,310	92.5%
Diagnosis Code 3	13,646,405	2,455,278	18.0%	0	0.0%	3,409,679	3,194,291	93.7%
Diagnosis Code 4	13,646,405	2,020,080	14.8%	0	0.0%	2,146,254	2,026,649	94.4%
Diagnosis Code 5	13,646,405	2,512,493	18.4%	0	0.0%	1,779	2	0.1%
Diagnosis Code 6	13,646,405	1,782,471	13.1%	0	0.0%	202	0	0.0%
Diagnosis Code 7	13,646,405	1,290,980	9.5%	0	0.0%	0	0	NA
Diagnosis Code 8	13,646,405	957,986	7.0%	0	0.0%	0	0	NA
Diagnosis Code 9	13,646,405	666,528	4.9%	0	0.0%	0	0	NA
Diagnosis Code 10	13,646,405	452,033	3.3%	0	0.0%	0	0	NA
Diagnosis Code 11	13,646,405	266,708	2.0%	0	0.0%	0	0	NA
Diagnosis Code 12	13,646,405	186,150	1.4%	0	0.0%	0	0	NA
Diagnosis Code 13	13,646,405	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 14	13,646,405	1	<0.1%	0	0.0%	0	0	NA
Diagnosis Code 15	13,646,405	1	<0.1%	0	0.0%	0	0	NA
Diagnosis Code 16	13,646,405	1	<0.1%	0	0.0%	0	0	NA
Diagnosis Code 17	13,646,405	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	13,646,405	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	13,646,405	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	13,646,405	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	13,646,405	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	13,646,405	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	13,646,405	0	0.0%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 24	13,646,405	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	13,646,405	0	0.0%	0	0.0%	0	0	NA

Table C-30—Element Omission, Surplus, and Accuracy—Institutional Encounters: STW-M

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	4,412,342	0	0.0%	0	0.0%	4,412,342	4,412,199	>99.9%
Header Service From Date	4,412,342	0	0.0%	4,412,342	100%	0	0	NA
Header Service To Date	4,412,342	0	0.0%	4,412,342	100%	0	0	NA
Billing Provider NPI	4,412,342	651	<0.1%	0	0.0%	4,411,691	4,052,896	91.9%
Attending Provider NPI	4,412,342	1,153,845	26.2%	0	0.0%	3,258,468	3,216,730	98.7%
Referring Provider NPI	4,412,342	0	0.0%	1,002,105	22.7%	0	0	NA
Detail Paid Amount	4,412,342	32,739	0.7%	0	0.0%	4,379,603	4,211,352	96.2%
Header Paid Amount	4,412,342	0	0.0%	12	<0.1%	4,412,330	4,216,903	95.6%
CPT/HCPCS Procedure Code	4,412,342	44,432	1.0%	3,533	0.1%	3,137,495	3,038,778	96.9%
Modifier 1	4,412,342	35,702	0.8%	11,108	0.3%	582,861	579,396	99.4%
Modifier 2	4,412,342	9,020	0.2%	1,254	<0.1%	32,806	32,690	99.6%
Modifier 3	4,412,342	0	0.0%	741	<0.1%	0	0	NA
Modifier 4	4,412,342	0	0.0%	2	<0.1%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	4,412,342	18,070	0.4%	9,532	0.2%	472,175	8	<0.1%
Drug Quantity	4,412,342	490,245	11.1%	0	0.0%	0	0	NA
Revenue Code	4,412,342	32,739	0.7%	0	0.0%	4,379,603	4,255,033	97.2%
Diagnosis Related Group (DRG)	4,412,342	0	0.0%	816,489	18.5%	0	0	NA
Diagnosis Code 1	4,412,342	0	0.0%	0	0.0%	4,412,342	4,323,785	98.0%
Diagnosis Code 2	4,412,342	859,930	19.5%	0	0.0%	3,552,189	267,944	7.5%
Diagnosis Code 3	4,412,342	1,003,983	22.8%	0	0.0%	2,790,896	26,021	0.9%
Diagnosis Code 4	4,412,342	935,137	21.2%	0	0.0%	2,202,683	1,466	0.1%
Diagnosis Code 5	4,412,342	725,408	16.4%	0	0.0%	1,754,042	4,185	0.2%
Diagnosis Code 6	4,412,342	554,726	12.6%	0	0.0%	1,402,529	179	<0.1%
Diagnosis Code 7	4,412,342	380,040	8.6%	0	0.0%	1,164,053	73	<0.1%
Diagnosis Code 8	4,412,342	278,401	6.3%	0	0.0%	984,155	1	<0.1%
Diagnosis Code 9	4,412,342	213,517	4.8%	0	0.0%	843,814	1	<0.1%
Diagnosis Code 10	4,412,342	170,512	3.9%	0	0.0%	728,760	1	<0.1%
Diagnosis Code 11	4,412,342	141,372	3.2%	0	0.0%	630,412	1	<0.1%
Diagnosis Code 12	4,412,342	117,157	2.7%	0	0.0%	549,542	1	<0.1%
Diagnosis Code 13	4,412,342	103,790	2.4%	0	0.0%	475,697	1	<0.1%
Diagnosis Code 14	4,412,342	91,479	2.1%	0	0.0%	410,391	0	0.0%
Diagnosis Code 15	4,412,342	79,218	1.8%	0	0.0%	354,633	0	0.0%
Diagnosis Code 16	4,412,342	69,716	1.6%	0	0.0%	305,466	0	0.0%
Diagnosis Code 17	4,412,342	61,688	1.4%	0	0.0%	263,006	0	0.0%
Diagnosis Code 18	4,412,342	62,597	1.4%	0	0.0%	217,889	0	0.0%
Diagnosis Code 19	4,412,342	53,268	1.2%	0	0.0%	179,802	0	0.0%
Diagnosis Code 20	4,412,342	37,550	0.9%	0	0.0%	156,941	0	0.0%
Diagnosis Code 21	4,412,342	31,321	0.7%	0	0.0%	136,031	0	0.0%
Diagnosis Code 22	4,412,342	28,840	0.7%	0	0.0%	116,218	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 23	4,412,342	24,654	0.6%	0	0.0%	99,428	0	0.0%
Diagnosis Code 24	4,412,342	19,169	0.4%	0	0.0%	86,439	0	0.0%
Diagnosis Code 25	4,412,342	31,461	0.7%	0	0.0%	60,578	0	0.0%
Surgical Procedure Code 1	4,412,342	0	0.0%	0	0.0%	571,730	571,730	100%
Surgical Procedure Code 2	4,412,342	0	0.0%	0	0.0%	360,711	358,232	99.3%
Surgical Procedure Code 3	4,412,342	2,275	0.1%	0	0.0%	212,934	195,641	91.9%
Surgical Procedure Code 4	4,412,342	3,101	0.1%	0	0.0%	129,446	113,113	87.4%
Surgical Procedure Code 5	4,412,342	3,792	0.1%	0	0.0%	83,088	66,390	79.9%
Surgical Procedure Code 6	4,412,342	4,448	0.1%	0	0.0%	56,931	40,533	71.2%
Surgical Procedure Code 7	4,412,342	39,663	0.9%	0	0.0%	0	0	NA
Surgical Procedure Code 8	4,412,342	30,489	0.7%	0	0.0%	0	0	NA
Surgical Procedure Code 9	4,412,342	24,121	0.5%	0	0.0%	0	0	NA
Surgical Procedure Code 10	4,412,342	18,907	0.4%	0	0.0%	0	0	NA
Surgical Procedure Code 11	4,412,342	15,209	0.3%	0	0.0%	0	0	NA
Surgical Procedure Code 12	4,412,342	12,192	0.3%	0	0.0%	0	0	NA
Surgical Procedure Code 13	4,412,342	9,904	0.2%	0	0.0%	0	0	NA
Surgical Procedure Code 14	4,412,342	7,878	0.2%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 15	4,412,342	6,914	0.2%	0	0.0%	0	0	NA
Surgical Procedure Code 16	4,412,342	5,865	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 17	4,412,342	5,006	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 18	4,412,342	4,340	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 19	4,412,342	3,812	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 20	4,412,342	3,152	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 21	4,412,342	2,343	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 22	4,412,342	1,856	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 23	4,412,342	1,469	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 24	4,412,342	1,302	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 25	4,412,342	407	<0.1%	0	0.0%	0	0	NA

Table C-31—Record Omission and Surplus: SUN-M

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	11,097,415	449,201	4.0%	13,707,614	3,059,400	22.3%
Institutional	4,252,967	857,171	20.2%	3,981,359	585,563	14.7%

Table C-32—Element Omission, Surplus, and Accuracy—Professional Encounters: SUN-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	10,648,214	777	<0.1%	0	0.0%	10,647,437	10,645,980	>99.9%
Detail Service From Date	10,648,214	0	0.0%	0	0.0%	10,648,214	10,627,879	99.8%
Detail Service To Date	10,648,214	0	0.0%	0	0.0%	10,648,214	10,627,879	99.8%
Billing Provider NPI	10,648,214	212,361	2.0%	149,988	1.4%	10,285,859	9,939,155	96.6%
Rendering Provider NPI	10,648,214	210,982	2.0%	40,694	0.4%	10,396,489	10,115,577	97.3%
Referring Provider NPI	10,648,214	1,357,981	12.8%	0	0.0%	5,008,612	4,891,335	97.7%
Detail Paid Amount	10,648,214	0	0.0%	0	0.0%	10,648,214	8,368,692	78.6%
Header Paid Amount	10,648,214	0	0.0%	0	0.0%	10,648,214	5,393,782	50.7%
CPT/HCPCS Procedure Code	10,648,214	0	0.0%	0	0.0%	10,648,214	10,648,214	100%
Modifier 1	10,648,214	41,279	0.4%	306	<0.1%	3,618,890	3,609,317	99.7%
Modifier 2	10,648,214	4,975	<0.1%	133	<0.1%	284,723	284,563	99.9%
Modifier 3	10,648,214	49	<0.1%	6	<0.1%	30,657	30,645	>99.9%
Modifier 4	10,648,214	12	<0.1%	0	0.0%	2,093	2,093	100%

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	10,648,214	771	<0.1%	0	0.0%	175,187	175,187	100%
Drug Quantity	10,648,214	483,676	4.5%	0	0.0%	0	0	NA
Diagnosis Code 1	10,648,214	0	0.0%	0	0.0%	10,648,214	10,180,899	95.6%
Diagnosis Code 2	10,648,214	90,310	0.8%	56	<0.1%	4,931,489	4,752,904	96.4%
Diagnosis Code 3	10,648,214	53,264	0.5%	12	<0.1%	3,135,271	3,056,055	97.5%
Diagnosis Code 4	10,648,214	19,226	0.2%	19	<0.1%	2,063,154	2,018,479	97.8%
Diagnosis Code 5	10,648,214	1,531,239	14.4%	0	0.0%	75	0	0.0%
Diagnosis Code 6	10,648,214	1,099,547	10.3%	0	0.0%	15	0	0.0%
Diagnosis Code 7	10,648,214	833,184	7.8%	0	0.0%	0	0	NA
Diagnosis Code 8	10,648,214	653,880	6.1%	0	0.0%	0	0	NA
Diagnosis Code 9	10,648,214	469,557	4.4%	0	0.0%	0	0	NA
Diagnosis Code 10	10,648,214	328,388	3.1%	0	0.0%	0	0	NA
Diagnosis Code 11	10,648,214	166,740	1.6%	0	0.0%	0	0	NA
Diagnosis Code 12	10,648,214	123,232	1.2%	0	0.0%	0	0	NA
Diagnosis Code 13	10,648,214	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 14	10,648,214	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	10,648,214	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	10,648,214	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	10,648,214	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	10,648,214	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	10,648,214	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	10,648,214	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	10,648,214	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	10,648,214	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	10,648,214	0	0.0%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 24	10,648,214	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	10,648,214	0	0.0%	0	0.0%	0	0	NA

Table C-33—Element Omission, Surplus, and Accuracy—Institutional Encounters: SUN-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	3,395,796	8	<0.1%	0	0.0%	3,395,788	3,395,588	>99.9%
Header Service From Date	3,395,796	0	0.0%	0	0.0%	3,395,796	3,395,781	>99.9%
Header Service To Date	3,395,796	0	0.0%	0	0.0%	3,395,796	3,395,792	>99.9%
Billing Provider NPI	3,395,796	2,691	0.1%	8,603	0.3%	3,384,501	3,150,148	93.1%
Attending Provider NPI	3,395,796	912,758	26.9%	46	<0.1%	2,482,984	2,456,063	98.9%
Referring Provider NPI	3,395,796	292	<0.1%	837,307	24.7%	8	0	0.0%
Detail Paid Amount	3,395,796	0	0.0%	0	0.0%	3,395,796	3,289,843	96.9%
Header Paid Amount	3,395,796	0	0.0%	0	0.0%	3,395,796	3,173,874	93.5%
CPT/HCPCS Procedure Code	3,395,796	569	<0.1%	548	<0.1%	2,367,600	2,338,145	98.8%
Modifier 1	3,395,796	10,386	0.3%	12,920	0.4%	429,529	427,878	99.6%
Modifier 2	3,395,796	1,111	<0.1%	1,336	<0.1%	26,075	25,984	99.7%
Modifier 3	3,395,796	501	<0.1%	502	<0.1%	852	852	100%
Modifier 4	3,395,796	0	0.0%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	3,395,796	45	<0.1%	403	<0.1%	370,926	361,375	97.4%
Drug Quantity	3,395,796	370,968	10.9%	0	0.0%	0	0	NA
Revenue Code	3,395,796	0	0.0%	0	0.0%	3,395,796	3,395,796	100%
Diagnosis Related Group (DRG)	3,395,796	8,211	0.2%	18,628	0.5%	656,915	651,562	99.2%
Diagnosis Code 1	3,395,796	0	0.0%	0	0.0%	3,395,796	3,077,050	90.6%
Diagnosis Code 2	3,395,796	0	0.0%	13	<0.1%	2,672,038	2,551,736	95.5%
Diagnosis Code 3	3,395,796	2	<0.1%	5,636	0.2%	2,042,431	1,982,942	97.1%
Diagnosis Code 4	3,395,796	0	0.0%	5,042	0.1%	1,588,094	1,547,565	97.4%
Diagnosis Code 5	3,395,796	12	<0.1%	0	0.0%	1,256,230	1,227,696	97.7%
Diagnosis Code 6	3,395,796	45	<0.1%	1	<0.1%	993,785	972,311	97.8%
Diagnosis Code 7	3,395,796	37	<0.1%	1	<0.1%	817,671	799,533	97.8%
Diagnosis Code 8	3,395,796	28	<0.1%	0	0.0%	686,879	673,558	98.1%
Diagnosis Code 9	3,395,796	20	<0.1%	0	0.0%	584,385	573,269	98.1%
Diagnosis Code 10	3,395,796	9	<0.1%	0	0.0%	499,523	488,407	97.8%
Diagnosis Code 11	3,395,796	1	<0.1%	0	0.0%	428,896	420,461	98.0%
Diagnosis Code 12	3,395,796	1	<0.1%	0	0.0%	369,419	362,216	98.1%
Diagnosis Code 13	3,395,796	0	0.0%	0	0.0%	315,762	152,216	48.2%
Diagnosis Code 14	3,395,796	0	0.0%	0	0.0%	268,659	215,573	80.2%
Diagnosis Code 15	3,395,796	0	0.0%	3	<0.1%	232,177	185,914	80.1%
Diagnosis Code 16	3,395,796	14	<0.1%	0	0.0%	199,363	195,135	97.9%
Diagnosis Code 17	3,395,796	0	0.0%	0	0.0%	171,018	167,271	97.8%
Diagnosis Code 18	3,395,796	3	<0.1%	0	0.0%	142,727	139,759	97.9%
Diagnosis Code 19	3,395,796	0	0.0%	0	0.0%	118,061	115,174	97.6%
Diagnosis Code 20	3,395,796	0	0.0%	0	0.0%	101,851	99,472	97.7%
Diagnosis Code 21	3,395,796	0	0.0%	0	0.0%	87,858	86,036	97.9%
Diagnosis Code 22	3,395,796	0	0.0%	0	0.0%	75,547	73,927	97.9%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 23	3,395,796	0	0.0%	0	0.0%	63,445	61,656	97.2%
Diagnosis Code 24	3,395,796	0	0.0%	0	0.0%	53,813	52,567	97.7%
Diagnosis Code 25	3,395,796	0	0.0%	0	0.0%	37,290	36,254	97.2%
Surgical Procedure Code 1	3,395,796	0	0.0%	0	0.0%	456,335	456,335	100%
Surgical Procedure Code 2	3,395,796	318	<0.1%	0	0.0%	278,852	277,947	99.7%
Surgical Procedure Code 3	3,395,796	398	<0.1%	0	0.0%	162,104	160,807	99.2%
Surgical Procedure Code 4	3,395,796	573	<0.1%	0	0.0%	97,693	96,417	98.7%
Surgical Procedure Code 5	3,395,796	385	<0.1%	0	0.0%	62,766	61,403	97.8%
Surgical Procedure Code 6	3,395,796	417	<0.1%	0	0.0%	44,167	42,923	97.2%
Surgical Procedure Code 7	3,395,796	28,041	0.8%	0	0.0%	0	0	NA
Surgical Procedure Code 8	3,395,796	21,672	0.6%	0	0.0%	0	0	NA
Surgical Procedure Code 9	3,395,796	16,969	0.5%	0	0.0%	0	0	NA
Surgical Procedure Code 10	3,395,796	13,310	0.4%	0	0.0%	0	0	NA
Surgical Procedure Code 11	3,395,796	10,333	0.3%	0	0.0%	0	0	NA
Surgical Procedure Code 12	3,395,796	8,725	0.3%	0	0.0%	0	0	NA
Surgical Procedure Code 13	3,395,796	7,121	0.2%	0	0.0%	0	0	NA
Surgical Procedure Code 14	3,395,796	6,202	0.2%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 15	3,395,796	5,256	0.2%	0	0.0%	0	0	NA
Surgical Procedure Code 16	3,395,796	4,194	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 17	3,395,796	3,540	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 18	3,395,796	2,962	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 19	3,395,796	2,453	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 20	3,395,796	1,994	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 21	3,395,796	1,802	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 22	3,395,796	1,736	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 23	3,395,796	1,433	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 24	3,395,796	1,190	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 25	3,395,796	1,052	<0.1%	0	0.0%	0	0	NA

Table C-34—Record Omission and Surplus: SUN-S

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	1,131,240	214,276	18.9%	970,163	53,199	5.5%
Institutional	192,472	39,003	20.3%	171,450	17,981	10.5%

Table C-35—Element Omission, Surplus, and Accuracy—Professional Encounters: SUN-S

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	916,964	0	0.0%	0	0.0%	916,964	916,153	99.9%
Detail Service From Date	916,964	0	0.0%	0	0.0%	916,964	916,959	>99.9%
Detail Service To Date	916,964	0	0.0%	0	0.0%	916,964	916,959	>99.9%
Billing Provider NPI	916,964	3,179	0.3%	0	0.0%	913,785	871,900	95.4%
Rendering Provider NPI	916,964	1,638	0.2%	2,395	0.3%	912,929	900,370	98.6%
Referring Provider NPI	916,964	50,400	5.5%	0	0.0%	152,732	150,829	98.8%
Detail Paid Amount	916,964	0	0.0%	0	0.0%	916,964	900,011	98.2%
Header Paid Amount	916,964	0	0.0%	0	0.0%	916,964	514,175	56.1%
CPT/HCPCS Procedure Code	916,964	0	0.0%	0	0.0%	916,964	916,964	100%
Modifier 1	916,964	2,056	0.2%	0	0.0%	528,984	528,790	>99.9%
Modifier 2	916,964	14	<0.1%	1	<0.1%	9,563	9,548	99.8%
Modifier 3	916,964	12	<0.1%	1	<0.1%	513	513	100%
Modifier 4	916,964	0	0.0%	0	0.0%	9	9	100%

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	916,964	0	0.0%	0	0.0%	12,786	12,786	100%
Drug Quantity	916,964	27,527	3.0%	0	0.0%	0	0	NA
Diagnosis Code 1	916,964	0	0.0%	0	0.0%	916,964	891,009	97.2%
Diagnosis Code 2	916,964	6,453	0.7%	4	<0.1%	205,586	195,569	95.1%
Diagnosis Code 3	916,964	3,530	0.4%	4	<0.1%	98,404	95,137	96.7%
Diagnosis Code 4	916,964	522	0.1%	3	<0.1%	50,792	49,173	96.8%
Diagnosis Code 5	916,964	59,025	6.4%	0	0.0%	2	0	0.0%
Diagnosis Code 6	916,964	36,017	3.9%	0	0.0%	0	0	NA
Diagnosis Code 7	916,964	21,956	2.4%	0	0.0%	0	0	NA
Diagnosis Code 8	916,964	13,307	1.5%	0	0.0%	0	0	NA
Diagnosis Code 9	916,964	6,654	0.7%	0	0.0%	0	0	NA
Diagnosis Code 10	916,964	3,755	0.4%	0	0.0%	0	0	NA
Diagnosis Code 11	916,964	2,186	0.2%	0	0.0%	0	0	NA
Diagnosis Code 12	916,964	1,153	0.1%	0	0.0%	0	0	NA
Diagnosis Code 13	916,964	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 14	916,964	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	916,964	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	916,964	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	916,964	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	916,964	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	916,964	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	916,964	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	916,964	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	916,964	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	916,964	0	0.0%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 24	916,964	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	916,964	0	0.0%	0	0.0%	0	0	NA

Table C-36—Element Omission, Surplus, and Accuracy—Institutional Encounters: SUN-S

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	153,469	0	0.0%	0	0.0%	153,469	152,964	99.7%
Header Service From Date	153,469	0	0.0%	0	0.0%	153,469	153,469	100%
Header Service To Date	153,469	0	0.0%	0	0.0%	153,469	153,469	100%
Billing Provider NPI	153,469	33	<0.1%	144	0.1%	153,292	145,399	94.9%
Attending Provider NPI	153,469	38,342	25.0%	1	<0.1%	115,118	114,561	99.5%
Referring Provider NPI	153,469	1	<0.1%	36,411	23.7%	0	0	NA
Detail Paid Amount	153,469	0	0.0%	0	0.0%	153,469	147,233	95.9%
Header Paid Amount	153,469	0	0.0%	0	0.0%	153,469	142,616	92.9%
CPT/HCPCS Procedure Code	153,469	27	<0.1%	13	<0.1%	114,067	113,509	99.5%
Modifier 1	153,469	463	0.3%	483	0.3%	29,134	29,068	99.8%
Modifier 2	153,469	85	0.1%	82	0.1%	1,973	1,973	100%
Modifier 3	153,469	12	<0.1%	12	<0.1%	23	23	100%
Modifier 4	153,469	0	0.0%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	153,469	2	<0.1%	8	<0.1%	13,323	13,069	98.1%
Drug Quantity	153,469	13,325	8.7%	0	0.0%	0	0	NA
Revenue Code	153,469	0	0.0%	0	0.0%	153,469	153,469	100%
Diagnosis Related Group (DRG)	153,469	547	0.4%	760	0.5%	20,510	20,422	99.6%
Diagnosis Code 1	153,469	0	0.0%	0	0.0%	153,469	133,218	86.8%
Diagnosis Code 2	153,469	0	0.0%	0	0.0%	98,718	91,961	93.2%
Diagnosis Code 3	153,469	0	0.0%	197	0.1%	61,431	58,381	95.0%
Diagnosis Code 4	153,469	0	0.0%	160	0.1%	39,391	37,533	95.3%
Diagnosis Code 5	153,469	0	0.0%	0	0.0%	26,107	24,970	95.6%
Diagnosis Code 6	153,469	1	<0.1%	0	0.0%	17,627	16,951	96.2%
Diagnosis Code 7	153,469	1	<0.1%	0	0.0%	12,209	11,554	94.6%
Diagnosis Code 8	153,469	1	<0.1%	0	0.0%	8,699	8,297	95.4%
Diagnosis Code 9	153,469	1	<0.1%	0	0.0%	6,182	5,813	94.0%
Diagnosis Code 10	153,469	0	0.0%	0	0.0%	4,720	4,498	95.3%
Diagnosis Code 11	153,469	0	0.0%	0	0.0%	3,768	3,523	93.5%
Diagnosis Code 12	153,469	0	0.0%	0	0.0%	2,575	2,442	94.8%
Diagnosis Code 13	153,469	0	0.0%	0	0.0%	2,006	967	48.2%
Diagnosis Code 14	153,469	0	0.0%	0	0.0%	1,614	1,276	79.1%
Diagnosis Code 15	153,469	0	0.0%	0	0.0%	1,278	999	78.2%
Diagnosis Code 16	153,469	0	0.0%	0	0.0%	1,020	911	89.3%
Diagnosis Code 17	153,469	0	0.0%	0	0.0%	826	738	89.3%
Diagnosis Code 18	153,469	0	0.0%	0	0.0%	634	595	93.8%
Diagnosis Code 19	153,469	0	0.0%	0	0.0%	494	467	94.5%
Diagnosis Code 20	153,469	0	0.0%	0	0.0%	366	338	92.3%
Diagnosis Code 21	153,469	0	0.0%	0	0.0%	222	222	100%
Diagnosis Code 22	153,469	0	0.0%	0	0.0%	158	149	94.3%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 23	153,469	0	0.0%	0	0.0%	158	149	94.3%
Diagnosis Code 24	153,469	0	0.0%	0	0.0%	106	106	100%
Diagnosis Code 25	153,469	0	0.0%	0	0.0%	105	105	100%
Surgical Procedure Code 1	153,469	0	0.0%	0	0.0%	6,514	6,514	100%
Surgical Procedure Code 2	153,469	0	0.0%	0	0.0%	3,713	3,695	99.5%
Surgical Procedure Code 3	153,469	18	<0.1%	0	0.0%	2,476	2,476	100%
Surgical Procedure Code 4	153,469	18	<0.1%	0	0.0%	1,573	1,564	99.4%
Surgical Procedure Code 5	153,469	9	<0.1%	0	0.0%	967	967	100%
Surgical Procedure Code 6	153,469	0	0.0%	0	0.0%	638	638	100%
Surgical Procedure Code 7	153,469	278	0.2%	0	0.0%	0	0	NA
Surgical Procedure Code 8	153,469	177	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 9	153,469	167	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 10	153,469	167	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 11	153,469	116	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 12	153,469	86	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 13	153,469	86	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 14	153,469	86	0.1%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 15	153,469	86	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 16	153,469	86	0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 17	153,469	54	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 18	153,469	54	<0.1%	0	0.0%	0	0	NA
Surgical Procedure Code 19	153,469	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 20	153,469	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 21	153,469	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 22	153,469	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 23	153,469	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 24	153,469	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 25	153,469	0	0.0%	0	0.0%	0	0	NA

Table C-37—Record Omission and Surplus: URA-M

Encounter Data Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Professional	7,548,018	23,044	0.3%	9,264,472	1,739,498	18.8%
Institutional	2,322,634	508,491	21.9%	1,925,903	111,760	5.8%

Table C-38—Element Omission, Surplus, and Accuracy—Professional Encounters: URA-M

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	7,524,974	26	<0.1%	0	0.0%	7,524,948	7,524,899	>99.9%
Detail Service From Date	7,524,974	0	0.0%	0	0.0%	7,524,974	6,882,049	91.5%
Detail Service To Date	7,524,974	0	0.0%	0	0.0%	7,524,974	6,882,034	91.5%
Billing Provider NPI	7,524,974	109,638	1.5%	385,311	5.1%	7,029,722	6,768,396	96.3%
Rendering Provider NPI	7,524,974	89,990	1.2%	2,709,686	36.0%	4,705,310	4,550,080	96.7%
Referring Provider NPI	7,524,974	197,640	2.6%	1,911	<0.1%	3,457,254	3,324,017	96.1%
Detail Paid Amount	7,524,974	0	0.0%	0	0.0%	7,524,974	7,482,389	99.4%
Header Paid Amount	7,524,974	0	0.0%	0	0.0%	7,524,974	7,524,398	>99.9%
CPT/HCPCS Procedure Code	7,524,974	0	0.0%	0	0.0%	7,524,974	7,524,974	100%
Modifier 1	7,524,974	9,390	0.1%	9,461	0.1%	2,877,971	2,682,735	93.2%
Modifier 2	7,524,974	3,603	<0.1%	3,573	<0.1%	253,362	240,517	94.9%
Modifier 3	7,524,974	535	<0.1%	508	<0.1%	43,408	43,236	99.6%
Modifier 4	7,524,974	61	<0.1%	22	<0.1%	3,517	3,484	99.1%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	7,524,974	2,171	<0.1%	10	<0.1%	72,022	71,882	99.8%
Drug Quantity	7,524,974	74,193	1.0%	0	0.0%	0	0	NA
Diagnosis Code 1	7,524,974	0	0.0%	0	0.0%	7,524,974	6,776,594	90.1%
Diagnosis Code 2	7,524,974	1,205,553	16.0%	0	0.0%	2,666,680	2,467,624	92.5%
Diagnosis Code 3	7,524,974	1,029,997	13.7%	0	0.0%	1,614,375	1,499,632	92.9%
Diagnosis Code 4	7,524,974	849,210	11.3%	0	0.0%	1,030,916	958,856	93.0%
Diagnosis Code 5	7,524,974	1,164,253	15.5%	0	0.0%	353	3	0.8%
Diagnosis Code 6	7,524,974	842,389	11.2%	0	0.0%	58	0	0.0%
Diagnosis Code 7	7,524,974	605,561	8.0%	0	0.0%	0	0	NA
Diagnosis Code 8	7,524,974	448,250	6.0%	0	0.0%	0	0	NA
Diagnosis Code 9	7,524,974	272,430	3.6%	0	0.0%	0	0	NA
Diagnosis Code 10	7,524,974	170,440	2.3%	0	0.0%	0	0	NA
Diagnosis Code 11	7,524,974	79,004	1.0%	0	0.0%	0	0	NA
Diagnosis Code 12	7,524,974	49,116	0.7%	0	0.0%	0	0	NA
Diagnosis Code 13	7,524,974	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 14	7,524,974	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 15	7,524,974	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 16	7,524,974	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 17	7,524,974	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 18	7,524,974	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 19	7,524,974	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 20	7,524,974	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 21	7,524,974	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 22	7,524,974	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 23	7,524,974	0	0.0%	0	0.0%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 24	7,524,974	0	0.0%	0	0.0%	0	0	NA
Diagnosis Code 25	7,524,974	0	0.0%	0	0.0%	0	0	NA

Table C-39—Element Omission, Surplus, and Accuracy—Institutional Encounters: URA-M

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Enrollee ID	1,814,143	6	<0.1%	0	0.0%	1,814,137	1,814,116	>99.9%
Header Service From Date	1,814,143	0	0.0%	0	0.0%	1,814,143	1,804,828	99.5%
Header Service To Date	1,814,143	0	0.0%	0	0.0%	1,814,143	1,784,814	98.4%
Billing Provider NPI	1,814,143	5,155	0.3%	2,922	0.2%	1,805,980	1,746,510	96.7%
Attending Provider NPI	1,814,143	585,915	32.3%	10,429	0.6%	1,208,855	1,192,501	98.6%
Referring Provider NPI	1,814,143	37,083	2.0%	513,722	28.3%	16,123	3,181	19.7%
Detail Paid Amount	1,814,143	104,560	5.8%	0	0.0%	1,709,583	1,679,810	98.3%
Header Paid Amount	1,814,143	0	0.0%	0	0.0%	1,814,143	1,808,128	99.7%
CPT/HCPCS Procedure Code	1,814,143	87,319	4.8%	871	<0.1%	1,178,336	1,148,939	97.5%
Modifier 1	1,814,143	41,932	2.3%	7,831	0.4%	239,081	237,389	99.3%
Modifier 2	1,814,143	8,563	0.5%	369	<0.1%	10,585	10,461	98.8%
Modifier 3	1,814,143	685	<0.1%	51	<0.1%	288	288	100%
Modifier 4	1,814,143	8	<0.1%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
National Drug Code (NDC)	1,814,143	6,515	0.4%	2,004	0.1%	138,121	130,169	94.2%
Drug Quantity	1,814,143	144,605	8.0%	0	0.0%	0	0	NA
Revenue Code	1,814,143	104,560	5.8%	0	0.0%	1,709,583	1,665,468	97.4%
Diagnosis Related Group (DRG)	1,814,143	20,229	1.1%	12,463	0.7%	370,828	369,977	99.8%
Diagnosis Code 1	1,814,143	0	0.0%	0	0.0%	1,814,143	1,814,143	100%
Diagnosis Code 2	1,814,143	0	0.0%	0	0.0%	1,411,778	1,411,778	100%
Diagnosis Code 3	1,814,143	0	0.0%	0	0.0%	1,084,895	1,084,895	100%
Diagnosis Code 4	1,814,143	0	0.0%	0	0.0%	841,507	841,507	100%
Diagnosis Code 5	1,814,143	0	0.0%	0	0.0%	667,733	667,733	100%
Diagnosis Code 6	1,814,143	0	0.0%	0	0.0%	544,531	544,531	100%
Diagnosis Code 7	1,814,143	0	0.0%	0	0.0%	453,800	453,800	100%
Diagnosis Code 8	1,814,143	0	0.0%	0	0.0%	384,233	384,233	100%
Diagnosis Code 9	1,814,143	0	0.0%	0	0.0%	326,998	326,998	100%
Diagnosis Code 10	1,814,143	0	0.0%	0	0.0%	279,369	279,369	100%
Diagnosis Code 11	1,814,143	0	0.0%	0	0.0%	241,009	241,009	100%
Diagnosis Code 12	1,814,143	0	0.0%	0	0.0%	209,139	209,139	100%
Diagnosis Code 13	1,814,143	0	0.0%	180,153	9.9%	0	0	NA
Diagnosis Code 14	1,814,143	0	0.0%	151,627	8.4%	0	0	NA
Diagnosis Code 15	1,814,143	0	0.0%	130,525	7.2%	0	0	NA
Diagnosis Code 16	1,814,143	0	0.0%	112,477	6.2%	0	0	NA
Diagnosis Code 17	1,814,143	0	0.0%	97,261	5.4%	0	0	NA
Diagnosis Code 18	1,814,143	0	0.0%	82,037	4.5%	0	0	NA
Diagnosis Code 19	1,814,143	0	0.0%	65,630	3.6%	0	0	NA
Diagnosis Code 20	1,814,143	0	0.0%	56,803	3.1%	0	0	NA
Diagnosis Code 21	1,814,143	0	0.0%	47,768	2.6%	0	0	NA
Diagnosis Code 22	1,814,143	0	0.0%	41,199	2.3%	0	0	NA

| Key Data Element | Number of Matched Records | Element Omission | | Element Surplus | | Element Accuracy | | |
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Diagnosis Code 23	1,814,143	0	0.0%	35,114	1.9%	0	0	NA
Diagnosis Code 24	1,814,143	0	0.0%	30,143	1.7%	0	0	NA
Diagnosis Code 25	1,814,143	0	0.0%	21,141	1.2%	0	0	NA
Surgical Procedure Code 1	1,814,143	56	<0.1%	0	0.0%	285,053	285,053	100%
Surgical Procedure Code 2	1,814,143	37	<0.1%	0	0.0%	175,134	175,134	100%
Surgical Procedure Code 3	1,814,143	28	<0.1%	0	0.0%	100,913	100,913	100%
Surgical Procedure Code 4	1,814,143	20	<0.1%	0	0.0%	60,940	60,940	100%
Surgical Procedure Code 5	1,814,143	11	<0.1%	0	0.0%	36,852	36,852	100%
Surgical Procedure Code 6	1,814,143	11	<0.1%	0	0.0%	24,347	24,347	100%
Surgical Procedure Code 7	1,814,143	14,808	0.8%	0	0.0%	0	0	NA
Surgical Procedure Code 8	1,814,143	11,202	0.6%	0	0.0%	0	0	NA
Surgical Procedure Code 9	1,814,143	8,299	0.5%	0	0.0%	0	0	NA
Surgical Procedure Code 10	1,814,143	6,455	0.4%	0	0.0%	0	0	NA
Surgical Procedure Code 11	1,814,143	5,159	0.3%	0	0.0%	0	0	NA
Surgical Procedure Code 12	1,814,143	3,847	0.2%	0	0.0%	0	0	NA
Surgical Procedure Code 13	1,814,143	3,149	0.2%	0	0.0%	0	0	NA
Surgical Procedure Code 14	1,814,143	0	0.0%	0	0.0%	0	0	NA

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Accuracy		
		Number of Records With Values Not in AHCA's Data	Rate	Number of Records With Values Not in Plan's Data	Rate	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Surgical Procedure Code 15	1,814,143	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 16	1,814,143	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 17	1,814,143	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 18	1,814,143	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 19	1,814,143	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 20	1,814,143	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 21	1,814,143	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 22	1,814,143	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 23	1,814,143	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 24	1,814,143	0	0.0%	0	0.0%	0	0	NA
Surgical Procedure Code 25	1,814,143	0	0.0%	0	0.0%	0	0	NA

This appendix contains detailed medical record review results for each plan.

Table D-1—Medical Record Procurement Status: CCP-M

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
CCP-M	136	135	99.3%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-2—Reasons for Not Populated Medical Records: CCP-M

Reason	Count	Percent
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	1	100%
Nonresponsive provider or provider did not respond in a timely manner.	0	0.0%
Other.	0	0.0%
Provider refused to release medical records.	0	0.0%
Enrollee was not a patient of the practice.	0	0.0%
Closed facility.	0	0.0%
Medical records were not located at this facility.	0	0.0%
Total	**1**	**100%**

Table D-3—Encounter Data Completeness Summary: CCP-M

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	109	2	1.8%	110	3	2.7%
Diagnosis Code	251	35	13.9%	222	6	2.7%
Procedure Code	276	78	28.3%	211	13	6.2%
Procedure Code Modifier	67	27	40.3%	40	0	0.0%

* Lower rates indicate better performance.

Table D-4—Encounter Data Accuracy Summary: CCP-M

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	216	214	99.1%	Inaccurate Code (100%) Specificity Error (0.0%)
Procedure Code	198	195	98.5%	Inaccurate Code (66.7%) Lower Level of Services in Medical Records (33.3%) Higher Level of Services in Medical Records (0.0%)
Procedure Code Modifier	40	40	100%	—
All-Element Accuracy	107	52	48.6%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-5—Medical Record Procurement Status: CHA-S

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
CHA-S	136	135	99.3%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-6—Reasons for Missing Medical Records: CHA-S

Reason	Count	Percent
Closed facility.	1	100%
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	0	0.0%
Nonresponsive provider or provider did not respond in a timely manner.	0	0.0%
Other.	0	0.0%
Provider refused to release medical records.	0	0.0%
Enrollee was not a patient of the practice.	0	0.0%
Medical records were not located at this facility.	0	0.0%
Total	**1**	**100%**

Table D-7—Encounter Data Completeness Summary: CHA-S

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	118	0	0.0%	122	4	3.3%
Diagnosis Code	334	94	28.1%	267	27	10.1%
Procedure Code	193	46	23.8%	151	4	2.6%
Procedure Code Modifier	34	9	26.5%	26	1	3.8%

* Lower rates indicate better performance.

Table D-8—Encounter Data Accuracy Summary: CHA-S

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	240	237	98.8%	Inaccurate Code (66.7%) Specificity Error (33.3%)
Procedure Code	147	143	97.3%	Lower Level of Services in Medical Records (100%) Higher Level of Services in Medical Records (0.0%) Inaccurate Code (0.0%)
Procedure Code Modifier	25	24	96.0%	—
All-Element Accuracy	118	51	43.2%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-9—Medical Record Procurement Status: CMS-S

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
CMS-S	136	70	51.5%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-10—Reasons for Missing Medical Records: CMS-S

Reason	Count	Percent
Nonresponsive provider or provider did not respond in a timely manner.	62	93.9%
Enrollee was not a patient of the practice.	2	3.0%
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	1	1.5%

Reason	Count	Percent
Other.	1	1.5%
Closed facility.	0	0.0%
Provider refused to release medical records.	0	0.0%
Medical records were not located at this facility.	0	0.0%
Total	**66**	**100%**

Table D-11—Encounter Data Completeness Summary: CMS-S

	Medical Record Omission*			Encounter Data Omission*		
Data Element	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	103	1	1.0%	105	3	2.9%
Diagnosis Code	237	34	14.3%	210	7	3.3%
Procedure Code	244	52	21.3%	198	6	3.0%
Procedure Code Modifier	50	22	44.0%	28	0	0.0%

* Lower rates indicate better performance.

Table D-12—Encounter Data Accuracy Summary: CMS-S

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	203	203	100%	Specificity Error (NA) Inaccurate Code (NA)
Procedure Code	192	190	99.0%	Inaccurate Code (100%) Higher Level of Services in Medical Records (0.0%) Lower Level of Services in Medical Records (0.0%)
Procedure Code Modifier	28	28	100%	—
All-Element Accuracy	102	56	54.9%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-13—Medical Record Procurement Status: COV-M

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
COV-M	136	122	89.7%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-14—Reasons for Missing Medical Records: COV-M

Reason	Count	Percent
Nonresponsive provider or provider did not respond in a timely manner.	8	57.1%
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	2	14.3%
Other.	2	14.3%
Closed facility.	2	14.3%
Enrollee was not a patient of the practice.	0	0.0%
Provider refused to release medical records.	0	0.0%
Medical records were not located at this facility.	0	0.0%
Total	**14**	**100%**

Table D-15—Encounter Data Completeness Summary: COV-M

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	107	1	0.9%	107	1	0.9%
Diagnosis Code	235	33	14.0%	208	6	2.9%
Procedure Code	229	72	31.4%	172	15	8.7%
Procedure Code Modifier	50	23	46.0%	29	2	6.9%

* Lower rates indicate better performance.

Table D-16—Encounter Data Accuracy Summary: COV-M

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	202	202	100%	Inaccurate Code (NA) Specificity Error (NA)
Procedure Code	157	153	97.5%	Inaccurate Code (100%) Lower Level of Services in Medical Records (0.0%) Higher Level of Services in Medical Records (0.0%)
Procedure Code Modifier	27	27	100%	—
All-Element Accuracy	106	49	46.2%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-17—Medical Record Procurement Status: HUM-M

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
HUM-M	136	126	92.6%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-18—Reasons for Missing Medical Records: HUM-M

Reason	Count	Percent
Nonresponsive provider or provider did not respond in a timely manner.	4	40.0%
Closed facility.	2	20.0%
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	1	10.0%
Enrollee was not a patient of the practice.	1	10.0%
Provider refused to release medical records.	1	10.0%
Medical records were not located at this facility.	1	10.0%
Other.	0	0.0%
Total	**10**	**100%**

Table D-19—Encounter Data Completeness Summary: HUM-M

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	108	2	1.9%	111	5	4.5%
Diagnosis Code	257	56	21.8%	215	14	6.5%
Procedure Code	246	74	30.1%	179	7	3.9%
Procedure Code Modifier	53	26	49.1%	27	0	0.0%

* Lower rates indicate better performance.

Table D-20—Encounter Data Accuracy Summary: HUM-M

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	201	201	100.0%	Specificity Error (NA) Inaccurate Code (NA)
Procedure Code	172	165	95.9%	Inaccurate Code (100%) Lower Level of Services in Medical Records (0.0%) Higher Level of Services in Medical Records (0.0%)
Procedure Code Modifier	27	27	100.0%	—
All-Element Accuracy	106	52	49.1%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-21—Medical Record Procurement Status: MCC-S

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
MCC-S	136	108	79.4%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-22—Reasons for Missing Medical Records: MCC-S

Reason	Count	Percent
Nonresponsive provider or provider did not respond in a timely manner.	16	57.1%
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	6	21.4%
Provider refused to release medical records.	5	17.9%
Other.	1	3.6%
Closed facility.	0	0.0%
Enrollee was not a patient of the practice.	0	0.0%
Medical records were not located at this facility.	0	0.0%
Total	**28**	**100%**

Table D-23—Encounter Data Completeness Summary: MCC-S

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	110	3	2.7%	110	3	2.7%
Diagnosis Code	270	50	18.5%	233	13	5.6%
Procedure Code	178	28	15.7%	159	9	5.7%
Procedure Code Modifier	28	8	28.6%	21	1	4.8%

* Lower rates indicate better performance.

Table D-24—Encounter Data Accuracy Summary: MCC-S

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	220	218	99.1%	Specificity Error (50.0%) Inaccurate Code (50.0%)
Procedure Code	150	145	96.7%	Inaccurate Code (80.0%) Lower Level of Services in Medical Records (20.0%) Higher Level of Services in Medical Records (0.0%)
Procedure Code Modifier	20	20	100%	—
All-Element Accuracy	107	61	57.0%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-25—Medical Record Procurement Status: MOL-M

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
MOL-M	136	125	91.9%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-26—Reasons for Missing Medical Records: MOL-M

Reason	Count	Percent
Provider refused to release medical records.	7	63.6%
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	3	27.3%
Closed facility.	1	9.1%
Nonresponsive provider or provider did not respond in a timely manner.	0	0.0%
Other.	0	0.0%
Enrollee was not a patient of the practice.	0	0.0%
Medical records were not located at this facility.	0	0.0%
Total	**11**	**100%**

Table D-27—Encounter Data Completeness Summary: MOL-M

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	107	0	0.0%	109	2	1.8%
Diagnosis Code	241	37	15.4%	216	12	5.6%
Procedure Code	209	20	9.6%	195	6	3.1%
Procedure Code Modifier	54	25	46.3%	30	1	3.3%

* Lower rates indicate better performance.

Table D-28—Encounter Data Accuracy Summary: MOL-M

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	204	197	96.6%	Inaccurate Code (85.7%) Specificity Error (14.3%)
Procedure Code	189	187	98.9%	Inaccurate Code (100%) Lower Level of Services in Medical Records (0.0%) Higher Level of Services in Medical Records (0.0%)
Procedure Code Modifier	29	29	100%	—
All-Element Accuracy	107	55	51.4%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-29—Medical Record Procurement Status: PRS-M

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
PRS-M	136	115	84.6%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-30—Reasons for Missing Medical Records: PRS-M

Reason	Count	Percent
Nonresponsive provider or provider did not respond in a timely manner.	14	66.7%
Medical records were not located at this facility.	4	19.0%
Other.	2	9.5%
Enrollee was not a patient of the practice.	1	4.8%
Provider refused to release medical records.	0	0.0%
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	0	0.0%
Closed facility.	0	0.0%
Total	**21**	**100%**

Table D-31—Encounter Data Completeness Summary: PRS-M

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	106	0	0.0%	110	4	3.6%
Diagnosis Code	209	21	10.0%	199	11	5.5%
Procedure Code	181	30	16.6%	164	13	7.9%
Procedure Code Modifier	57	24	42.1%	33	0	0.0%

* Lower rates indicate better performance.

Table D-32—Encounter Data Accuracy Summary: PRS-M

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	188	181	96.3%	Inaccurate Code (71.4%) Specificity Error (28.6%)
Procedure Code	151	147	97.4%	Inaccurate Code (75.0%) Lower Level of Services in Medical Records (25.0%) Higher Level of Services in Medical Records (0.0%)
Procedure Code Modifier	33	33	100%	—
All-Element Accuracy	106	64	60.4%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-33—Medical Record Procurement Status: SHP-M

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
SHP-M	136	128	94.1%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-34—Reasons for Missing Medical Records: SHP-M

Reason	Count	Percent
Closed facility.	5	62.5%
Nonresponsive provider or provider did not respond in a timely manner.	1	12.5%
Medical records were not located at this facility.	1	12.5%
Other.	1	12.5%
Enrollee was not a patient of the practice.	0	0.0%
Provider refused to release medical records.	0	0.0%
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	0	0.0%
Total	**8**	**100%**

Table D-35—Encounter Data Completeness Summary: SHP-M

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	109	2	1.8%	110	3	2.7%
Diagnosis Code	270	75	27.8%	205	10	4.9%
Procedure Code	228	87	38.2%	144	3	2.1%
Procedure Code Modifier	37	18	48.6%	19	0	0.0%

* Lower rates indicate better performance.

Table D-36—Encounter Data Accuracy Summary: SHP-M

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	195	189	96.9%	Specificity Error (50.0%) Inaccurate Code (50.0%)
Procedure Code	141	136	96.5%	Inaccurate Code (100%) Lower Level of Services in Medical Records (0.0%) Higher Level of Services in Medical Records (0.0%)
Procedure Code Modifier	19	19	100%	—
All-Element Accuracy	107	42	39.3%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-37—Medical Record Procurement Status: STW-M

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
STW-M	136	108	79.4%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-38—Reasons for Missing Medical Records: STW-M

Reason	Count	Percent
Nonresponsive provider or provider did not respond in a timely manner.	23	82.1%
Enrollee was not a patient of the practice.	3	10.7%
Other.	2	7.1%
Closed facility.	0	0.0%

Reason	Count	Percent
Medical records were not located at this facility.	0	0.0%
Provider refused to release medical records.	0	0.0%
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	0	0.0%
Total	**28**	**100%**

Table D-39—Encounter Data Completeness Summary: STW-M

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	108	1	0.9%	109	2	1.8%
Diagnosis Code	253	53	20.9%	207	7	3.4%
Procedure Code	260	88	33.8%	178	6	3.4%
Procedure Code Modifier	51	24	47.1%	27	0	0.0%

* Lower rates indicate better performance.

Table D-40—Encounter Data Accuracy Summary: STW-M

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	200	197	98.5%	Inaccurate Code (100%) Specificity Error (0.0%)
Procedure Code	172	170	98.8%	Inaccurate Code (100%) Lower Level of Services in Medical Records (0.0%) Higher Level of Services in Medical Records (0.0%)
Procedure Code Modifier	27	27	100%	—
All-Element Accuracy	107	49	45.8%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-41—Medical Record Procurement Status: SUN-M

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
SUN-M	136	136	100%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-42—Reasons for Missing Medical Records: SUN-M

Reason	Count	Percent
Nonresponsive provider or provider did not respond in a timely manner.	0	NA
Enrollee was not a patient of the practice.	0	NA
Other.	0	NA
Closed facility.	0	NA
Medical records were not located at this facility.	0	NA
Provider refused to release medical records.	0	NA
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	0	NA
Total	**0**	**NA**

Table D-43—Encounter Data Completeness Summary: SUN-M

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	107	0	0.0%	109	2	1.8%
Diagnosis Code	225	32	14.2%	205	12	5.9%
Procedure Code	177	33	18.6%	160	16	10.0%
Procedure Code Modifier	35	21	60.0%	14	0	0.0%

* Lower rates indicate better performance.

Table D-44—Encounter Data Accuracy Summary: SUN-M

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	193	193	100%	Specificity Error (NA) Inaccurate Code (NA)
Procedure Code	144	144	100%	Higher Level of Services in Medical Records (NA) Lower Level of Services in Medical Records (NA) Inaccurate Code (NA)
Procedure Code Modifier	14	14	100%	—
All-Element Accuracy	107	63	58.9%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-45—Medical Record Procurement Status: SUN-S

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
SUN-S	136	132	97.1%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-46—Reasons for Missing Medical Records: SUN-S

Reason	Count	Percent
Medical records were not located at this facility.	2	50.0%
Provider refused to release medical records.	2	50.0%
Nonresponsive provider or provider did not respond in a timely manner.	0	0.0%
Enrollee was not a patient of the practice.	0	0.0%
Other.	0	0.0%
Closed facility.	0	0.0%
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	0	0.0%
Total	**4**	**100%**

Table D-47—Encounter Data Completeness Summary: SUN-S

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	106	1	0.9%	109	4	3.7%
Diagnosis Code	189	16	8.5%	187	14	7.5%
Procedure Code	189	24	12.7%	183	18	9.8%
Procedure Code Modifier	51	20	39.2%	33	2	6.1%

* Lower rates indicate better performance.

Table D-48—Encounter Data Accuracy Summary: SUN-S

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	173	168	97.1%	Inaccurate Code (60.0%) Specificity Error (40.0%)
Procedure Code	165	163	98.8%	Lower Level of Services in Medical Records (50.0%) Inaccurate Code (50.0%) Higher Level of Services in Medical Records (0.0%)
Procedure Code Modifier	31	31	100%	—
All-Element Accuracy	105	57	54.3%	—

'—' denotes that the error type analysis was not applicable to a given data element.

Table D-49—Medical Record Procurement Status: URA-M

Plan	Number of Records Requested	Number of Records Submitted	Percent of Records Submitted
URA-M	136	117	86.0%
All Plans	**1,768**	**1,557**	**88.1%**

Table D-50—Reasons for Missing Medical Records: URA-M

Reason	Count	Percent
Enrollee was not a patient of the practice.	6	31.6%
Other.	6	31.6%
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	5	26.3%
Medical records were not located at this facility.	2	10.5%
Provider refused to release medical records.	0	0.0%
Nonresponsive provider or provider did not respond in a timely manner.	0	0.0%
Closed facility.	0	0.0%
Total	**19**	**100%**

Table D-51—Encounter Data Completeness Summary: URA-M

Data Element	Medical Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	117	9	7.7%	109	1	0.9%
Diagnosis Code	221	37	16.7%	187	3	1.6%
Procedure Code	207	45	21.7%	208	46	22.1%
Procedure Code Modifier	67	22	32.8%	46	1	2.2%

* Lower rates indicate better performance.

Table D-52—Encounter Data Accuracy Summary: URA-M

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	184	182	98.9%	Inaccurate Code (100%) Specificity Error (0.0%)
Procedure Code	162	160	98.8%	Lower Level of Services in Medical Records (50.0%) Inaccurate Code (50.0%) Higher Level of Services in Medical Records (0.0%)
Procedure Code Modifier	45	45	100%	—
All-Element Accuracy	108	58	53.7%	—

'—' denotes that the error type analysis was not applicable to a given data element.