

1999-2001 MAX IP Validation Table
State: AL

Measure	Expected Range	1999		2000		2001		% Change 1999-2000	% Change 2000 - 2001	Cross Year Change Within Expected Range (+/-15%)
		Value	Within Range	Value	Within Range	Value	Within Range			
All IP Claims										
Total Number of Claims	N/A	114,696	N/A	138,143	N/A	148,637	N/A	20.44	7.60	Yes
	N/A	64.38	N/A	48.56	N/A	48.43	N/A	-24.58	-0.27	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total FFS Claims	N/A	40,853	N/A	71,067	N/A	76,657	N/A	73.96	7.87	Yes
% Supplemental Claims	5-20	78.45	No	48.66	No	49.17	No	-37.98	1.04	Yes
% Crossover	N/A	4.61	N/A	2.85	N/A	3.89	N/A	-38.15	36.48	No
% Adjusted Claims	> 1%	.	Yes	34.32	Yes	85.27	Yes	N/A	148.46	No
% Standard Adjustments	N/A	\$3,556	N/A	\$6,030	N/A	\$3,738	N/A	69.61	-38.02	No
Aver. Amt. Pd Adjust. (include \$0) FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	8,802	N/A	36,486	N/A	38,968	N/A	314.52	6.80	Yes
% Claims with> \$0 Paid	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$4,175	Yes	\$4,097	Yes	\$4,034	Yes	-1.87	-1.54	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,330	N/A	\$2,001	N/A	\$1,806	N/A	50.44	-9.74	Yes
% Claims with TPL	>0 - 10	2.32	Yes	3.75	Yes	4.27	Yes	61.89	13.88	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,882	N/A	\$3,082	N/A	\$3,194	N/A	6.96	3.62	Yes
% Claims with UB-92 Accommodation Codes	95-100	55.67	No	28.81	No	34.40	No	-48.26	19.43	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.38	Yes	1.50	Yes	1.41	Yes	9.20	-6.25	Yes
% Claims with UB-92 Ancillary Codes	95-100	55.41	No	28.71	No	34.34	No	-48.18	19.60	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.11	Yes	9.46	Yes	9.63	Yes	3.87	1.76	Yes
Average LOS	2-<8	3.00	Yes	2.02	Yes	2.25	Yes	-32.75	11.61	Yes
Average Covered Days (> 0 day)	2-<8	3.14	Yes	2.05	Yes	2.23	Yes	-34.77	9.14	Yes
% Begin Date = Admit Date	95-100	96.74	Yes	98.45	Yes	98.52	Yes	1.77	0.08	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	2.01	Yes	1.76	No	1.88	No	-12.66	7.17	Yes
% Claims with PDX, where length=3	5-30	33.64	No	49.31	No	32.81	No	46.60	-33.46	No
% Claims with PDX, where length=4	15-75	19.21	Yes	10.37	No	25.38	Yes	-46.02	144.72	No
% Claims with PDX, where length=5	25-70	47.15	Yes	40.31	Yes	41.81	Yes	-14.50	3.70	Yes
% Claims with a procedure code	35-70	27.94	No	16.75	No	18.27	No	-40.04	9.04	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.01	Yes	1.00	Yes	1.01	Yes	-0.23	0.16	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.96	N/A	99.90	N/A	99.94	N/A	-0.06	0.04	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims Maternal Delivery Indicator	N/A	42.92	N/A	57.88	N/A	53.01	N/A	34.84	-8.41	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	3.97	N/A	1.88	N/A	2.18	N/A	-52.65	16.32	No
Patient Status										
% Home	75-90	48.23	No	25.79	No	29.82	No	-46.52	15.62	No
% Transferred	1-10	2.93	Yes	0.99	No	2.15	Yes	-66.15	117.01	No
% Still a Patient	>0 - 2	3.82	No	1.75	Yes	1.99	Yes	-54.26	14.21	Yes
% Died	>0 - 3	0.62	Yes	0.27	Yes	0.41	Yes	-56.14	50.75	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	32,051	N/A	34,581	N/A	37,689	N/A	7.89	8.99	Yes
% Claims with> \$0 Paid	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$814	N/A	\$917	N/A	\$809	N/A	12.60	-11.74	Yes
% Claims with TPL	N/A	3.02	N/A	1.25	N/A	1.11	N/A	-58.64	-11.22	Yes
Aver. TPL Paid -claims with TPL	N/A	\$6,640	N/A	\$9,019	N/A	\$6,917	N/A	35.83	-23.31	No
% Claims with UB-92 Accommodation Codes	95-100	0.09	No	0.16	No	0.02	No	88.68	-90.34	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.14	Yes	1.16	Yes	1.00	No	1.32	-13.64	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.09	No	0.16	No	0.02	No	88.68	-90.34	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	6.07	Yes	7.07	Yes	9.67	Yes	16.45	36.72	No
Average LOS	2-<8	5.24	Yes	5.04	Yes	5.09	Yes	-3.65	0.83	Yes
% Begin Date = Admit Date	95-100	99.67	Yes	99.78	Yes	99.78	Yes	0.11	0.00	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with DX	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	2.81	Yes	3.76	Yes	3.80	Yes	34.15	0.88	Yes
% Claims with PDX, where length=3	5-30	4.99	No	7.70	Yes	7.65	Yes	54.26	-0.60	Yes
% Claims with PDX, where length=4	15-75	45.57	Yes	42.19	Yes	41.93	Yes	-7.41	-0.61	Yes
% Claims with PDX, where length=5	25-70	49.44	Yes	50.11	Yes	50.41	Yes	1.36	0.61	Yes
% Claims with a procedure code	35-70	45.73	Yes	49.39	Yes	50.29	Yes	8.00	1.81	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.00	Yes	1.00	Yes	1.00	Yes	-0.18	-0.12	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.71	N/A	99.94	N/A	99.95	N/A	0.24	0.01	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A

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