

2002-2004 MAX IP Validation Table
State: CT

Measure	Expected Range	2002		2003		2004		% Change 2002 - 2003	% Change 2003 - 2004	Cross Year Change Within Expected Range (+/-15%)
		Value	Within Range	Value	Within Range	Value	Within Range			
All IP Claims										
Total Number of Claims	N/A	41,740	N/A	42,958	N/A	45,027	N/A	2.92	4.82	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	41,740	N/A	42,958	N/A	45,027	N/A	2.92	4.82	Yes
% Crossover	5-20	46.80	No	46.21	No	46.89	No	-1.25	1.47	Yes
% Adjusted Claims	N/A	31.84	N/A	15.31	N/A	4.29	N/A	-51.90	-72.00	No
% Standard Adjustments	> 1%	98.55	Yes	98.92	Yes	99.12	Yes	0.38	0.20	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$5,198	N/A	\$6,139	N/A	\$5,792	N/A	18.10	-5.64	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	22,206	N/A	23,106	N/A	23,914	N/A	4.05	3.50	Yes
% Claims with> \$0 Paid	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$5,887	Yes	\$5,935	Yes	\$6,408	Yes	0.80	7.97	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$817	N/A	\$796	N/A	\$854	N/A	-2.65	7.30	Yes
% Claims with TPL	>0 - 10	2.04	Yes	1.98	Yes	3.46	Yes	-3.05	74.68	No
Aver. TPL Paid for claims with TPL	N/A	\$6,471	N/A	\$7,767	N/A	\$4,266	N/A	20.04	-45.10	No
% Claims with UB-92 Accommodation Codes	95-100	99.49	Yes	99.87	Yes	100.00	Yes	0.38	0.13	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.15	Yes	1.16	Yes	1.16	Yes	0.40	0.02	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.02	Yes	97.75	Yes	97.37	Yes	-1.28	-0.40	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.06	Yes	9.45	Yes	9.77	Yes	4.26	3.34	Yes
Average LOS	2-<8	7.18	Yes	7.45	Yes	7.52	Yes	3.79	0.89	Yes
Average Covered Days (> 0 day)	2-<8	7.20	Yes	7.46	Yes	7.51	Yes	3.55	0.62	Yes
% Begin Date = Admit Date	95-100	98.41	Yes	98.17	Yes	98.60	Yes	-0.25	0.44	Yes
% IP Claims (MAX TOS 01)	95-100	99.49	Yes	99.28	Yes	99.22	Yes	-0.21	-0.06	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.32	Yes	0.28	Yes	0.23	Yes	-12.10	-15.50	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.70	Yes	3.76	Yes	3.87	Yes	1.80	2.90	Yes
% Claims with PDX, where length=3	5-30	6.96	Yes	6.45	Yes	6.08	Yes	-7.38	-5.71	Yes
% Claims with PDX, where length=4	15-75	26.30	Yes	27.01	Yes	26.75	Yes	2.72	-0.98	Yes
% Claims with PDX, where length=5	25-70	66.74	Yes	66.54	Yes	67.17	Yes	-0.30	0.95	Yes
% Claims with a procedure code	35-70	53.88	Yes	52.25	Yes	52.71	Yes	-3.02	0.87	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.83	Yes	1.80	Yes	1.80	Yes	-1.43	0.17	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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		Value	Within Range	Value	Within Range	Value	Within Range			
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.99	N/A	100.00	N/A	100.00	N/A	0.01	0.00	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	11.42	N/A	11.70	N/A	12.06	N/A	2.51	3.02	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	13.09	N/A	14.06	N/A	14.27	N/A	7.45	1.50	Yes
Patient Status										
% Home	75-90	70.54	No	71.74	No	70.42	No	1.69	-1.83	Yes
% Transferred	1-10	25.75	No	24.51	No	26.29	No	-4.82	7.29	Yes
% Still a Patient	>0 - 2	2.02	No	1.94	Yes	1.61	Yes	-3.68	-17.40	No
% Died	>0 - 3	1.66	Yes	1.49	Yes	1.46	Yes	-9.90	-2.26	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	19,534	N/A	19,852	N/A	21,113	N/A	1.63	6.35	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$1,185	N/A	\$978	N/A	\$1,036	N/A	-17.50	5.88	Yes
% Claims with TPL	N/A	1.06	N/A	0.67	N/A	0.86	N/A	-36.80	27.96	No
Aver. TPL Paid -claims with TPL	N/A	\$7,477	N/A	\$558	N/A	\$727	N/A	-92.50	30.20	No
% Claims with UB-92 Accommodation Codes	95-100	99.46	Yes	99.84	Yes	99.88	Yes	0.39	0.04	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.19	Yes	1.20	Yes	1.20	Yes	0.67	-0.17	Yes
% Claims with UB-92 Ancillary Codes	95-100	79.33	No	97.38	Yes	99.98	Yes	22.75	2.67	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	5.55	Yes	10.74	Yes	11.49	Yes	93.38	6.99	Yes
Average LOS	2-<8	7.51	Yes	6.52	Yes	6.50	Yes	-13.20	-0.27	Yes
% Begin Date = Admit Date	95-100	98.75	Yes	99.48	Yes	99.80	Yes	0.74	0.32	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	1.04	No	3.87	Yes	4.50	Yes	271.10	16.19	No
% Claims with PDX, where length=3	5-30	0.21	No	7.48	Yes	7.63	Yes	3,462.00	2.01	Yes
% Claims with PDX, where length=4	15-75	0.90	No	35.48	Yes	39.67	Yes	3,838.00	11.82	Yes
% Claims with PDX, where length=5	25-70	98.89	No	57.05	Yes	52.70	Yes	-42.30	-7.62	Yes
% Claims with a procedure code	35-70	0.21	No	0.20	No	0.31	No	-4.00	52.79	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.59	Yes	1.95	Yes	2.14	Yes	23.00	9.67	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A

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