

1999-2001 MAX IP Validation Table
State: FL

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	300,107	N/A	329,449	N/A	351,359	N/A	9.78	6.65	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total FFS Claims	N/A	300,107	N/A	329,449	N/A	351,359	N/A	9.78	6.65	Yes
% Supplemental Claims	5-20	29.32	No	28.71	No	29.43	No	-2.10	2.52	Yes
% Crossover	N/A	8.81	N/A	6.03	N/A	16.35	N/A	-31.64	171.30	No
% Adjusted Claims	> 1%	.	Yes	97.43	Yes	92.49	Yes	N/A	-5.07	Yes
% Standard Adjustments	N/A	\$4,460	N/A	\$4,207	N/A	\$5,646	N/A	-5.67	34.19	No
Aver. Amt. Pd Adjust. (include \$0 paid)										
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	212,104	N/A	234,874	N/A	247,955	N/A	10.74	5.57	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	\$4,287	Yes	\$4,435	Yes	\$4,624	Yes	3.43	4.27	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$875	N/A	\$920	N/A	\$967	N/A	5.14	5.08	Yes
% Claims with TPL	>0 - 10	0.49	Yes	0.52	Yes	0.61	Yes	6.35	16.08	No
Aver. TPL Paid for claims with TPL	N/A	\$3,799	N/A	\$3,819	N/A	\$4,141	N/A	0.53	8.45	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.07	Yes	99.04	Yes	99.09	Yes	-0.04	0.05	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.35	Yes	1.35	Yes	1.35	Yes	-0.21	-0.10	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.68	Yes	99.75	Yes	99.64	Yes	0.07	-0.11	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.62	Yes	10.89	Yes	11.26	Yes	2.58	3.35	Yes
Average LOS	2-<8	5.11	Yes	5.03	Yes	4.98	Yes	-1.52	-1.02	Yes
Average Covered Days (> 0 day)	2-<8	4.93	Yes	4.85	Yes	4.82	Yes	-1.54	-0.81	Yes
% Begin Date = Admit Date	95-100	97.19	Yes	97.16	Yes	97.30	Yes	-0.04	0.15	Yes
% IP Claims (MAX TOS 01)	95-100	99.08	Yes	98.98	Yes	98.95	Yes	-0.10	-0.03	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.82	Yes	0.90	Yes	0.89	Yes	10.00	-0.99	Yes
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	4.18	Yes	4.27	Yes	4.37	Yes	1.94	2.49	Yes
% Claims with PDX, where length=3	5-30	10.26	Yes	9.57	Yes	8.94	Yes	-6.68	-6.59	Yes
% Claims with PDX, where length=4	15-75	26.67	Yes	26.11	Yes	26.46	Yes	-2.11	1.34	Yes
% Claims with PDX, where length=5	25-70	63.07	Yes	64.32	Yes	64.60	Yes	1.98	0.44	Yes
% Claims with a procedure code	35-70	59.71	Yes	59.86	Yes	59.77	Yes	0.25	-0.15	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.95	Yes	2.03	Yes	2.03	Yes	4.10	-0.20	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	98.78	N/A	98.60	N/A	98.67	N/A	-0.19	0.07	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	98.78	N/A	98.60	N/A	100.00	N/A	-0.19	1.42	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	28.71	N/A	28.80	N/A	28.44	N/A	0.28	-1.23	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	5.63	N/A	5.83	N/A	5.88	N/A	3.66	0.85	Yes
Patient Status										
% Home	75-90	75.94	Yes	81.50	Yes	88.24	Yes	7.32	8.28	Yes
% Transferred	1-10	9.50	Yes	9.29	Yes	9.88	Yes	-2.17	6.38	Yes
% Still a Patient	>0 - 2	1.07	Yes	0.80	Yes	0.75	Yes	-24.68	-7.18	Yes
% Died	>0 - 3	1.49	Yes	1.27	Yes	1.07	Yes	-14.41	-15.75	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	88,003	N/A	94,575	N/A	103,404	N/A	7.47	9.34	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	\$767	N/A	\$773	N/A	\$791	N/A	0.81	2.31	Yes
% Claims with TPL	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-6.95	265.85	No
Aver. TPL Paid -claims with TPL	N/A	\$1,442	N/A	\$6	N/A	\$447	N/A	-99.58	7,354.17	No
% Claims with UB-92 Accommodation Codes	95-100	64.11	No	68.86	No	76.17	No	7.42	10.62	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.25	Yes	1.24	Yes	1.25	Yes	-0.88	0.42	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.70	Yes	99.83	Yes	99.92	Yes	0.13	0.09	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.03	Yes	9.64	Yes	10.70	Yes	6.73	10.98	Yes
Average LOS	2-<8	6.00	Yes	5.90	Yes	5.93	Yes	-1.61	0.53	Yes
% Begin Date = Admit Date	95-100	67.17	No	72.25	No	78.94	No	7.57	9.26	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	99.99	Yes	0.00	-0.01	Yes
% Claims with DX	98-100	54.57	No	68.76	No	79.13	No	26.00	15.07	No
Average Number of DX Codes (at least 1 DX)	>=2	6.50	Yes	6.64	Yes	6.90	Yes	2.16	3.83	Yes
% Claims with PDX, where length=3	5-30	8.87	Yes	7.84	Yes	7.73	Yes	-11.60	-1.45	Yes
% Claims with PDX, where length=4	15-75	40.62	Yes	40.80	Yes	40.60	Yes	0.45	-0.50	Yes
% Claims with PDX, where length=5	25-70	50.51	Yes	51.36	Yes	51.68	Yes	1.68	0.62	Yes
% Claims with a procedure code	35-70	32.43	No	35.05	Yes	38.53	Yes	8.07	9.94	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.30	Yes	2.30	Yes	2.32	Yes	-0.20	0.76	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	0.05	N/A	0.02	N/A	0.04	N/A	-65.56	135.71	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	0.05	N/A	0.02	N/A	100.00	N/A	-65.56	552,350.00	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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