

**2002-2004 MAX IP Validation Table**  
**State: IN**

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	150,625	N/A	159,106	N/A	133,361	N/A	5.63	-16.20	No
	N/A	10.99	N/A	17.52	N/A	22.38	N/A	59.47	27.70	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	134,073	N/A	131,225	N/A	103,519	N/A	-2.12	-21.10	No
	5-20	24.97	No	26.87	No	12.52	Yes	7.59	-53.40	No
% Crossover	N/A	1.39	N/A	1.59	N/A	1.17	N/A	14.54	-26.20	No
% Adjusted Claims	> 1%	90.64	Yes	89.64	Yes	83.69	Yes	-1.11	-6.63	Yes
% Standard Adjustments	N/A	\$3,927	N/A	\$5,689	N/A	\$7,148	N/A	44.87	25.65	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	100,589	N/A	95,964	N/A	90,563	N/A	-4.60	-5.63	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	\$3,679	Yes	\$3,899	Yes	\$4,146	Yes	5.99	6.34	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$874	N/A	\$906	N/A	\$864	N/A	3.71	-4.68	Yes
% Claims with TPL	>0 - 10	2.38	Yes	2.55	Yes	2.56	Yes	6.79	0.54	Yes
Aver. TPL Paid for claims with TPL	N/A	\$1,183	N/A	\$1,198	N/A	\$1,132	N/A	1.25	-5.48	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.96	Yes	99.99	Yes	99.89	Yes	0.03	-0.10	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.11	Yes	1.11	Yes	1.12	Yes	0.50	0.64	Yes
% Claims with UB-92 Ancillary Codes	95-100	91.14	No	90.17	No	90.25	No	-1.07	0.09	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.47	Yes	9.60	Yes	9.89	Yes	1.38	2.95	Yes
Average LOS	2-<8	4.26	Yes	4.35	Yes	4.45	Yes	2.04	2.34	Yes
Average Covered Days (> 0 day)	2-<8	4.21	Yes	4.30	Yes	4.80	Yes	2.22	11.66	Yes
% Begin Date = Admit Date	95-100	99.35	Yes	99.47	Yes	99.41	Yes	0.13	-0.06	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	100.00	Yes	99.89	Yes	0.00	-0.11	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	Yes	0.00	Yes	1.43	Yes	109.60	34,100.00	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	4.38	Yes	4.56	Yes	4.82	Yes	4.10	5.62	Yes
% Claims with PDX, where length=3	5-30	6.54	Yes	6.30	Yes	5.76	Yes	-3.58	-8.70	Yes
% Claims with PDX, where length=4	15-75	20.21	Yes	20.49	Yes	20.39	Yes	1.37	-0.48	Yes
% Claims with PDX, where length=5	25-70	73.25	No	73.21	No	73.85	No	-0.06	0.88	Yes
% Claims with a procedure code	35-70	55.94	Yes	54.79	Yes	56.36	Yes	-2.06	2.86	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.95	Yes	1.99	Yes	2.04	Yes	2.27	2.28	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	99.96	N/A	99.95	N/A	99.99	N/A	-0.01	0.05	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

\*Cross-year change for encounter claims is expected to be +15%, no negative.

**2002-2004 MAX IP Validation Table**  
**State: IN**

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			
% 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	100.00	Yes	99.99	Yes	99.78	Yes	-0.01	-0.22	Yes
% Claims Maternal Delivery Indicator	N/A	21.83	N/A	20.55	N/A	20.75	N/A	-5.84	0.96	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	24.81	N/A	24.49	N/A	24.20	N/A	-1.29	-1.20	Yes
Patient Status										
% Home	75-90	89.50	Yes	89.08	Yes	87.91	Yes	-0.47	-1.31	Yes
% Transferred	1-10	9.50	Yes	9.73	Yes	10.64	No	2.49	9.36	Yes
% Still a Patient	>0 - 2	0.10	Yes	0.08	Yes	0.09	Yes	-22.20	22.15	No
% Died	>0 - 3	0.91	Yes	0.91	Yes	0.91	Yes	0.34	0.50	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	33,484	N/A	35,261	N/A	12,956	N/A	5.31	-63.30	No
% 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	\$893	N/A	\$853	N/A	\$727	N/A	-4.43	-14.80	Yes
% Claims with TPL	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
Aver. TPL Paid -claims with TPL	N/A	\$697	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	99.65	Yes	99.88	Yes	99.25	Yes	0.24	-0.63	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.19	Yes	1.21	Yes	1.25	Yes	1.43	2.95	Yes
% Claims with UB-92 Ancillary Codes	95-100	92.23	No	99.13	Yes	98.43	Yes	7.48	-0.71	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	13.12	Yes	13.14	Yes	13.00	Yes	0.20	-1.09	Yes
Average LOS	2-<8	5.93	Yes	5.76	Yes	5.94	Yes	-2.72	3.08	Yes
% Begin Date = Admit Date	95-100	99.51	Yes	99.58	Yes	99.85	Yes	0.07	0.27	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	6.68	Yes	7.29	Yes	7.36	Yes	9.06	0.92	Yes
% Claims with PDX, where length=3	5-30	9.09	Yes	9.00	Yes	8.02	Yes	-0.92	-10.90	Yes
% Claims with PDX, where length=4	15-75	39.66	Yes	39.49	Yes	39.05	Yes	-0.42	-1.13	Yes
% Claims with PDX, where length=5	25-70	51.25	Yes	51.50	Yes	52.93	Yes	0.49	2.78	Yes
% Claims with a procedure code	35-70	42.46	Yes	45.47	Yes	46.18	Yes	7.10	1.56	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.28	Yes	2.26	Yes	2.34	Yes	-0.99	3.63	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	99.99	N/A	99.99	N/A	99.97	N/A	-0.01	-0.02	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	54.48	No	99.95	Yes	99.79	Yes	83.46	-0.16	Yes

\*Cross-year change for encounter claims is expected to be +15%, no negative.