

2002-2004 MAX IP Validation Table
State: MD

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	132,679	N/A	141,254	N/A	135,033	N/A	6.46	-4.40	Yes
	N/A	50.72	N/A	49.08	N/A	46.19	N/A	-3.25	-5.88	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	65,381	N/A	71,933	N/A	72,664	N/A	10.02	1.02	Yes
	5-20	34.25	No	35.43	No	36.91	No	3.45	4.18	Yes
% Crossover	N/A	2.42	N/A	1.65	N/A	2.02	N/A	-31.80	22.51	No
% Adjusted Claims	> 1%	97.16	Yes	96.71	Yes	95.23	Yes	-0.46	-1.53	Yes
% Standard Adjustments	N/A	\$6,445	N/A	\$12,284	N/A	\$17,724	N/A	90.59	44.28	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	42,989	N/A	46,448	N/A	45,844	N/A	8.05	-1.30	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	\$9,697	No	\$10,182	No	\$9,609	No	5.01	-5.63	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,293	N/A	\$1,395	N/A	\$1,532	N/A	7.87	9.81	Yes
% Claims with TPL	>0 - 10	0.84	Yes	1.01	Yes	1.08	Yes	20.91	6.93	Yes
Aver. TPL Paid for claims with TPL	N/A	\$5,932	N/A	\$4,625	N/A	\$5,375	N/A	-22.00	16.23	No
% Claims with UB-92 Accommodation Codes	95-100	99.72	Yes	99.51	Yes	99.47	Yes	-0.21	-0.04	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.13	Yes	1.13	Yes	0.17	-0.39	Yes
% Claims with UB-92 Ancillary Codes	95-100	94.76	No	94.52	No	91.99	No	-0.25	-2.68	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.46	Yes	9.49	Yes	9.74	Yes	0.35	2.55	Yes
Average LOS	2-<8	6.63	Yes	6.43	Yes	5.42	Yes	-2.99	-15.70	No
Average Covered Days (> 0 day)	2-<8	7.50	Yes	7.30	Yes	6.28	Yes	-2.62	-14.10	Yes
% Begin Date = Admit Date	95-100	95.78	Yes	95.25	Yes	95.77	Yes	-0.56	0.55	Yes
% IP Claims (MAX TOS 01)	95-100	99.70	Yes	99.77	Yes	99.82	Yes	0.08	0.05	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.24	Yes	0.16	Yes	0.10	Yes	-33.80	-37.50	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	2.76	Yes	2.86	Yes	3.45	Yes	3.50	20.64	No
% Claims with PDX, where length=3	5-30	7.51	Yes	6.43	Yes	6.17	Yes	-14.30	-4.14	Yes
% Claims with PDX, where length=4	15-75	26.35	Yes	25.65	Yes	26.38	Yes	-2.64	2.83	Yes
% Claims with PDX, where length=5	25-70	66.14	Yes	67.91	Yes	67.45	Yes	2.68	-0.68	Yes
% Claims with a procedure code	35-70	50.56	Yes	51.87	Yes	55.15	Yes	2.59	6.33	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.94	Yes	1.93	Yes	1.94	Yes	-0.51	0.30	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	99.98	N/A	99.99	N/A	0.02	0.01	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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% 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
% Claims Maternal Delivery Indicator	N/A	11.38	N/A	11.41	N/A	11.90	N/A	0.27	4.26	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	13.56	N/A	13.86	N/A	14.33	N/A	2.19	3.38	Yes
Patient Status										
% Home	75-90	81.00	Yes	80.94	Yes	79.00	Yes	-0.09	-2.39	Yes
% Transferred	1-10	13.75	No	13.62	No	16.38	No	-1.00	20.25	No
% Still a Patient	>0 - 2	3.62	No	3.82	No	2.96	No	5.65	-22.60	No
% Died	>0 - 3	1.62	Yes	1.63	Yes	1.66	Yes	0.11	2.26	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	22,392	N/A	25,485	N/A	26,820	N/A	13.81	5.24	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	\$1,087	N/A	\$1,244	N/A	\$1,261	N/A	14.44	1.41	Yes
% Claims with TPL	N/A	0.37	N/A	0.37	N/A	0.65	N/A	-0.49	74.88	No
Aver. TPL Paid -claims with TPL	N/A	\$773	N/A	\$474	N/A	\$534	N/A	-38.70	12.49	Yes
% Claims with UB-92 Accommodation Codes	95-100	79.82	No	77.35	No	83.45	No	-3.10	7.89	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.21	Yes	1.21	Yes	1.19	Yes	-0.28	-1.73	Yes
% Claims with UB-92 Ancillary Codes	95-100	80.04	No	77.95	No	83.49	No	-2.61	7.11	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	13.44	Yes	13.26	Yes	13.19	Yes	-1.28	-0.56	Yes
Average LOS	2-<8	5.72	Yes	5.89	Yes	5.87	Yes	3.02	-0.43	Yes
% Begin Date = Admit Date	95-100	90.67	No	90.41	No	93.72	No	-0.28	3.66	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	99.92	Yes	99.71	Yes	99.75	Yes	-0.21	0.04	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.42	Yes	3.65	Yes	3.86	Yes	6.83	5.75	Yes
% Claims with PDX, where length=3	5-30	8.03	Yes	7.65	Yes	7.15	Yes	-4.75	-6.49	Yes
% Claims with PDX, where length=4	15-75	44.25	Yes	41.56	Yes	40.28	Yes	-6.07	-3.08	Yes
% Claims with PDX, where length=5	25-70	47.72	Yes	50.79	Yes	52.57	Yes	6.44	3.50	Yes
% Claims with a procedure code	35-70	45.31	Yes	41.56	Yes	45.76	Yes	-8.28	10.12	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.36	Yes	2.35	Yes	2.46	Yes	-0.55	4.78	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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