

2002-2004 MAX IP Validation Table
State: MA

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	120,709	N/A	119,518	N/A	91,441	N/A	-0.99	-23.50	No
	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	120,709	N/A	119,518	N/A	91,441	N/A	-0.99	-23.50	No
% Crossover	5-20	38.94	No	41.01	No	21.07	No	5.31	-48.60	No
% Adjusted Claims	N/A	0.12	N/A	10.39	N/A	0.12	N/A	8,670.00	-98.80	No
% Standard Adjustments	> 1%	90.21	Yes	7.91	Yes	97.32	Yes	-91.20	1,131.00	No
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$4,303	N/A	\$1,698	N/A	\$4,991	N/A	-60.50	193.90	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	73,699	N/A	70,500	N/A	72,172	N/A	-4.34	2.37	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	\$5,565	Yes	\$5,607	Yes	\$5,797	Yes	0.76	3.38	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,186	N/A	\$1,199	N/A	\$1,283	N/A	1.15	6.98	Yes
% Claims with TPL	>0 - 10	1.29	Yes	1.82	Yes	1.56	Yes	41.22	-14.30	Yes
Aver. TPL Paid for claims with TPL	N/A	\$1,631	N/A	\$1,812	N/A	\$2,137	N/A	11.15	17.91	No
% Claims with UB-92 Accommodation Codes	95-100	99.88	Yes	99.90	Yes	99.82	Yes	0.01	-0.08	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.12	Yes	1.12	Yes	1.12	Yes	0.41	-0.53	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.61	Yes	99.47	Yes	99.52	Yes	-0.14	0.05	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.89	Yes	8.21	Yes	8.39	Yes	4.02	2.31	Yes
Average LOS	2-<8	4.70	Yes	4.66	Yes	4.50	Yes	-0.80	-3.50	Yes
Average Covered Days (> 0 day)	2-<8	4.69	Yes	4.67	Yes	4.51	Yes	-0.38	-3.43	Yes
% Begin Date = Admit Date	95-100	98.87	Yes	99.03	Yes	98.93	Yes	0.16	-0.11	Yes
% IP Claims (MAX TOS 01)	95-100	98.77	Yes	98.95	Yes	99.13	Yes	0.18	0.18	Yes
% Family Planning Claims (pgm type=2)	>0-5	1.38	Yes	1.06	Yes	0.88	Yes	-23.70	-17.00	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	3.55	Yes	3.66	Yes	3.77	Yes	3.16	2.97	Yes
% Claims with PDX, where length=3	5-30	5.50	Yes	5.25	Yes	4.90	No	-4.59	-6.70	Yes
% Claims with PDX, where length=4	15-75	25.43	Yes	25.59	Yes	25.94	Yes	0.62	1.38	Yes
% Claims with PDX, where length=5	25-70	69.06	Yes	69.16	Yes	69.16	Yes	0.14	0.00	Yes
% Claims with a procedure code	35-70	65.02	Yes	65.56	Yes	66.11	Yes	0.83	0.85	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.80	Yes	1.80	Yes	1.81	Yes	-0.09	0.65	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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% 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	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims Maternal Delivery Indicator	N/A	19.37	N/A	18.84	N/A	18.66	N/A	-2.73	-0.99	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	21.47	N/A	20.90	N/A	20.68	N/A	-2.63	-1.06	Yes
Patient Status										
% Home	75-90	79.07	Yes	77.33	Yes	73.87	No	-2.20	-4.47	Yes
% Transferred	1-10	19.13	No	19.83	No	22.68	No	3.68	14.34	Yes
% Still a Patient	>0 - 2	0.81	Yes	1.92	Yes	2.59	No	135.60	35.18	No
% Died	>0 - 3	0.99	Yes	0.92	Yes	0.86	Yes	-6.79	-6.67	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	47,010	N/A	49,018	N/A	19,269	N/A	4.27	-60.70	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	\$846	N/A	\$1,133	N/A	\$884	N/A	33.88	-22.00	No
% Claims with TPL	N/A	0.09	N/A	0.13	N/A	0.20	N/A	42.74	55.02	No
Aver. TPL Paid -claims with TPL	N/A	\$750	N/A	\$849	N/A	\$699	N/A	13.24	-17.70	No
% Claims with UB-92 Accommodation Codes	95-100	0.10	No	0.22	No	0.28	No	121.00	27.19	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.11	Yes	1.02	Yes	-1.52	-8.47	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.09	No	0.20	No	0.22	No	129.20	9.02	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	5.76	Yes	4.38	Yes	2.36	No	-23.90	-46.20	No
Average LOS	2-<8	5.88	Yes	5.77	Yes	4.92	Yes	-1.91	-14.60	Yes
% Begin Date = Admit Date	95-100	100.00	Yes	99.99	Yes	99.95	Yes	-0.01	-0.05	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	82.30	No	73.79	No	80.09	No	-10.30	8.54	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.01	No	1.02	No	1.03	No	1.19	1.23	Yes
% Claims with PDX, where length=3	5-30	7.51	Yes	7.56	Yes	4.67	No	0.73	-38.20	No
% Claims with PDX, where length=4	15-75	40.02	Yes	39.46	Yes	37.94	Yes	-1.40	-3.84	Yes
% Claims with PDX, where length=5	25-70	52.47	Yes	52.98	Yes	57.38	Yes	0.97	8.31	Yes
% Claims with a procedure code	35-70	38.95	Yes	34.95	No	29.37	No	-10.30	-16.00	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.00	Yes	1.03	Yes	1.09	Yes	2.73	5.50	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	0.04	N/A	0.08	N/A	0.04	N/A	113.80	-56.80	No
% 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	0.07	No	0.08	No	0.13	No	7.53	78.76	No

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