

2002-2004 MAX IP Validation Table
State: MN

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	93,242	N/A	99,405	N/A	90,725	N/A	6.61	-8.73	Yes
	N/A	41.93	N/A	40.69	N/A	22.98	N/A	-2.97	-43.50	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	-37.50	20.52	No
Total FFS Claims	N/A	54,113	N/A	58,938	N/A	69,850	N/A	8.92	18.51	No
% Supplemental Claims	5-20	30.61	No	28.44	No	24.31	No	-7.09	-14.50	Yes
% Crossover	N/A	10.46	N/A	16.91	N/A	12.53	N/A	61.63	-25.90	No
% Adjusted Claims	> 1%	66.68	Yes	79.48	Yes	69.76	Yes	19.19	-12.20	Yes
% Standard Adjustments	N/A	\$5,636	N/A	\$5,943	N/A	\$7,881	N/A	5.44	32.61	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	37,548	N/A	42,176	N/A	52,867	N/A	12.33	25.35	No
% 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	\$6,644	Yes	\$6,226	Yes	\$6,241	Yes	-6.29	0.23	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,376	N/A	\$1,381	N/A	\$1,412	N/A	0.37	2.25	Yes
% Claims with TPL	>0 - 10	3.57	Yes	2.92	Yes	2.33	Yes	-18.20	-20.20	No
Aver. TPL Paid for claims with TPL	N/A	\$4,455	N/A	\$5,333	N/A	\$4,555	N/A	19.70	-14.60	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.79	Yes	99.87	Yes	99.95	Yes	0.08	0.09	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.12	Yes	1.12	Yes	1.12	Yes	-0.21	-0.30	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.38	Yes	99.38	Yes	99.52	Yes	0.00	0.15	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.44	Yes	8.30	Yes	7.89	Yes	-1.74	-4.86	Yes
Average LOS	2-<8	4.85	Yes	4.51	Yes	4.38	Yes	-7.03	-2.98	Yes
Average Covered Days (> 0 day)	2-<8	4.84	Yes	4.51	Yes	4.42	Yes	-6.70	-2.05	Yes
% Begin Date = Admit Date	95-100	98.87	Yes	98.62	Yes	98.76	Yes	-0.25	0.14	Yes
% IP Claims (MAX TOS 01)	95-100	99.45	Yes	99.95	Yes	100.00	Yes	0.51	0.04	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims with PDX	98-100	99.81	Yes	99.88	Yes	99.97	Yes	0.08	0.09	Yes
Average Number of DX Codes (at least 1 DX)	>=2	4.67	Yes	4.61	Yes	4.36	Yes	-1.13	-5.56	Yes
% Claims with PDX, where length=3	5-30	5.30	Yes	4.56	No	3.48	No	-14.00	-23.60	No
% Claims with PDX, where length=4	15-75	26.88	Yes	24.79	Yes	22.13	Yes	-7.77	-10.70	Yes
% Claims with PDX, where length=5	25-70	67.82	Yes	70.65	No	74.39	No	4.17	5.30	Yes
% Claims with a procedure code	35-70	50.50	Yes	49.59	Yes	47.60	Yes	-1.79	-4.01	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.06	Yes	2.04	Yes	1.91	Yes	-0.79	-6.51	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	99.99	N/A	0.00	-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	99.99	N/A	100.00	N/A	100.00	N/A	0.01	0.00	Yes
% Claims with DRG	>=90	99.79	Yes	99.88	Yes	99.97	Yes	0.09	0.09	Yes
% Claims Maternal Delivery Indicator	N/A	12.36	N/A	10.17	N/A	7.03	N/A	-17.70	-30.90	No
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	18.89	N/A	25.34	N/A	36.88	N/A	34.16	45.56	No
Patient Status										
% Home	75-90	73.74	No	77.99	Yes	77.83	Yes	5.75	-0.19	Yes
% Transferred	1-10	24.60	No	21.06	No	21.29	No	-14.40	1.07	Yes
% Still a Patient	>0 - 2	0.09	Yes	0.10	Yes	0.07	Yes	14.07	-24.10	No
% Died	>0 - 3	0.81	Yes	0.74	Yes	0.76	Yes	-9.51	2.94	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	16,565	N/A	16,762	N/A	16,983	N/A	1.19	1.32	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	\$921	N/A	\$904	N/A	\$933	N/A	-1.88	3.31	Yes
% Claims with TPL	N/A	1.01	N/A	0.97	N/A	1.00	N/A	-3.54	2.94	Yes
Aver. TPL Paid -claims with TPL	N/A	\$817	N/A	\$5,446	N/A	\$762	N/A	566.60	-86.00	No
% Claims with UB-92 Accommodation Codes	95-100	99.93	Yes	99.91	Yes	99.92	Yes	-0.02	0.01	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.15	Yes	1.16	Yes	1.16	Yes	0.30	0.28	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.94	Yes	99.98	Yes	99.96	Yes	0.04	-0.01	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.53	Yes	10.57	Yes	10.91	Yes	0.43	3.16	Yes
Average LOS	2-<8	5.60	Yes	5.52	Yes	5.30	Yes	-1.37	-4.13	Yes
% Begin Date = Admit Date	95-100	99.37	Yes	99.66	Yes	99.71	Yes	0.30	0.05	Yes
% Claims with IP TOS	95-100	99.96	Yes	100.00	Yes	100.00	Yes	0.04	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	6.62	Yes	6.82	Yes	7.04	Yes	3.01	3.29	Yes
% Claims with PDX, where length=3	5-30	7.46	Yes	7.37	Yes	6.29	Yes	-1.18	-14.60	Yes
% Claims with PDX, where length=4	15-75	39.17	Yes	37.42	Yes	36.92	Yes	-4.48	-1.33	Yes
% Claims with PDX, where length=5	25-70	53.37	Yes	55.21	Yes	56.79	Yes	3.45	2.86	Yes
% Claims with a procedure code	35-70	0.04	No	0.01	No	0.01	No	-67.10	-50.70	No
Average Number of Procedures for claims with at least 1 procedure code	>1	2.50	Yes	1.00	No	6.00	Yes	-60.00	500.00	No
% 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	12.55	No	8.81	No	10.22	No	-29.80	16.01	No

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