

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

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	137,199	N/A	147,279	N/A	139,295	N/A	7.35	-5.42	Yes
	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	137,199	N/A	147,279	N/A	139,295	N/A	7.35	-5.42	Yes
% Crossover	5-20	36.04	No	33.76	No	35.94	No	-6.34	6.47	Yes
% Adjusted Claims	N/A	46.23	N/A	14.67	N/A	38.24	N/A	-68.30	160.60	No
% Standard Adjustments	> 1%	99.35	Yes	54.78	Yes	95.50	Yes	-44.90	74.35	No
Aver. Amt. Pd Adjust. ( include \$0)	N/A	\$4,266	N/A	\$5,543	N/A	\$4,678	N/A	29.92	-15.60	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	87,746	N/A	97,559	N/A	89,227	N/A	11.18	-8.54	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	\$4,310	Yes	\$4,585	Yes	\$5,011	Yes	6.40	9.29	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$908	N/A	\$968	N/A	\$1,092	N/A	6.62	12.86	Yes
% Claims with TPL	>0 - 10	0.99	Yes	0.60	Yes	0.77	Yes	-39.50	27.59	No
Aver. TPL Paid for claims with TPL	N/A	\$2,486	N/A	\$2,498	N/A	\$2,707	N/A	0.46	8.38	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.99	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.38	Yes	1.37	Yes	1.39	Yes	-0.35	1.22	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.80	Yes	99.78	Yes	99.79	Yes	-0.01	0.01	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.85	Yes	9.75	Yes	9.95	Yes	-1.06	2.11	Yes
Average LOS	2-<8	4.72	Yes	4.71	Yes	4.56	Yes	-0.36	-3.14	Yes
Average Covered Days (> 0 day)	2-<8	4.75	Yes	4.74	Yes	4.59	Yes	-0.21	-3.16	Yes
% Begin Date = Admit Date	95-100	97.75	Yes	97.71	Yes	97.80	Yes	-0.05	0.09	Yes
% IP Claims (MAX TOS 01)	95-100	99.90	Yes	98.44	Yes	96.55	Yes	-1.46	-1.91	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	No	1.11	Yes	3.22	Yes	.	190.80	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	1.90	No	2.50	Yes	4.12	Yes	31.83	64.83	No
% Claims with PDX, where length=3	5-30	10.92	Yes	9.35	Yes	8.43	Yes	-14.40	-9.82	Yes
% Claims with PDX, where length=4	15-75	25.71	Yes	25.83	Yes	25.03	Yes	0.48	-3.09	Yes
% Claims with PDX, where length=5	25-70	63.37	Yes	64.82	Yes	66.54	Yes	2.29	2.65	Yes
% Claims with a procedure code	35-70	52.64	Yes	53.89	Yes	55.27	Yes	2.38	2.56	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.76	Yes	1.81	Yes	2.00	Yes	2.64	10.73	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.02	N/A	0.00	N/A	0.00	N/A	-80.50	-100.00	No
% Claims with Procedures that have ICD-9 Indicator	N/A	99.97	N/A	99.94	N/A	99.74	N/A	-0.04	-0.19	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	N/A

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

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		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	99.99	N/A	100.00	N/A	-0.01	0.01	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	27.32	N/A	27.04	N/A	27.95	N/A	-1.02	3.37	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	3.37	N/A	3.73	N/A	3.61	N/A	10.69	-3.31	Yes
Patient Status										
% Home	75-90	90.70	No	89.53	Yes	89.51	Yes	-1.28	-0.02	Yes
% Transferred	1-10	5.95	Yes	6.64	Yes	6.79	Yes	11.56	2.25	Yes
% Still a Patient	>0 - 2	2.47	No	2.92	No	2.87	No	18.52	-1.78	Yes
% Died	>0 - 3	0.89	Yes	0.87	Yes	0.73	Yes	-1.61	-16.30	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	49,453	N/A	49,720	N/A	50,068	N/A	0.54	0.70	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	\$844	N/A	\$866	N/A	\$903	N/A	2.63	4.21	Yes
% Claims with TPL	N/A	0.26	N/A	0.23	N/A	0.27	N/A	-12.90	20.40	No
Aver. TPL Paid -claims with TPL	N/A	\$1,441	N/A	\$1,353	N/A	\$467	N/A	-6.10	-65.50	No
% Claims with UB-92 Accommodation Codes	95-100	99.47	Yes	99.58	Yes	99.10	Yes	0.12	-0.49	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.15	Yes	1.15	Yes	1.15	Yes	-0.07	0.09	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.76	Yes	99.90	Yes	99.88	Yes	0.14	-0.02	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	11.98	Yes	12.08	Yes	12.14	Yes	0.84	0.47	Yes
Average LOS	2-<8	6.06	Yes	5.67	Yes	5.32	Yes	-6.50	-6.08	Yes
% Begin Date = Admit Date	95-100	99.43	Yes	99.66	Yes	99.64	Yes	0.23	-0.02	Yes
% Claims with IP TOS	95-100	99.97	Yes	99.98	Yes	100.00	Yes	0.02	0.02	Yes
% Claims with DX	98-100	99.50	Yes	99.91	Yes	99.99	Yes	0.41	0.08	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.98	No	1.77	No	1.36	No	-10.40	-23.40	No
% Claims with PDX, where length=3	5-30	9.07	Yes	8.66	Yes	7.48	Yes	-4.56	-13.60	Yes
% Claims with PDX, where length=4	15-75	42.95	Yes	43.52	Yes	42.45	Yes	1.32	-2.47	Yes
% Claims with PDX, where length=5	25-70	47.97	Yes	47.82	Yes	50.08	Yes	-0.32	4.71	Yes
% Claims with a procedure code	35-70	40.67	Yes	27.17	No	0.01	No	-33.20	-100.00	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.83	Yes	1.83	Yes	2.20	Yes	0.46	19.91	No
% Claims with Procedures that have CPT-4 Indicator	N/A	0.07	N/A	0.07	N/A	0.00	N/A	-0.74	-100.00	No
% Claims with Procedures that have ICD-9 Indicator	N/A	99.93	N/A	99.92	N/A	100.00	N/A	-0.01	0.08	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	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	0.01	0.00	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A

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