

1999-2001 MAX IP Validation Table
State: MO

Measure	Expected Range	1999		2000		2001		% Change 1999-2000	% Change 2000-2001	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	139,326	N/A	162,034	N/A	189,529	N/A	16.30	16.97	No
	N/A	20.06	N/A	22.10	N/A	20.94	N/A	10.15	-5.26	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total IP Claims	N/A	111,371	N/A	126,224	N/A	149,846	N/A	13.34	18.71	No
% Crossover	5-20	25.50	No	28.43	No	35.50	No	11.52	24.86	No
% Adjusted Claims	N/A	48.91	N/A	5.95	N/A	4.26	N/A	-87.83	-28.48	No
% Standard Adjustments	> 1%	.	Yes	72.54	Yes	67.14	Yes	N/A	-7.44	Yes
Aver. Amt. Pd Adjust. (include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)	N/A	\$3,581	N/A	\$2,929	N/A	\$2,826	N/A	-18.21	-3.52	Yes
Total Number of Claims	N/A	82,976	N/A	90,336	N/A	96,649	N/A	8.87	6.99	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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$3,942	Yes	\$3,895	Yes	\$3,894	Yes	-1.20	-0.02	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$783	N/A	\$798	N/A	\$798	N/A	1.91	0.00	Yes
% Claims with TPL	>0 - 10	1.11	Yes	1.33	Yes	1.23	Yes	19.98	-8.01	Yes
Aver. TPL Paid for claims with TPL	N/A	\$1,998	N/A	\$2,237	N/A	\$2,053	N/A	11.97	-8.22	Yes
% Claims with UB-92 Accommodation Codes	95-100	98.86	Yes	98.87	Yes	98.80	Yes	0.01	-0.07	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.14	Yes	1.14	Yes	1.14	Yes	-0.38	-0.12	Yes
% Claims with UB-92 Ancillary Codes	95-100	98.73	Yes	98.75	Yes	98.65	Yes	0.02	-0.10	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.98	Yes	8.11	Yes	8.25	Yes	1.73	1.61	Yes
Average LOS	2-<8	5.03	Yes	4.89	Yes	4.85	Yes	-2.69	-0.89	Yes
Average Covered Days (> 0 day)	2-<8	5.09	Yes	4.93	Yes	4.93	Yes	-3.07	0.05	Yes
% Begin Date = Admit Date	95-100	98.04	Yes	97.95	Yes	97.91	Yes	-0.10	-0.04	Yes
% IP Claims (MAX TOS 01)	95-100	98.82	Yes	98.85	Yes	98.73	Yes	0.03	-0.12	Yes
% Family Planning Claims (pgm type=2)	>0-5	1.05	Yes	1.07	Yes	1.15	Yes	2.22	7.79	Yes
% 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	3.21	Yes	3.29	Yes	3.36	Yes	2.24	2.25	Yes
% Claims with PDX, where length=3	5-30	7.60	Yes	6.73	Yes	6.55	Yes	-11.43	-2.64	Yes
% Claims with PDX, where length=4	15-75	24.65	Yes	25.21	Yes	26.44	Yes	2.28	4.86	Yes
% Claims with PDX, where length=5	25-70	67.75	Yes	68.06	Yes	67.01	Yes	0.45	-1.54	Yes
% Claims with a procedure code	35-70	38.45	Yes	40.84	Yes	38.77	Yes	6.23	-5.08	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.47	Yes	1.53	Yes	1.55	Yes	4.32	1.54	Yes
% Claims with Procedures that have CPT-4 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 ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	99.99	N/A	100.00	N/A	100.00	N/A	0.01	0.00	Yes

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	0.00	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims Maternal Delivery Indicator	N/A	16.00	N/A	15.30	N/A	14.00	N/A	-4.41	-8.46	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	17.29	N/A	17.15	N/A	15.48	N/A	-0.80	-9.75	Yes
Patient Status										
% Home	75-90	84.06	Yes	84.02	Yes	80.77	Yes	-0.05	-3.87	Yes
% Transferred	1-10	11.93	No	11.98	No	11.32	No	0.43	-5.49	Yes
% Still a Patient	>0 - 2	1.66	Yes	1.58	Yes	1.77	Yes	-4.61	11.70	Yes
% Died	>0 - 3	1.05	Yes	1.00	Yes	1.02	Yes	-4.77	1.65	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	28,395	N/A	35,888	N/A	53,197	N/A	26.39	48.23	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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$259	N/A	\$242	N/A	\$194	N/A	-6.55	-19.78	No
% Claims with TPL	N/A	1.38	N/A	0.93	N/A	0.53	N/A	-32.56	-43.61	No
Aver. TPL Paid -claims with TPL	N/A	\$136	N/A	\$202	N/A	\$227	N/A	47.84	12.46	Yes
% Claims with UB-92 Accommodation Codes	95-100	0.51	No	0.31	No	0.24	No	-38.46	-21.70	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.21	Yes	1.27	Yes	1.22	Yes	4.93	-4.14	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.51	No	0.31	No	0.24	No	-38.46	-21.70	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.85	Yes	8.14	Yes	8.03	Yes	3.68	-1.38	Yes
Average LOS	2-<8	2.98	Yes	2.59	Yes	2.46	Yes	-12.96	-5.22	Yes
% Begin Date = Admit Date	95-100	10.28	No	9.84	No	6.82	No	-4.27	-30.69	No
% Claims with IP TOS	95-100	99.98	Yes	99.98	Yes	99.97	Yes	0.01	-0.01	Yes
% Claims with DX	98-100	100.00	Yes	99.99	Yes	99.99	Yes	0.00	-0.01	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.10	No	1.10	No	1.07	No	-0.54	-1.99	Yes
% Claims with PDX, where length=3	5-30	90.45	No	90.55	No	93.48	No	0.12	3.23	Yes
% Claims with PDX, where length=4	15-75	4.83	No	4.51	No	3.11	No	-6.58	-31.20	No
% Claims with PDX, where length=5	25-70	4.72	No	4.93	No	3.41	No	4.43	-30.78	No
% Claims with a procedure code	35-70	0.12	No	0.09	No	0.06	No	-20.88	-34.58	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.67	Yes	2.27	Yes	2.34	Yes	36.36	3.13	Yes
% Claims with Procedures that have CPT-4 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 ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes

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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	0.00	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A

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