

2002-2004 MAX IP Validation Table
State: OH

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	275,265	N/A	284,254	N/A	289,644	N/A	3.27	1.90	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	275,265	N/A	284,254	N/A	289,644	N/A	3.27	1.90	Yes
	5-20	25.77	No	26.63	No	27.50	No	3.33	3.29	Yes
% Crossover	N/A	0.85	N/A	0.90	N/A	1.25	N/A	5.57	38.61	No
% Adjusted Claims	> 1%	89.96	Yes	89.58	Yes	91.16	Yes	-0.42	1.76	Yes
% Standard Adjustments	N/A	\$19,943	N/A	\$17,901	N/A	\$19,395	N/A	-10.20	8.34	Yes
Aver. Amt. Pd Adjust. (include \$0) FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	204,326	N/A	208,563	N/A	209,984	N/A	2.07	0.68	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	\$5,343	Yes	\$5,605	Yes	\$5,960	Yes	4.91	6.34	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,227	N/A	\$1,277	N/A	\$1,341	N/A	4.08	5.05	Yes
% Claims with TPL	>0 - 10	1.47	Yes	1.44	Yes	1.53	Yes	-2.62	6.92	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,945	N/A	\$3,396	N/A	\$3,435	N/A	15.31	1.16	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.79	Yes	99.78	Yes	99.76	Yes	-0.01	-0.02	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.13	Yes	1.13	Yes	0.18	0.16	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.63	Yes	99.62	Yes	99.67	Yes	-0.01	0.05	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.02	Yes	10.21	Yes	10.33	Yes	1.86	1.27	Yes
Average LOS	2-<8	4.38	Yes	4.41	Yes	4.47	Yes	0.81	1.21	Yes
Average Covered Days (> 0 day)	2-<8	4.35	Yes	4.39	Yes	4.44	Yes	0.76	1.20	Yes
% Begin Date = Admit Date	95-100	99.88	Yes	99.89	Yes	99.86	Yes	0.01	-0.03	Yes
% IP Claims (MAX TOS 01)	95-100	98.51	Yes	98.59	Yes	98.68	Yes	0.08	0.09	Yes
% Family Planning Claims (pgm type=2)	>0-5	1.48	Yes	1.40	Yes	1.31	Yes	-5.17	-6.58	Yes
% Claims with PDX	98-100	99.92	Yes	99.92	Yes	99.89	Yes	0.00	-0.03	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.52	Yes	3.60	Yes	3.69	Yes	2.40	2.48	Yes
% Claims with PDX, where length=3	5-30	5.96	Yes	5.80	Yes	5.47	Yes	-2.67	-5.81	Yes
% Claims with PDX, where length=4	15-75	23.98	Yes	24.93	Yes	25.44	Yes	3.93	2.05	Yes
% Claims with PDX, where length=5	25-70	70.05	No	69.27	Yes	69.10	Yes	-1.12	-0.25	Yes
% Claims with a procedure code	35-70	57.03	Yes	56.85	Yes	49.02	Yes	-0.32	-13.80	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.79	Yes	1.82	Yes	1.82	Yes	1.21	0.12	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	99.88	N/A	99.86	N/A	99.89	N/A	-0.01	0.02	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	99.05	Yes	98.95	Yes	98.79	Yes	-0.10	-0.17	Yes
% Claims Maternal Delivery Indicator	N/A	18.11	N/A	17.55	N/A	17.07	N/A	-3.11	-2.71	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	19.88	N/A	19.14	N/A	18.94	N/A	-3.74	-1.03	Yes
Patient Status										
% Home	75-90	83.94	Yes	82.82	Yes	80.87	Yes	-1.33	-2.35	Yes
% Transferred	1-10	14.92	No	16.00	No	17.94	No	7.24	12.15	Yes
% Still a Patient	>0 - 2	0.04	Yes	0.03	Yes	0.04	Yes	-26.80	31.36	No
% Died	>0 - 3	0.91	Yes	0.91	Yes	0.92	Yes	-0.56	1.00	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	70,939	N/A	75,691	N/A	79,660	N/A	6.70	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	\$1,015	N/A	\$977	N/A	\$1,032	N/A	-3.74	5.57	Yes
% Claims with TPL	N/A	1.36	N/A	1.54	N/A	2.44	N/A	12.97	59.04	No
Aver. TPL Paid -claims with TPL	N/A	\$1,410	N/A	\$1,884	N/A	\$3,287	N/A	33.63	74.47	No
% Claims with UB-92 Accommodation Codes	95-100	99.19	Yes	99.16	Yes	99.19	Yes	-0.03	0.03	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.20	Yes	1.20	Yes	1.20	Yes	0.27	-0.11	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.59	Yes	99.69	Yes	99.72	Yes	0.10	0.03	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	13.44	Yes	13.68	Yes	13.84	Yes	1.85	1.17	Yes
Average LOS	2-<8	5.81	Yes	5.70	Yes	5.62	Yes	-1.88	-1.33	Yes
% Begin Date = Admit Date	95-100	99.68	Yes	99.76	Yes	99.96	Yes	0.08	0.20	Yes
% Claims with IP TOS	95-100	100.00	Yes	99.99	Yes	100.00	Yes	0.00	0.01	Yes
% Claims with DX	98-100	99.99	Yes	100.00	Yes	100.00	Yes	0.01	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	4.65	Yes	4.71	Yes	4.77	Yes	1.27	1.35	Yes
% Claims with PDX, where length=3	5-30	8.45	Yes	8.12	Yes	7.32	Yes	-3.85	-9.88	Yes
% Claims with PDX, where length=4	15-75	40.83	Yes	40.93	Yes	40.76	Yes	0.24	-0.41	Yes
% Claims with PDX, where length=5	25-70	49.95	Yes	50.18	Yes	51.91	Yes	0.46	3.45	Yes
% Claims with a procedure code	35-70	47.69	Yes	48.67	Yes	48.43	Yes	2.07	-0.49	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.90	Yes	1.93	Yes	1.93	Yes	1.53	0.18	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	99.55	N/A	99.62	N/A	99.70	N/A	0.07	0.08	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	99.99	N/A	99.52	N/A	-0.01	-0.48	Yes
% Claims with DRG	>=90	0.27	No	0.36	No	0.36	No	33.47	-0.44	Yes

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