

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

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	100,806	N/A	107,450	N/A	132,875	N/A	6.59	23.66	No
	N/A	14.60	N/A	16.33	N/A	0.00	N/A	11.84	-100.00	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	86,087	N/A	89,903	N/A	132,874	N/A	4.43	47.80	No
% Crossover	5-20	30.65	No	30.07	No	21.26	No	-1.89	-29.30	No
% Adjusted Claims	N/A	1.16	N/A	4.03	N/A	3.82	N/A	248.60	-5.25	Yes
% Standard Adjustments	> 1%	84.52	Yes	99.78	Yes	98.40	Yes	18.05	-1.38	Yes
Aver. Amt. Pd Adjust. ( include \$0)	N/A	\$2,787	N/A	\$3,217	N/A	\$4,267	N/A	15.43	32.64	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	59,702	N/A	62,868	N/A	104,621	N/A	5.30	66.41	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	\$2,946	Yes	\$2,903	Yes	\$2,933	Yes	-1.46	1.03	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$705	N/A	\$713	N/A	\$767	N/A	1.16	7.51	Yes
% Claims with TPL	>0 - 10	0.81	Yes	0.71	Yes	0.65	Yes	-11.90	-7.71	Yes
Aver. TPL Paid for claims with TPL	N/A	\$1,299	N/A	\$1,378	N/A	\$2,555	N/A	6.06	85.49	No
% Claims with UB-92 Accommodation Codes	95-100	99.98	Yes	99.98	Yes	99.98	Yes	0.01	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.09	Yes	1.09	Yes	-0.26	0.19	Yes
% Claims with UB-92 Ancillary Codes	95-100	91.70	No	91.78	No	95.17	Yes	0.09	3.70	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.02	Yes	8.93	Yes	9.16	Yes	-0.99	2.55	Yes
Average LOS	2-<8	4.20	Yes	4.16	Yes	3.89	Yes	-0.86	-6.61	Yes
Average Covered Days (> 0 day)	2-<8	4.18	Yes	4.07	Yes	3.82	Yes	-2.72	-6.04	Yes
% Begin Date = Admit Date	95-100	98.62	Yes	98.60	Yes	99.03	Yes	-0.02	0.43	Yes
% IP Claims (MAX TOS 01)	95-100	99.78	Yes	99.58	Yes	99.62	Yes	-0.19	0.04	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.18	Yes	0.00	No	0.00	No	-100.00	.	N/A
% 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	3.58	Yes	3.85	Yes	3.99	Yes	7.40	3.52	Yes
% Claims with PDX, where length=3	5-30	7.85	Yes	7.83	Yes	6.84	Yes	-0.23	-12.70	Yes
% Claims with PDX, where length=4	15-75	21.30	Yes	19.27	Yes	17.91	Yes	-9.56	-7.03	Yes
% Claims with PDX, where length=5	25-70	70.85	No	72.91	No	75.25	No	2.90	3.22	Yes
% Claims with a procedure code	35-70	53.32	Yes	52.53	Yes	52.70	Yes	-1.49	0.33	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.84	Yes	1.83	Yes	1.87	Yes	-0.61	1.78	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	98.70	N/A	94.68	N/A	96.23	N/A	-4.07	1.63	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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		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	99.99	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
% Claims Maternal Delivery Indicator	N/A	22.49	N/A	24.41	N/A	25.86	N/A	8.58	5.91	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	24.14	N/A	26.48	N/A	26.83	N/A	9.70	1.30	Yes
Patient Status										
% Home	75-90	88.74	Yes	90.27	No	91.02	No	1.73	0.83	Yes
% Transferred	1-10	7.28	Yes	6.09	Yes	5.90	Yes	-16.40	-3.01	Yes
% Still a Patient	>0 - 2	2.90	No	2.60	No	2.09	No	-10.50	-19.60	No
% Died	>0 - 3	0.95	Yes	0.85	Yes	0.75	Yes	-10.50	-12.70	Yes
<b>FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)</b>										
Total Number of Claims	N/A	26,385	N/A	27,035	N/A	28,253	N/A	2.46	4.51	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	\$863	N/A	\$876	N/A	\$940	N/A	1.48	7.30	Yes
% Claims with TPL	N/A	0.36	N/A	0.75	N/A	0.99	N/A	109.60	30.87	No
Aver. TPL Paid -claims with TPL	N/A	\$617	N/A	\$5,170	N/A	\$6,622	N/A	737.90	28.10	No
% Claims with UB-92 Accommodation Codes	95-100	11.61	No	94.74	No	97.91	Yes	716.40	3.34	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.15	Yes	1.15	Yes	1.16	Yes	0.76	0.34	Yes
% Claims with UB-92 Ancillary Codes	95-100	38.04	No	99.53	Yes	99.42	Yes	161.60	-0.11	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	4.48	Yes	11.78	Yes	12.12	Yes	162.90	2.91	Yes
Average LOS	2-<8	5.74	Yes	5.63	Yes	5.59	Yes	-1.88	-0.70	Yes
% Begin Date = Admit Date	95-100	99.72	Yes	98.77	Yes	99.56	Yes	-0.95	0.80	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	99.98	Yes	99.98	Yes	100.00	Yes	0.00	0.02	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.70	No	6.77	Yes	7.03	Yes	298.20	3.88	Yes
% Claims with PDX, where length=3	5-30	9.97	Yes	9.63	Yes	8.63	Yes	-3.44	-10.30	Yes
% Claims with PDX, where length=4	15-75	41.94	Yes	41.51	Yes	40.76	Yes	-1.03	-1.81	Yes
% Claims with PDX, where length=5	25-70	48.09	Yes	48.85	Yes	50.61	Yes	1.58	3.61	Yes
% Claims with a procedure code	35-70	4.61	No	40.47	Yes	41.72	Yes	778.10	3.09	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.17	Yes	2.22	Yes	2.27	Yes	2.33	2.07	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	99.42	N/A	99.12	N/A	99.38	N/A	-0.30	0.26	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	100.00	N/A	-0.01	0.01	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A

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