

2002-2004 MAX IP Validation Table
State: TN

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	210,209	N/A	301,039	N/A	171,948	N/A	43.21	-42.90	No
% Encounter Claims *	N/A	8.41	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% Supplemental Claims	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	192,524	N/A	301,039	N/A	171,948	N/A	56.36	-42.90	No
% Crossover	5-20	50.01	No	39.62	No	15.03	Yes	-20.80	-62.10	No
% Adjusted Claims	N/A	0.02	N/A	0.04	N/A	0.04	N/A	169.80	-20.90	No
% Standard Adjustments	> 1%	0.00	No	0.00	No	0.00	No	.	.	N/A
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$83	N/A	\$344	N/A	\$6,393	N/A	315.30	1,756.00	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	96,235	N/A	181,764	N/A	146,104	N/A	88.88	-19.60	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	\$3,479	Yes	\$2,947	Yes	\$3,774	Yes	-15.30	28.07	No
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$708	N/A	\$787	N/A	\$1,094	N/A	11.25	38.90	No
% Claims with TPL	>0 - 10	0.16	Yes	0.14	Yes	0.04	Yes	-10.50	-69.60	No
Aver. TPL Paid for claims with TPL	N/A	\$3,167	N/A	\$2,112	N/A	\$1,865	N/A	-33.30	-11.70	Yes
% Claims with UB-92 Accommodation Codes	95-100	98.83	Yes	79.58	No	92.44	No	-19.50	16.16	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.15	Yes	1.15	Yes	1.39	0.29	Yes
% Claims with UB-92 Ancillary Codes	95-100	97.40	Yes	98.53	Yes	97.00	Yes	1.16	-1.55	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.85	Yes	8.78	Yes	10.09	Yes	-10.90	14.95	Yes
Average LOS	2-<8	4.12	Yes	3.65	Yes	4.07	Yes	-11.40	11.64	Yes
Average Covered Days (> 0 day)	2-<8	4.77	Yes	3.65	Yes	3.45	Yes	-23.50	-5.36	Yes
% Begin Date = Admit Date	95-100	98.51	Yes	98.93	Yes	98.84	Yes	0.43	-0.09	Yes
% IP Claims (MAX TOS 01)	95-100	99.66	Yes	99.72	Yes	97.87	Yes	0.06	-1.86	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	No	0.08	Yes	1.95	Yes	.	2,475.00	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	2.93	Yes	2.76	Yes	4.07	Yes	-5.84	47.78	No
% Claims with PDX, where length=3	5-30	6.88	Yes	6.34	Yes	6.33	Yes	-7.76	-0.25	Yes
% Claims with PDX, where length=4	15-75	24.53	Yes	30.33	Yes	27.85	Yes	23.66	-8.19	Yes
% Claims with PDX, where length=5	25-70	68.60	Yes	63.33	Yes	65.83	Yes	-7.68	3.95	Yes
% Claims with a procedure code	35-70	52.92	Yes	44.67	Yes	53.84	Yes	-15.60	20.54	No
Average Number of Procedures for claims with at least 1 procedure code	>1	5.85	Yes	5.76	Yes	2.67	Yes	-1.52	-53.70	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	98.95	N/A	99.10	N/A	99.63	N/A	0.16	0.53	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	99.86	N/A	99.66	N/A	100.00	N/A	-0.20	0.34	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	19.50	N/A	15.59	N/A	18.17	N/A	-20.00	16.50	No
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	14.37	N/A	11.61	N/A	13.47	N/A	-19.20	16.05	No
Patient Status										
% Home	75-90	82.60	Yes	84.20	Yes	86.49	Yes	1.93	2.73	Yes
% Transferred	1-10	15.53	No	11.99	No	9.06	Yes	-22.80	-24.40	No
% Still a Patient	>0 - 2	0.77	Yes	2.56	No	2.96	No	231.20	15.39	No
% Died	>0 - 3	1.03	Yes	0.80	Yes	0.87	Yes	-21.60	7.73	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	96,289	N/A	119,275	N/A	25,844	N/A	23.87	-78.30	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$234	N/A	\$237	N/A	\$389	N/A	1.62	63.77	No
% Claims with TPL	N/A	0.00	N/A	0.06	N/A	0.01	N/A	5,793.00	-87.40	No
Aver. TPL Paid -claims with TPL	N/A	\$283	N/A	\$833	N/A	\$362	N/A	194.20	-56.60	No
% Claims with UB-92 Accommodation Codes	95-100	6.44	No	8.18	No	37.46	No	27.11	357.70	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.04	Yes	1.07	Yes	1.10	Yes	3.06	3.20	Yes
% Claims with UB-92 Ancillary Codes	95-100	96.96	Yes	97.76	Yes	98.10	Yes	0.82	0.34	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	3.61	Yes	3.70	Yes	5.41	Yes	2.33	46.34	No
Average LOS	2-<8	10.06	No	8.82	No	8.30	No	-12.30	-5.93	Yes
% Begin Date = Admit Date	95-100	84.54	No	86.82	No	86.83	No	2.70	0.01	Yes
% Claims with IP TOS	95-100	99.44	Yes	99.81	Yes	99.89	Yes	0.37	0.08	Yes
% Claims with DX	98-100	99.99	Yes	99.95	Yes	99.95	Yes	-0.04	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.74	No	1.82	No	3.27	Yes	5.01	79.38	No
% Claims with PDX, where length=3	5-30	39.27	No	34.68	No	16.64	Yes	-11.70	-52.00	No
% Claims with PDX, where length=4	15-75	34.74	Yes	36.72	Yes	43.61	Yes	5.68	18.77	No
% Claims with PDX, where length=5	25-70	25.95	Yes	28.54	Yes	39.74	Yes	9.98	39.27	No
% Claims with a procedure code	35-70	83.60	No	80.15	No	57.97	Yes	-4.12	-27.70	No
Average Number of Procedures for claims with at least 1 procedure code	>1	2.50	Yes	2.47	Yes	2.32	Yes	-1.24	-5.78	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	0.00	N/A	1.25	N/A	17.63	N/A	101,000.00	1,310.00	No
% 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	0.00	No	0.00	No	0.00	No	.	.	N/A

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