

2002-2004 MAX IP Validation Table
State: UT

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	25,029	N/A	32,783	N/A	33,774	N/A	30.98	3.02	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	25,029	N/A	32,783	N/A	33,774	N/A	30.98	3.02	Yes
% Crossover	5-20	7.81	Yes	7.83	Yes	1.58	No	0.16	-79.80	No
% Adjusted Claims	N/A	24.09	N/A	18.56	N/A	10.63	N/A	-22.90	-42.70	No
% Standard Adjustments	> 1%	64.64	Yes	60.49	Yes	34.30	Yes	-6.41	-43.30	No
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$6,827	N/A	\$7,913	N/A	\$10,553	N/A	15.90	33.37	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	23,073	N/A	30,217	N/A	33,240	N/A	30.96	10.00	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	\$4,883	Yes	\$4,931	Yes	\$5,143	Yes	0.97	4.30	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,495	N/A	\$1,490	N/A	\$1,579	N/A	-0.35	5.95	Yes
% Claims with TPL	>0 - 10	6.16	Yes	5.26	Yes	5.90	Yes	-14.70	12.19	Yes
Aver. TPL Paid for claims with TPL	N/A	\$3,158	N/A	\$3,212	N/A	\$4,001	N/A	1.71	24.57	No
% Claims with UB-92 Accommodation Codes	95-100	99.89	Yes	99.85	Yes	99.78	Yes	-0.04	-0.07	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.09	Yes	1.09	Yes	-0.87	-0.45	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.72	Yes	99.94	Yes	99.97	Yes	0.22	0.03	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.13	Yes	6.77	Yes	6.78	Yes	-5.11	0.10	Yes
Average LOS	2-<8	3.29	Yes	3.34	Yes	3.29	Yes	1.58	-1.61	Yes
Average Covered Days (> 0 day)	2-<8	3.27	Yes	3.31	Yes	3.26	Yes	1.32	-1.56	Yes
% Begin Date = Admit Date	95-100	99.93	Yes	99.95	Yes	99.97	Yes	0.03	0.02	Yes
% IP Claims (MAX TOS 01)	95-100	99.75	Yes	99.78	Yes	98.95	Yes	0.03	-0.83	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.31	Yes	0.25	Yes	0.82	Yes	-17.20	219.90	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	3.01	Yes	3.11	Yes	3.17	Yes	3.19	1.96	Yes
% Claims with PDX, where length=3	5-30	6.30	Yes	6.76	Yes	5.91	Yes	7.42	-12.60	Yes
% Claims with PDX, where length=4	15-75	12.18	No	12.02	No	12.76	No	-1.37	6.20	Yes
% Claims with PDX, where length=5	25-70	81.52	No	81.22	No	81.32	No	-0.37	0.13	Yes
% Claims with a procedure code	35-70	55.86	Yes	56.57	Yes	54.71	Yes	1.28	-3.28	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.68	Yes	1.71	Yes	1.72	Yes	2.06	0.63	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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	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	99.99	N/A	99.96	N/A	99.99	N/A	-0.03	0.03	Yes
% Claims with DRG	>=90	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims Maternal Delivery Indicator	N/A	34.29	N/A	34.67	N/A	33.42	N/A	1.10	-3.60	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	37.37	N/A	37.16	N/A	36.55	N/A	-0.55	-1.65	Yes
Patient Status										
% Home	75-90	94.95	No	95.06	No	94.94	No	0.12	-0.12	Yes
% Transferred	1-10	4.30	Yes	4.13	Yes	4.33	Yes	-4.03	4.89	Yes
% Still a Patient	>0 - 2	0.00	No	0.00	Yes	0.00	No	.	-100.00	No
% Died	>0 - 3	0.75	Yes	0.80	Yes	0.69	Yes	7.25	-14.30	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	1,956	N/A	2,566	N/A	534	N/A	31.19	-79.20	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	\$991	N/A	\$887	N/A	\$1,375	N/A	-10.40	55.02	No
% Claims with TPL	N/A	0.15	N/A	0.19	N/A	0.00	N/A	27.05	-100.00	No
Aver. TPL Paid -claims with TPL	N/A	\$27,557	N/A	\$3,881	N/A	.	N/A	-85.90	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	99.44	Yes	99.30	Yes	99.25	Yes	-0.14	-0.05	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.12	Yes	1.05	Yes	2.22	-6.54	Yes
% Claims with UB-92 Ancillary Codes	95-100	65.85	No	83.05	No	99.81	Yes	26.12	20.19	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.98	Yes	9.68	Yes	8.28	Yes	-3.03	-14.40	Yes
Average LOS	2-<8	5.22	Yes	4.99	Yes	2.84	Yes	-4.36	-43.10	No
% Begin Date = Admit Date	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with IP TOS	95-100	100.00	Yes	99.96	Yes	100.00	Yes	-0.04	0.04	Yes
% Claims with DX	98-100	100.00	Yes	99.61	Yes	100.00	Yes	-0.39	0.39	Yes
Average Number of DX Codes (at least 1 DX)	>=2	2.25	Yes	3.30	Yes	4.69	Yes	46.57	42.17	No
% Claims with PDX, where length=3	5-30	9.05	Yes	8.57	Yes	11.05	Yes	-5.32	28.95	No
% Claims with PDX, where length=4	15-75	43.30	Yes	47.57	Yes	44.94	Yes	9.87	-5.53	Yes
% Claims with PDX, where length=5	25-70	47.65	Yes	43.86	Yes	44.01	Yes	-7.96	0.34	Yes
% Claims with a procedure code	35-70	47.49	Yes	46.57	Yes	30.52	No	-1.95	-34.50	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.34	Yes	1.56	Yes	1.64	Yes	16.36	5.35	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	100.00	N/A	99.92	N/A	100.00	N/A	-0.08	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	99.92	N/A	100.00	N/A	-0.08	0.08	Yes
% Claims with DRG	>=90	99.39	Yes	99.26	Yes	100.00	Yes	-0.13	0.75	Yes

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