

2002-2004 MAX IP Validation Table
State: VT

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	13,062	N/A	13,507	N/A	14,011	N/A	3.41	3.73	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	13,062	N/A	13,507	N/A	14,011	N/A	3.41	3.73	Yes
% Crossover	5-20	27.30	No	27.75	No	25.02	No	1.64	-9.82	Yes
% Adjusted Claims	N/A	2.24	N/A	5.00	N/A	8.80	N/A	123.10	75.84	No
% Standard Adjustments	> 1%	98.63	Yes	96.75	Yes	99.68	Yes	-1.92	3.03	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$6,568	N/A	\$4,376	N/A	\$5,109	N/A	-33.40	16.74	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	9,496	N/A	9,759	N/A	10,505	N/A	2.77	7.64	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	\$3,836	Yes	\$4,385	Yes	\$5,003	Yes	14.32	14.10	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$793	N/A	\$932	N/A	\$1,027	N/A	17.46	10.18	Yes
% Claims with TPL	>0 - 10	1.04	Yes	0.99	Yes	1.09	Yes	-4.66	10.14	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,195	N/A	\$1,615	N/A	\$1,548	N/A	-26.40	-4.10	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.98	Yes	99.99	Yes	99.94	Yes	0.01	-0.05	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.23	Yes	1.24	Yes	1.23	Yes	0.36	-0.44	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.71	Yes	99.75	Yes	99.68	Yes	0.05	-0.08	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.28	Yes	7.33	Yes	7.13	Yes	0.81	-2.76	Yes
Average LOS	2-<8	4.68	Yes	4.42	Yes	4.31	Yes	-5.61	-2.36	Yes
Average Covered Days (> 0 day)	2-<8	4.83	Yes	4.71	Yes	4.87	Yes	-2.68	3.56	Yes
% Begin Date = Admit Date	95-100	98.11	Yes	98.17	Yes	98.37	Yes	0.05	0.21	Yes
% IP Claims (MAX TOS 01)	95-100	99.41	Yes	99.43	Yes	99.26	Yes	0.02	-0.17	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.72	Yes	0.69	Yes	0.83	Yes	-4.13	20.63	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	4.48	Yes	4.68	Yes	4.72	Yes	4.55	0.80	Yes
% Claims with PDX, where length=3	5-30	6.21	Yes	5.85	Yes	5.06	Yes	-5.83	-13.40	Yes
% Claims with PDX, where length=4	15-75	25.36	Yes	24.88	Yes	24.04	Yes	-1.89	-3.39	Yes
% Claims with PDX, where length=5	25-70	68.43	Yes	69.27	Yes	70.90	No	1.23	2.35	Yes
% Claims with a procedure code	35-70	60.89	Yes	60.51	Yes	60.82	Yes	-0.63	0.51	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.18	Yes	2.15	Yes	2.17	Yes	-1.32	1.15	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	99.98	N/A	100.00	N/A	-0.02	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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		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	98.32	N/A	98.78	N/A	99.37	N/A	0.47	0.60	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	23.28	N/A	22.75	N/A	23.77	N/A	-2.30	4.49	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	9.34	N/A	9.27	N/A	10.15	N/A	-0.72	9.43	Yes
Patient Status										
% Home	75-90	73.90	No	74.67	No	74.55	No	1.04	-0.15	Yes
% Transferred	1-10	24.27	No	23.75	No	24.24	No	-2.15	2.04	Yes
% Still a Patient	>0 - 2	0.92	Yes	0.82	Yes	0.55	Yes	-10.50	-32.60	No
% Died	>0 - 3	0.91	Yes	0.76	Yes	0.66	Yes	-16.30	-13.40	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	3,566	N/A	3,748	N/A	3,506	N/A	5.10	-6.46	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	\$876	N/A	\$904	N/A	\$893	N/A	3.18	-1.20	Yes
% Claims with TPL	N/A	0.03	N/A	0.00	N/A	0.29	N/A	-100.00	.	N/A
Aver. TPL Paid -claims with TPL	N/A	\$3,648	N/A	.	N/A	\$522	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	0.14	No	0.03	No	0.00	No	-81.00	-100.00	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.00	No	2.00	Yes	.	Yes	100.00	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.11	No	0.03	No	0.00	No	-76.20	-100.00	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.25	Yes	15.00	Yes	.	Yes	62.16	.	N/A
Average LOS	2-<8	5.72	Yes	5.72	Yes	5.66	Yes	0.10	-1.03	Yes
% Begin Date = Admit Date	95-100	20.56	No	63.77	No	99.80	Yes	210.20	56.51	No
% 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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.02	No	1.03	No	1.00	No	1.30	-2.90	Yes
% Claims with PDX, where length=3	5-30	2.19	No	5.52	Yes	9.67	Yes	152.50	75.07	No
% Claims with PDX, where length=4	15-75	7.23	No	22.25	Yes	37.34	Yes	207.60	67.79	No
% Claims with PDX, where length=5	25-70	90.58	No	72.23	No	52.99	Yes	-20.30	-26.60	No
% Claims with a procedure code	35-70	100.00	No	42.69	Yes	0.00	No	-57.30	-100.00	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.82	Yes	1.00	No	.	Yes	-45.00	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% 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	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A

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