

2002-2004 MAX IP Validation Table
State: WI

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	108,187	N/A	122,296	N/A	126,901	N/A	13.04	3.77	Yes
	N/A	33.86	N/A	38.33	N/A	36.43	N/A	13.18	-4.95	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	71,552	N/A	75,426	N/A	80,672	N/A	5.41	6.96	Yes
% Crossover	5-20	37.98	No	37.08	No	36.45	No	-2.38	-1.70	Yes
% Adjusted Claims	N/A	33.59	N/A	30.97	N/A	23.59	N/A	-7.80	-23.80	No
% Standard Adjustments	> 1%	28.05	Yes	89.67	Yes	92.53	Yes	219.70	3.20	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$10,509	N/A	\$6,379	N/A	\$6,612	N/A	-39.30	3.65	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	44,376	N/A	47,461	N/A	51,270	N/A	6.95	8.03	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	\$8,159	No	\$5,840	Yes	\$5,610	Yes	-28.40	-3.94	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,566	N/A	\$1,212	N/A	\$1,202	N/A	-22.60	-0.84	Yes
% Claims with TPL	>0 - 10	1.93	Yes	1.49	Yes	1.47	Yes	-22.90	-0.86	Yes
Aver. TPL Paid for claims with TPL	N/A	\$3,508	N/A	\$3,751	N/A	\$4,072	N/A	6.94	8.55	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.61	Yes	99.87	Yes	99.91	Yes	0.25	0.04	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.11	Yes	1.11	Yes	0.61	0.39	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.88	Yes	99.82	Yes	99.65	Yes	-0.05	-0.17	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.43	Yes	9.54	Yes	9.50	Yes	1.22	-0.44	Yes
Average LOS	2-<8	4.74	Yes	4.74	Yes	4.65	Yes	-0.02	-1.95	Yes
Average Covered Days (> 0 day)	2-<8	5.20	Yes	4.81	Yes	4.66	Yes	-7.57	-3.05	Yes
% Begin Date = Admit Date	95-100	99.85	Yes	99.91	Yes	99.90	Yes	0.05	0.00	Yes
% IP Claims (MAX TOS 01)	95-100	99.56	Yes	99.55	Yes	99.43	Yes	-0.01	-0.13	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.02	Yes	0.02	Yes	0.02	Yes	-15.00	-16.70	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	4.72	Yes	4.88	Yes	4.96	Yes	3.37	1.51	Yes
% Claims with PDX, where length=3	5-30	5.40	Yes	4.97	No	4.74	No	-7.98	-4.68	Yes
% Claims with PDX, where length=4	15-75	25.33	Yes	25.35	Yes	24.76	Yes	0.06	-2.31	Yes
% Claims with PDX, where length=5	25-70	69.27	Yes	69.68	Yes	70.50	No	0.60	1.18	Yes
% Claims with a procedure code	35-70	54.51	Yes	56.24	Yes	56.80	Yes	3.16	1.00	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.03	Yes	2.06	Yes	2.06	Yes	1.52	0.25	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	99.66	N/A	99.88	N/A	99.92	N/A	0.22	0.04	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	97.90	N/A	99.24	N/A	100.00	N/A	1.37	0.76	Yes
% Claims with DRG	>=90	99.67	Yes	99.62	Yes	99.64	Yes	-0.05	0.02	Yes
% Claims Maternal Delivery Indicator	N/A	15.44	N/A	15.76	N/A	16.45	N/A	2.04	4.39	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	19.56	N/A	19.94	N/A	20.02	N/A	1.98	0.40	Yes
Patient Status										
% Home	75-90	86.99	Yes	86.82	Yes	87.62	Yes	-0.20	0.92	Yes
% Transferred	1-10	11.93	No	11.98	No	11.26	No	0.46	-6.03	Yes
% Still a Patient	>0 - 2	0.07	Yes	0.10	Yes	0.10	Yes	48.31	-1.39	Yes
% Died	>0 - 3	1.01	Yes	1.10	Yes	1.02	Yes	8.04	-6.72	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	27,176	N/A	27,965	N/A	29,402	N/A	2.90	5.14	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	\$860	N/A	\$885	N/A	\$918	N/A	2.92	3.71	Yes
% Claims with TPL	N/A	0.80	N/A	0.77	N/A	0.85	N/A	-4.60	11.11	Yes
Aver. TPL Paid -claims with TPL	N/A	\$551	N/A	\$539	N/A	\$543	N/A	-2.08	0.59	Yes
% Claims with UB-92 Accommodation Codes	95-100	0.04	No	0.02	No	0.03	No	-51.40	90.23	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.20	Yes	1.00	No	1.20	Yes	-16.70	20.00	No
% Claims with UB-92 Ancillary Codes	95-100	0.03	No	0.02	No	0.03	No	-35.20	58.52	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	14.56	Yes	5.50	Yes	9.10	Yes	-62.20	65.45	No
Average LOS	2-<8	5.35	Yes	5.22	Yes	5.06	Yes	-2.55	-2.93	Yes
% Begin Date = Admit Date	95-100	99.82	Yes	99.87	Yes	99.87	Yes	0.05	0.01	Yes
% Claims with IP TOS	95-100	99.95	Yes	99.95	Yes	99.96	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	7.10	Yes	7.26	Yes	7.44	Yes	2.33	2.46	Yes
% Claims with PDX, where length=3	5-30	8.65	Yes	8.34	Yes	7.44	Yes	-3.57	-10.80	Yes
% Claims with PDX, where length=4	15-75	41.71	Yes	41.03	Yes	40.03	Yes	-1.63	-2.43	Yes
% Claims with PDX, where length=5	25-70	49.64	Yes	50.63	Yes	52.53	Yes	1.99	3.76	Yes
% Claims with a procedure code	35-70	0.03	No	0.02	No	0.01	No	-30.60	-23.90	No
Average Number of Procedures for claims with at least 1 procedure code	>1	2.71	Yes	3.00	Yes	2.25	Yes	10.53	-25.00	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	100.00	N/A	60.00	N/A	75.00	N/A	-40.00	25.00	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	0.01	No	0.00	No	0.01	No	-51.40	280.50	No

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