

2002-2004 MAX IP Validation Table
State: AL

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	157,405	N/A	163,980	N/A	167,494	N/A	4.18	2.14	Yes
	N/A	49.97	N/A	51.54	N/A	52.86	N/A	3.13	2.56	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	78,750	N/A	79,472	N/A	78,965	N/A	0.92	-0.64	Yes
% Crossover	5-20	50.97	No	50.64	No	49.41	No	-0.65	-2.43	Yes
% Adjusted Claims	N/A	3.41	N/A	1.92	N/A	1.96	N/A	-43.80	2.03	Yes
% Standard Adjustments	> 1%	69.87	Yes	37.84	Yes	55.43	Yes	-45.80	46.51	No
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$3,374	N/A	\$4,284	N/A	\$4,516	N/A	26.95	5.42	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	38,611	N/A	39,230	N/A	39,952	N/A	1.60	1.84	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	\$4,263	Yes	\$4,339	Yes	\$4,219	Yes	1.79	-2.76	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,907	N/A	\$2,108	N/A	\$2,180	N/A	10.55	3.39	Yes
% Claims with TPL	>0 - 10	4.30	Yes	4.71	Yes	4.63	Yes	9.57	-1.75	Yes
Aver. TPL Paid for claims with TPL	N/A	\$3,246	N/A	\$3,458	N/A	\$3,485	N/A	6.52	0.80	Yes
% Claims with UB-92 Accommodation Codes	95-100	31.37	No	24.05	No	23.73	No	-23.30	-1.34	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.38	Yes	1.20	Yes	1.26	Yes	-13.00	4.86	Yes
% Claims with UB-92 Ancillary Codes	95-100	31.28	No	24.00	No	23.69	No	-23.30	-1.31	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.64	Yes	9.85	Yes	10.06	Yes	2.19	2.10	Yes
Average LOS	2-<8	2.24	Yes	2.10	Yes	1.97	No	-6.25	-5.75	Yes
Average Covered Days (> 0 day)	2-<8	2.24	Yes	2.06	Yes	1.94	No	-7.94	-5.95	Yes
% Begin Date = Admit Date	95-100	98.48	Yes	98.79	Yes	98.81	Yes	0.31	0.01	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	No	0.00	No	0.00	No	.	.	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	1.92	No	1.99	No	2.22	Yes	3.71	11.29	Yes
% Claims with PDX, where length=3	5-30	33.20	No	35.70	No	39.80	No	7.54	11.47	Yes
% Claims with PDX, where length=4	15-75	24.58	Yes	23.23	Yes	21.92	Yes	-5.49	-5.65	Yes
% Claims with PDX, where length=5	25-70	42.22	Yes	41.06	Yes	38.28	Yes	-2.74	-6.78	Yes
% Claims with a procedure code	35-70	15.61	No	10.26	No	12.41	No	-34.30	20.98	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.00	Yes	1.01	Yes	1.01	Yes	0.56	-0.24	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

*Cross-year change for encounter claims is expected to be +15%, no negative.

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.92	N/A	99.88	N/A	99.94	N/A	-0.04	0.06	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	56.79	N/A	58.87	N/A	63.19	N/A	3.66	7.35	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	1.95	N/A	2.25	N/A	1.59	N/A	15.00	-29.00	No
Patient Status										
% Home	75-90	25.85	No	19.35	No	18.85	No	-25.10	-2.60	Yes
% Transferred	1-10	2.81	Yes	2.63	Yes	2.87	Yes	-6.38	9.12	Yes
% Still a Patient	>0 - 2	2.10	No	1.41	Yes	1.35	Yes	-32.70	-4.81	Yes
% Died	>0 - 3	0.50	Yes	0.46	Yes	0.44	Yes	-8.68	-4.53	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	40,139	N/A	40,242	N/A	39,013	N/A	0.26	-3.05	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	\$837	N/A	\$864	N/A	\$879	N/A	3.29	1.67	Yes
% Claims with TPL	N/A	1.03	N/A	0.83	N/A	0.58	N/A	-19.30	-30.50	No
Aver. TPL Paid -claims with TPL	N/A	\$6,937	N/A	\$6,040	N/A	\$487	N/A	-12.90	-91.90	No
% Claims with UB-92 Accommodation Codes	95-100	0.02	No	0.02	No	0.02	No	-12.70	-11.60	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.38	Yes	1.29	Yes	1.17	Yes	-6.49	-9.26	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.02	No	0.02	No	0.02	No	-12.70	-11.60	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.75	Yes	10.43	Yes	16.00	Yes	6.96	53.42	No
Average LOS	2-<8	5.05	Yes	5.02	Yes	4.87	Yes	-0.43	-3.10	Yes
% Begin Date = Admit Date	95-100	99.88	Yes	99.82	Yes	99.70	Yes	-0.06	-0.11	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.83	Yes	4.11	Yes	4.70	Yes	7.44	14.39	Yes
% Claims with PDX, where length=3	5-30	7.77	Yes	7.90	Yes	6.67	Yes	1.63	-15.50	No
% Claims with PDX, where length=4	15-75	41.18	Yes	40.80	Yes	40.71	Yes	-0.91	-0.23	Yes
% Claims with PDX, where length=5	25-70	51.05	Yes	51.30	Yes	52.62	Yes	0.48	2.58	Yes
% Claims with a procedure code	35-70	51.44	Yes	52.26	Yes	50.67	Yes	1.60	-3.04	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.00	Yes	1.00	Yes	1.00	Yes	0.03	0.04	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
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.94	N/A	99.95	N/A	99.97	N/A	0.01	0.02	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A