

**2002-2004 MAX IP Validation Table  
State: AK**

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	17,379	N/A	21,029	N/A	17,584	N/A	21.00	-16.40	No
	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	17,379	N/A	21,029	N/A	17,584	N/A	21.00	-16.40	No
% Crossover	5-20	10.39	Yes	25.64	No	10.61	Yes	146.70	-58.60	No
% Adjusted Claims	N/A	22.11	N/A	8.87	N/A	29.45	N/A	-59.90	231.90	No
% Standard Adjustments	> 1%	98.96	Yes	99.30	Yes	99.88	Yes	0.35	0.58	Yes
Aver. Amt. Pd Adjust. ( include \$0)	N/A	\$14,623	N/A	\$14,180	N/A	\$8,253	N/A	-3.03	-41.80	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	15,573	N/A	15,638	N/A	15,719	N/A	0.42	0.52	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	\$8,939	No	\$9,342	No	\$9,727	No	4.50	4.12	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$2,465	N/A	\$2,635	N/A	\$2,700	N/A	6.90	2.45	Yes
% Claims with TPL	>0 - 10	2.11	Yes	2.33	Yes	2.88	Yes	10.51	23.81	No
Aver. TPL Paid for claims with TPL	N/A	\$2,668	N/A	\$2,926	N/A	\$2,776	N/A	9.65	-5.12	Yes
% Claims with UB-92 Accommodation Codes	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.11	Yes	1.10	Yes	0.77	-0.20	Yes
% Claims with UB-92 Ancillary Codes	95-100	77.44	No	75.86	No	78.90	No	-2.04	4.01	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	6.84	Yes	6.69	Yes	6.34	Yes	-2.22	-5.34	Yes
Average LOS	2-<8	3.87	Yes	3.86	Yes	3.88	Yes	-0.11	0.48	Yes
Average Covered Days (> 0 day)	2-<8	3.63	Yes	3.55	Yes	3.60	Yes	-2.23	1.63	Yes
% Begin Date = Admit Date	95-100	98.98	Yes	99.06	Yes	99.11	Yes	0.08	0.05	Yes
% IP Claims (MAX TOS 01)	95-100	99.76	Yes	99.80	Yes	99.82	Yes	0.04	0.03	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.24	Yes	0.20	Yes	0.18	Yes	-16.10	-13.00	Yes
% 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	1.86	No	1.88	No	1.89	No	0.72	0.48	Yes
% Claims with PDX, where length=3	5-30	5.11	Yes	5.10	Yes	4.31	No	-0.17	-15.50	No
% Claims with PDX, where length=4	15-75	19.26	Yes	17.70	Yes	18.08	Yes	-8.12	2.14	Yes
% Claims with PDX, where length=5	25-70	75.62	No	77.20	No	77.61	No	2.08	0.53	Yes
% Claims with a procedure code	35-70	53.31	Yes	55.35	Yes	57.54	Yes	3.82	3.97	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.49	Yes	1.54	Yes	1.54	Yes	3.50	-0.39	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	99.99	N/A	100.00	N/A	100.00	N/A	0.01	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	99.89	N/A	99.99	N/A	100.00	N/A	0.10	0.01	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	25.83	N/A	26.49	N/A	26.82	N/A	2.56	1.26	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	27.39	N/A	28.13	N/A	29.10	N/A	2.71	3.47	Yes
Patient Status										
% Home	75-90	92.31	No	92.68	No	92.45	No	0.40	-0.25	Yes
% Transferred	1-10	5.68	Yes	5.41	Yes	5.55	Yes	-4.70	2.54	Yes
% Still a Patient	>0 - 2	1.34	Yes	1.20	Yes	1.29	Yes	-10.50	8.00	Yes
% Died	>0 - 3	0.62	Yes	0.67	Yes	0.59	Yes	7.80	-11.90	Yes
<b>FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)</b>										
Total Number of Claims	N/A	1,806	N/A	5,391	N/A	1,865	N/A	198.50	-65.40	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	\$791	N/A	\$278	N/A	\$831	N/A	-64.90	199.20	No
% Claims with TPL	N/A	0.78	N/A	0.17	N/A	0.32	N/A	-78.50	92.71	No
Aver. TPL Paid -claims with TPL	N/A	\$591	N/A	\$5,144	N/A	\$480	N/A	770.40	-90.70	No
% Claims with UB-92 Accommodation Codes	95-100	40.70	No	16.10	No	54.91	No	-60.40	241.00	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.17	Yes	1.18	Yes	1.19	Yes	1.18	0.91	Yes
% Claims with UB-92 Ancillary Codes	95-100	30.18	No	82.32	No	35.98	No	172.80	-56.30	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.01	Yes	2.86	No	9.54	Yes	-68.20	233.00	No
Average LOS	2-<8	6.03	Yes	2.49	Yes	6.39	Yes	-58.70	156.70	No
% Begin Date = Admit Date	95-100	100.00	Yes	99.98	Yes	100.00	Yes	-0.02	0.02	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	46.18	No	90.50	No	62.84	No	95.98	-30.60	No
Average Number of DX Codes (at least 1 DX)	>=2	1.95	No	1.36	No	1.94	No	-30.40	43.13	No
% Claims with PDX, where length=3	5-30	10.79	Yes	5.53	Yes	8.53	Yes	-48.70	54.18	No
% Claims with PDX, where length=4	15-75	40.17	Yes	46.51	Yes	42.06	Yes	15.78	-9.55	Yes
% Claims with PDX, where length=5	25-70	49.04	Yes	47.96	Yes	49.40	Yes	-2.20	3.01	Yes
% Claims with a procedure code	35-70	14.34	No	10.65	No	30.35	No	-25.80	185.00	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.52	Yes	1.59	Yes	1.54	Yes	4.60	-2.93	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	96.34	N/A	99.65	N/A	-3.66	3.43	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	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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