

2002-2004 MAX IP Validation Table
State: AR

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	100,426	N/A	103,241	N/A	107,540	N/A	2.80	4.16	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	100,426	N/A	103,241	N/A	107,540	N/A	2.80	4.16	Yes
% Crossover	5-20	29.14	No	29.37	No	27.76	No	0.79	-5.47	Yes
% Adjusted Claims	N/A	1.67	N/A	0.25	N/A	0.27	N/A	-84.90	8.14	Yes
% Standard Adjustments	> 1%	39.46	Yes	86.97	Yes	88.78	Yes	120.40	2.07	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$3,169	N/A	\$12,712	N/A	\$16,988	N/A	301.20	33.64	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	71,163	N/A	72,921	N/A	77,685	N/A	2.47	6.53	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	\$2,898	Yes	\$2,990	Yes	\$3,102	Yes	3.19	3.76	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$818	N/A	\$844	N/A	\$873	N/A	3.23	3.43	Yes
% Claims with TPL	>0 - 10	0.92	Yes	0.80	Yes	0.82	Yes	-12.80	1.72	Yes
Aver. TPL Paid for claims with TPL	N/A	\$3,798	N/A	\$3,099	N/A	\$3,084	N/A	-18.40	-0.48	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.16	Yes	100.00	Yes	100.00	Yes	0.84	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.09	Yes	1.10	Yes	1.10	Yes	0.40	0.13	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.09	Yes	99.90	Yes	99.86	Yes	0.82	-0.04	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.48	Yes	8.56	Yes	8.64	Yes	0.89	0.98	Yes
Average LOS	2-<8	3.54	Yes	3.52	Yes	3.53	Yes	-0.62	0.42	Yes
Average Covered Days (> 0 day)	2-<8	3.56	Yes	3.54	Yes	3.55	Yes	-0.43	0.31	Yes
% Begin Date = Admit Date	95-100	98.08	Yes	98.92	Yes	99.02	Yes	0.85	0.10	Yes
% IP Claims (MAX TOS 01)	95-100	98.84	Yes	99.71	Yes	99.68	Yes	0.88	-0.03	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	1.80	No	1.82	No	1.82	No	1.15	0.06	Yes
% Claims with PDX, where length=3	5-30	8.91	Yes	8.34	Yes	7.30	Yes	-6.32	-12.50	Yes
% Claims with PDX, where length=4	15-75	20.24	Yes	20.64	Yes	19.11	Yes	1.99	-7.45	Yes
% Claims with PDX, where length=5	25-70	70.85	No	71.01	No	73.59	No	0.23	3.64	Yes
% Claims with a procedure code	35-70	43.69	Yes	43.86	Yes	45.75	Yes	0.38	4.31	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.23	Yes	1.23	Yes	1.25	Yes	0.15	0.91	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	99.40	N/A	99.99	N/A	99.97	N/A	0.59	-0.02	Yes
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes

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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	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	23.58	N/A	24.31	N/A	23.97	N/A	3.07	-1.40	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	25.45	N/A	24.66	N/A	27.05	N/A	-3.10	9.70	Yes
Patient Status										
% Home	75-90	89.21	Yes	89.66	Yes	89.29	Yes	0.50	-0.41	Yes
% Transferred	1-10	6.57	Yes	6.32	Yes	6.84	Yes	-3.83	8.29	Yes
% Still a Patient	>0 - 2	3.45	No	3.31	No	3.15	No	-4.04	-4.81	Yes
% Died	>0 - 3	0.77	Yes	0.72	Yes	0.68	Yes	-7.20	-4.52	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	29,263	N/A	30,320	N/A	29,855	N/A	3.61	-1.53	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	\$807	N/A	\$832	N/A	\$880	N/A	3.06	5.86	Yes
% Claims with TPL	N/A	0.16	N/A	0.22	N/A	0.14	N/A	42.67	-37.30	No
Aver. TPL Paid -claims with TPL	N/A	\$407	N/A	\$600	N/A	\$559	N/A	47.55	-6.77	Yes
% Claims with UB-92 Accommodation Codes	95-100	0.06	No	0.12	No	0.12	No	82.87	1.56	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.42	Yes	1.17	Yes	1.19	Yes	-17.90	2.38	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.06	No	0.12	No	0.12	No	82.87	1.56	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.16	Yes	11.03	Yes	9.75	Yes	20.42	-11.60	Yes
Average LOS	2-<8	5.75	Yes	5.56	Yes	5.47	Yes	-3.26	-1.68	Yes
% Begin Date = Admit Date	95-100	95.49	Yes	96.26	Yes	95.69	Yes	0.81	-0.59	Yes
% Claims with IP TOS	95-100	95.80	Yes	96.55	Yes	95.93	Yes	0.79	-0.64	Yes
% Claims with DX	98-100	94.19	No	83.71	No	71.19	No	-11.10	-15.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.68	No	1.83	No	1.89	No	9.22	3.20	Yes
% Claims with PDX, where length=3	5-30	9.92	Yes	9.84	Yes	8.97	Yes	-0.78	-8.80	Yes
% Claims with PDX, where length=4	15-75	42.81	Yes	43.81	Yes	43.22	Yes	2.35	-1.36	Yes
% Claims with PDX, where length=5	25-70	47.28	Yes	46.35	Yes	47.81	Yes	-1.96	3.15	Yes
% Claims with a procedure code	35-70	0.02	No	0.05	No	0.03	No	125.20	-34.70	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.67	Yes	1.57	Yes	1.56	Yes	-5.71	-1.01	Yes
% Claims with Procedures that have CPT-4 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 ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% 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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