

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

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	44,229	N/A	58,800	N/A	55,341	N/A	32.94	-5.88	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	44,229	N/A	58,800	N/A	55,341	N/A	32.94	-5.88	Yes
% Crossover	5-20	25.64	No	19.77	Yes	8.35	Yes	-22.90	-57.70	No
% Adjusted Claims	N/A	1.76	N/A	1.10	N/A	17.28	N/A	-37.70	1,478.00	No
% Standard Adjustments	> 1%	88.03	Yes	86.02	Yes	98.63	Yes	-2.28	14.65	Yes
Aver. Amt. Pd Adjust. ( include \$0)	N/A	\$7,560	N/A	\$8,444	N/A	\$4,742	N/A	11.70	-43.80	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	32,889	N/A	47,178	N/A	50,719	N/A	43.45	7.51	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	\$5,718	Yes	\$5,187	Yes	\$5,205	Yes	-9.28	0.33	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,280	N/A	\$1,289	N/A	\$1,313	N/A	0.69	1.91	Yes
% Claims with TPL	>0 - 10	2.62	Yes	2.46	Yes	2.55	Yes	-6.13	3.59	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,887	N/A	\$2,776	N/A	\$2,296	N/A	-3.84	-17.30	No
% Claims with UB-92 Accommodation Codes	95-100	99.92	Yes	99.95	Yes	99.99	Yes	0.03	0.04	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.54	Yes	1.55	Yes	1.54	Yes	1.26	-0.81	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.78	Yes	99.81	Yes	99.89	Yes	0.03	0.08	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.57	Yes	9.61	Yes	9.78	Yes	0.42	1.74	Yes
Average LOS	2-<8	4.43	Yes	3.98	Yes	3.93	Yes	-10.10	-1.42	Yes
Average Covered Days (> 0 day)	2-<8	4.47	Yes	4.02	Yes	3.96	Yes	-9.89	-1.54	Yes
% Begin Date = Admit Date	95-100	99.42	Yes	99.12	Yes	99.50	Yes	-0.30	0.38	Yes
% IP Claims (MAX TOS 01)	95-100	98.39	Yes	97.91	Yes	97.62	Yes	-0.49	-0.29	Yes
% Family Planning Claims (pgm type=2)	>0-5	1.63	Yes	2.12	Yes	2.40	Yes	29.56	13.43	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	4.64	Yes	4.70	Yes	4.79	Yes	1.23	2.08	Yes
% Claims with PDX, where length=3	5-30	6.33	Yes	6.33	Yes	5.71	Yes	-0.07	-9.85	Yes
% Claims with PDX, where length=4	15-75	19.36	Yes	19.34	Yes	18.38	Yes	-0.12	-4.93	Yes
% Claims with PDX, where length=5	25-70	74.31	No	74.34	No	75.91	No	0.04	2.12	Yes
% Claims with a procedure code	35-70	73.01	No	73.55	No	73.06	No	0.74	-0.67	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.01	Yes	2.01	Yes	2.07	Yes	-0.22	3.08	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	99.99	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.

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

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			
% 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	99.90	Yes	99.92	Yes	99.99	Yes	0.03	0.07	Yes
% Claims Maternal Delivery Indicator	N/A	45.92	N/A	47.54	N/A	47.35	N/A	3.54	-0.41	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	5.58	N/A	4.49	N/A	4.42	N/A	-19.50	-1.72	Yes
Patient Status										
% Home	75-90	89.61	Yes	90.94	No	90.82	No	1.49	-0.13	Yes
% Transferred	1-10	9.02	Yes	7.60	Yes	7.81	Yes	-15.80	2.75	Yes
% Still a Patient	>0 - 2	0.11	Yes	0.02	Yes	0.01	Yes	-84.50	-41.90	No
% Died	>0 - 3	1.01	Yes	0.87	Yes	0.75	Yes	-13.50	-14.20	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	11,340	N/A	11,622	N/A	4,622	N/A	2.49	-60.20	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	\$858	N/A	\$787	N/A	\$656	N/A	-8.33	-16.70	No
% Claims with TPL	N/A	0.47	N/A	0.46	N/A	0.26	N/A	-0.59	-44.10	No
Aver. TPL Paid -claims with TPL	N/A	\$1,127	N/A	\$1,013	N/A	\$692	N/A	-10.10	-31.70	No
% Claims with UB-92 Accommodation Codes	95-100	99.79	Yes	99.85	Yes	99.74	Yes	0.07	-0.11	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.18	Yes	1.18	Yes	1.17	Yes	0.49	-1.58	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.67	Yes	99.94	Yes	99.96	Yes	0.27	0.02	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	13.26	Yes	13.58	Yes	13.11	Yes	2.38	-3.43	Yes
Average LOS	2-<8	4.92	Yes	4.96	Yes	4.37	Yes	0.79	-12.00	Yes
% Begin Date = Admit Date	95-100	99.95	Yes	99.93	Yes	99.94	Yes	-0.02	0.00	Yes
% Claims with IP TOS	95-100	100.00	Yes	99.97	Yes	99.96	Yes	-0.03	-0.01	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	7.20	Yes	7.37	Yes	7.31	Yes	2.36	-0.84	Yes
% Claims with PDX, where length=3	5-30	9.66	Yes	8.99	Yes	6.75	Yes	-6.97	-24.90	No
% Claims with PDX, where length=4	15-75	41.39	Yes	41.43	Yes	39.23	Yes	0.09	-5.32	Yes
% Claims with PDX, where length=5	25-70	48.94	Yes	49.58	Yes	54.02	Yes	1.30	8.97	Yes
% Claims with a procedure code	35-70	49.87	Yes	49.93	Yes	45.98	Yes	0.13	-7.92	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.26	Yes	2.32	Yes	2.10	Yes	2.51	-9.47	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	99.49	N/A	99.71	N/A	99.91	N/A	0.22	0.20	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	99.93	Yes	99.77	Yes	99.70	Yes	-0.16	-0.07	Yes

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