

1999-2001 MAX IP Validation Table
State: CT

Measure	Expected Range	1999		2000		2001		% Change 1999-2000	% Change 2000-2001	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	18,139	N/A	26,319	N/A	38,851	N/A	45.10	47.62	No
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total IP Claims	N/A	18,139	N/A	26,319	N/A	38,851	N/A	45.10	47.62	No
% Supplemental Claims	5-20	0.00	No	26.81	No	46.35	No	N/A	72.85	No
% Crossover	N/A	1.30	N/A	0.40	N/A	8.38	N/A	-69.21	2,000.69	No
% Adjusted Claims	> 1%	.	Yes	95.24	Yes	98.74	Yes	N/A	3.68	Yes
% Standard Adjustments	N/A	\$7,703	N/A	\$7,846	N/A	\$4,871	N/A	1.87	-37.92	No
Aver. Amt. Pd Adjust. (include \$5000 - \$7000)										
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	18,139	N/A	19,262	N/A	20,845	N/A	6.19	8.22	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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$8,033	No	\$7,043	No	\$5,831	Yes	-12.33	-17.21	No
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$716	N/A	\$790	N/A	\$756	N/A	10.39	-4.24	Yes
% Claims with TPL	>0 - 10	1.87	Yes	1.87	Yes	1.87	Yes	-0.29	0.11	Yes
Aver. TPL Paid for claims with TPL	N/A	\$15,666	N/A	\$7,763	N/A	\$9,820	N/A	-50.44	26.49	No
% Claims with UB-92 Accommodation Codes	95-100	96.51	Yes	97.85	Yes	99.26	Yes	1.39	1.44	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.15	Yes	1.16	Yes	1.15	Yes	0.23	-0.42	Yes
% Claims with UB-92 Ancillary Codes	95-100	95.77	Yes	97.34	Yes	98.95	Yes	1.64	1.66	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.53	Yes	8.88	Yes	8.85	Yes	4.18	-0.32	Yes
Average LOS	2-<8	11.09	No	8.94	No	7.69	Yes	-19.35	-14.05	Yes
Average Covered Days (> 0 day)	2-<8	8.39	No	7.18	Yes	7.71	Yes	-14.43	7.34	Yes
% Begin Date = Admit Date	95-100	95.56	Yes	96.59	Yes	98.30	Yes	1.07	1.77	Yes
% IP Claims (MAX TOS 01)	95-100	99.21	Yes	99.30	Yes	99.44	Yes	0.09	0.14	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.54	Yes	0.36	Yes	0.33	Yes	-32.74	-10.23	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	3.52	Yes	3.56	Yes	3.66	Yes	1.21	2.59	Yes
% Claims with PDX, where length=3	5-30	8.16	Yes	7.30	Yes	7.11	Yes	-10.60	-2.53	Yes
% Claims with PDX, where length=4	15-75	27.82	Yes	28.44	Yes	27.67	Yes	2.23	-2.74	Yes
% Claims with PDX, where length=5	25-70	64.01	Yes	64.26	Yes	65.22	Yes	0.38	1.50	Yes
% Claims with a procedure code	35-70	50.74	Yes	53.87	Yes	53.57	Yes	6.17	-0.57	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.80	Yes	1.81	Yes	1.80	Yes	0.41	-0.19	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	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.99	N/A	99.98	N/A	99.99	N/A	-0.01	0.01	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	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	99.98	N/A	99.98	N/A	100.00	N/A	0.00	0.02	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims Maternal Delivery Indicator	N/A	10.51	N/A	10.81	N/A	11.48	N/A	2.81	6.21	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	11.11	N/A	11.61	N/A	12.54	N/A	4.54	7.94	Yes
Patient Status										
% Home	75-90	71.55	No	71.52	No	72.99	No	-0.04	2.06	Yes
% Transferred	1-10	22.65	No	23.60	No	23.36	No	4.16	-0.99	Yes
% Still a Patient	>0 - 2	3.48	No	2.78	No	2.02	No	-20.13	-27.25	No
% Died	>0 - 3	2.11	Yes	1.97	Yes	1.62	Yes	-6.57	-17.59	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	0	N/A	7,057	N/A	18,006	N/A	N/A	155.15	No
% Claims with > \$0 Paid	N/A	.	N/A	100.00	N/A	100.00	N/A	N/A	0.00	Yes
% Claims with < \$0 Paid	0	.	No	0.00	Yes	0.00	Yes	N/A	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	.	N/A	\$1,733	N/A	\$990	N/A	N/A	-42.88	No
% Claims with TPL	N/A	.	N/A	2.20	N/A	0.75	N/A	N/A	-65.86	No
Aver. TPL Paid -claims with TPL	N/A	.	N/A	\$20,271	N/A	\$4,445	N/A	N/A	-78.07	No
% Claims with UB-92 Accommodation Codes	95-100	.	No	99.18	Yes	99.79	Yes	N/A	0.62	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	Yes	1.21	Yes	1.20	Yes	N/A	-0.85	Yes
% Claims with UB-92 Ancillary Codes	95-100	.	No	78.72	No	78.04	No	N/A	-0.87	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	Yes	5.67	Yes	5.49	Yes	N/A	-3.18	Yes
Average LOS	2-<8	.	No	10.36	No	6.75	Yes	N/A	-34.88	No
% Begin Date = Admit Date	95-100	.	No	98.12	Yes	99.22	Yes	N/A	1.13	Yes
% Claims with IP TOS	95-100	.	No	100.00	Yes	100.00	Yes	N/A	0.00	Yes
% Claims with DX	98-100	.	No	100.00	Yes	100.00	Yes	N/A	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	.	Yes	1.05	No	1.02	No	N/A	-2.50	Yes
% Claims with PDX, where length=3	5-30	.	No	0.09	No	0.02	No	N/A	-73.87	No
% Claims with PDX, where length=4	15-75	.	No	0.61	No	0.07	No	N/A	-89.06	No
% Claims with PDX, where length=5	25-70	.	No	99.31	No	99.91	No	N/A	0.61	Yes
% Claims with a procedure code	35-70	.	No	0.43	No	0.18	No	N/A	-58.19	No
Average Number of Procedures for claims with at least 1 procedure code	>1	.	Yes	2.00	Yes	1.75	Yes	N/A	-12.50	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	100.00	N/A	100.00	N/A	N/A	0.00	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	0.00	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	.	N/A	100.00	N/A	100.00	N/A	N/A	0.00	N/A
% Claims with DRG	>=90	.	Yes	0.00	No	0.00	No	N/A	N/A	N/A

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