

2002-2004 MAX IP Validation Table
State: GA

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	277,525	N/A	285,780	N/A	289,610	N/A	2.98	1.34	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	277,525	N/A	285,780	N/A	289,610	N/A	2.98	1.34	Yes
	5-20	20.93	No	16.93	Yes	15.44	Yes	-19.10	-8.78	Yes
% Crossover	N/A	2.68	N/A	2.92	N/A	1.77	N/A	9.05	-39.50	No
% Adjusted Claims	> 1%	49.22	Yes	65.59	Yes	90.42	Yes	33.26	37.86	No
% Standard Adjustments	N/A	\$13,169	N/A	\$15,077	N/A	\$33,190	N/A	14.49	120.10	No
Aver. Amt. Pd Adjust. (include \$0)	FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)									
Total Number of Claims	N/A	219,427	N/A	237,404	N/A	244,892	N/A	8.19	3.15	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	\$4,261	Yes	\$4,537	Yes	\$4,785	Yes	6.49	5.48	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,082	N/A	\$1,127	N/A	\$1,201	N/A	4.09	6.64	Yes
% Claims with TPL	>0 - 10	0.99	Yes	0.90	Yes	1.37	Yes	-8.81	51.20	No
Aver. TPL Paid for claims with TPL	N/A	\$2,173	N/A	\$2,614	N/A	\$2,277	N/A	20.29	-12.90	Yes
% Claims with UB-92 Accommodation Codes	95-100	98.27	Yes	99.87	Yes	99.98	Yes	1.62	0.12	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.13	Yes	1.14	Yes	-0.18	1.20	Yes
% Claims with UB-92 Ancillary Codes	95-100	98.08	Yes	99.82	Yes	99.90	Yes	1.78	0.08	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.53	Yes	8.64	Yes	8.80	Yes	1.35	1.82	Yes
Average LOS	2-<8	3.95	Yes	4.01	Yes	3.98	Yes	1.33	-0.60	Yes
Average Covered Days (> 0 day)	2-<8	3.94	Yes	3.96	Yes	3.98	Yes	0.41	0.59	Yes
% Begin Date = Admit Date	95-100	99.99	Yes	99.80	Yes	99.67	Yes	-0.19	-0.13	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	99.15	Yes	98.21	Yes	-0.85	-0.95	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.02	Yes	0.00	Yes	0.00	No	-82.30	-100.00	No
% 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	3.79	Yes	4.06	Yes	3.95	Yes	6.97	-2.59	Yes
% Claims with PDX, where length=3	5-30	6.79	Yes	6.57	Yes	5.94	Yes	-3.33	-9.46	Yes
% Claims with PDX, where length=4	15-75	15.43	Yes	16.05	Yes	15.34	Yes	3.97	-4.43	Yes
% Claims with PDX, where length=5	25-70	77.77	No	77.39	No	78.72	No	-0.50	1.72	Yes
% Claims with a procedure code	35-70	57.81	Yes	58.35	Yes	60.61	Yes	0.94	3.87	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.91	Yes	1.94	Yes	1.96	Yes	1.75	1.13	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	98.21	N/A	99.81	N/A	99.93	N/A	1.63	0.12	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with DRG	>=90	1.42	No	84.78	No	99.88	Yes	5,862.00	17.81	No
% Claims Maternal Delivery Indicator	N/A	28.46	N/A	28.53	N/A	29.32	N/A	0.28	2.75	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	30.27	N/A	29.88	N/A	30.35	N/A	-1.27	1.56	Yes
Patient Status										
% Home	75-90	93.74	No	94.05	No	93.87	No	0.33	-0.19	Yes
% Transferred	1-10	5.26	Yes	5.08	Yes	5.28	Yes	-3.45	3.96	Yes
% Still a Patient	>0 - 2	0.00	Yes	0.01	Yes	0.01	Yes	177.30	-21.00	No
% Died	>0 - 3	0.84	Yes	0.84	Yes	0.73	Yes	0.60	-13.60	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	58,098	N/A	48,376	N/A	44,718	N/A	-16.70	-7.56	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	\$835	N/A	\$851	N/A	\$836	N/A	1.85	-1.80	Yes
% Claims with TPL	N/A	0.31	N/A	0.44	N/A	0.38	N/A	43.58	-13.10	Yes
Aver. TPL Paid -claims with TPL	N/A	\$497	N/A	\$2,533	N/A	\$616	N/A	410.10	-75.70	No
% Claims with UB-92 Accommodation Codes	95-100	0.39	No	86.59	No	99.78	Yes	22,160.00	15.24	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.31	Yes	1.20	Yes	1.20	Yes	-8.57	-0.52	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.39	No	86.65	No	99.90	Yes	22,176.00	15.29	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.65	Yes	12.60	Yes	12.73	Yes	18.22	1.03	Yes
Average LOS	2-<8	5.64	Yes	5.29	Yes	4.90	Yes	-6.17	-7.46	Yes
% Begin Date = Admit Date	95-100	99.88	Yes	99.66	Yes	99.87	Yes	-0.23	0.21	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	84.76	No	99.89	Yes	100.00	Yes	17.84	0.11	Yes
Average Number of DX Codes (at least 1 DX)	>=2	5.86	Yes	6.93	Yes	7.08	Yes	18.26	2.24	Yes
% Claims with PDX, where length=3	5-30	9.28	Yes	9.10	Yes	8.20	Yes	-1.92	-9.95	Yes
% Claims with PDX, where length=4	15-75	43.01	Yes	42.77	Yes	42.61	Yes	-0.56	-0.37	Yes
% Claims with PDX, where length=5	25-70	47.71	Yes	48.12	Yes	49.18	Yes	0.88	2.19	Yes
% Claims with a procedure code	35-70	40.80	Yes	40.33	Yes	41.83	Yes	-1.15	3.71	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.25	Yes	2.16	Yes	2.07	Yes	-4.13	-4.17	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	0.44	N/A	82.11	N/A	99.03	N/A	18,614.00	20.61	No
% 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	99.98	N/A	99.97	N/A	-0.02	-0.01	Yes
% Claims with DRG	>=90	0.25	No	86.77	No	99.86	Yes	34,909.00	15.08	No

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