

1999-2001 MAX IP Validation Table
State: IA

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	42,581	N/A	45,222	N/A	47,103	N/A	6.20	4.16	Yes
	N/A	5.08	N/A	6.13	N/A	5.14	N/A	20.47	-16.05	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total IP Claims	N/A	40,416	N/A	42,452	N/A	44,681	N/A	5.04	5.25	Yes
% Supplemental Claims	5-20	30.07	No	33.73	No	32.95	No	12.18	-2.32	Yes
% Crossover	N/A	3.28	N/A	2.29	N/A	2.43	N/A	-30.07	6.03	Yes
% Adjusted Claims	> 1%	.	Yes	95.89	Yes	95.22	Yes	N/A	-0.71	Yes
% Standard Adjustments	N/A	\$5,136	N/A	\$7,416	N/A	\$5,772	N/A	44.39	-22.17	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	28,263	N/A	28,132	N/A	29,959	N/A	-0.46	6.49	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	\$3,959	Yes	\$4,268	Yes	\$4,136	Yes	7.82	-3.10	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,004	N/A	\$1,061	N/A	\$1,063	N/A	5.76	0.16	Yes
% Claims with TPL	>0 - 10	3.91	Yes	4.12	Yes	3.57	Yes	5.37	-13.46	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,329	N/A	\$2,214	N/A	\$2,713	N/A	-4.94	22.54	No
% Claims with UB-92 Accommodation Codes	95-100	99.78	Yes	99.89	Yes	99.90	Yes	0.11	0.01	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.12	Yes	1.11	Yes	1.44	-0.48	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.89	Yes	99.93	Yes	99.93	Yes	0.04	0.00	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.09	Yes	8.03	Yes	8.14	Yes	-0.77	1.36	Yes
Average LOS	2-<8	3.96	Yes	4.03	Yes	3.90	Yes	1.90	-3.16	Yes
Average Covered Days (> 0 day)	2-<8	3.95	Yes	4.03	Yes	3.90	Yes	2.03	-3.13	Yes
% Begin Date = Admit Date	95-100	99.71	Yes	99.67	Yes	99.54	Yes	-0.04	-0.13	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	No	0.00	No	0.00	No	N/A	N/A	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	3.77	Yes	3.81	Yes	3.84	Yes	1.22	0.71	Yes
% Claims with PDX, where length=3	5-30	7.48	Yes	6.66	Yes	6.52	Yes	-11.03	-2.14	Yes
% Claims with PDX, where length=4	15-75	23.70	Yes	22.93	Yes	23.68	Yes	-3.27	3.29	Yes
% Claims with PDX, where length=5	25-70	68.81	Yes	70.41	No	69.80	Yes	2.33	-0.87	Yes
% Claims with a procedure code	35-70	55.56	Yes	55.82	Yes	54.97	Yes	0.46	-1.52	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.01	Yes	2.04	Yes	2.01	Yes	1.60	-1.58	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	99.78	N/A	99.82	N/A	99.70	N/A	0.03	-0.12	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	99.78	N/A	99.82	N/A	100.00	N/A	0.03	0.19	N/A
% Claims with DRG	>=90	99.46	Yes	99.35	Yes	99.28	Yes	-0.11	-0.08	N/A
% Claims Maternal Delivery Indicator	N/A	20.45	N/A	20.49	N/A	19.74	N/A	0.20	-3.65	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	24.76	N/A	25.06	N/A	24.02	N/A	1.23	-4.17	Yes
Patient Status										
% Home	75-90	82.74	Yes	82.23	Yes	82.12	Yes	-0.61	-0.14	Yes
% Transferred	1-10	14.27	No	14.83	No	14.61	No	3.90	-1.51	Yes
% Still a Patient	>0 - 2	2.08	No	1.89	Yes	2.22	No	-8.78	16.98	No
% Died	>0 - 3	0.89	Yes	0.97	Yes	0.95	Yes	8.84	-2.31	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	12,153	N/A	14,320	N/A	14,722	N/A	17.83	2.81	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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$822	N/A	\$849	N/A	\$864	N/A	3.22	1.86	Yes
% Claims with TPL	N/A	0.87	N/A	1.04	N/A	1.54	N/A	19.29	47.54	No
Aver. TPL Paid -claims with TPL	N/A	\$382	N/A	\$380	N/A	\$427	N/A	-0.43	12.18	Yes
% Claims with UB-92 Accommodation Codes	95-100	0.11	No	0.34	No	0.33	No	219.88	-4.72	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.31	Yes	1.24	Yes	1.21	Yes	-4.80	-2.94	Yes
% Claims with UB-92 Ancillary Codes	95-100	49.27	No	72.44	No	76.21	No	47.02	5.20	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	1.02	No	1.04	No	1.04	No	2.32	-0.36	Yes
Average LOS	2-<8	5.73	Yes	5.57	Yes	5.59	Yes	-2.75	0.28	Yes
% Begin Date = Admit Date	95-100	99.98	Yes	99.94	Yes	99.99	Yes	-0.05	0.05	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	49.55	No	72.44	No	76.23	No	46.20	5.22	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.04	No	1.03	No	1.03	No	-1.33	-0.01	Yes
% Claims with PDX, where length=3	5-30	12.49	Yes	10.38	Yes	10.27	Yes	-16.86	-1.03	Yes
% Claims with PDX, where length=4	15-75	41.70	Yes	41.93	Yes	40.48	Yes	0.56	-3.46	Yes
% Claims with PDX, where length=5	25-70	45.82	Yes	47.69	Yes	49.24	Yes	4.08	3.26	Yes
% Claims with a procedure code	35-70	0.04	No	0.20	No	0.18	No	375.26	-9.68	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	3.60	Yes	2.43	Yes	2.23	Yes	-32.54	-8.14	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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A
% Claims with DRG	>=90	0.02	No	0.04	No	0.12	No	154.60	175.60	N/A

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