

2002-2004 MAX IP Validation Table
State: IA

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	52,484	N/A	54,789	N/A	57,983	N/A	4.39	5.83	Yes
	N/A	7.70	N/A	6.63	N/A	4.40	N/A	-13.90	-33.70	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	48,444	N/A	51,156	N/A	55,432	N/A	5.60	8.36	Yes
% Crossover	5-20	32.07	No	31.80	No	29.47	No	-0.83	-7.33	Yes
% Adjusted Claims	N/A	16.99	N/A	16.04	N/A	3.88	N/A	-5.62	-75.80	No
% Standard Adjustments	> 1%	98.81	Yes	93.67	Yes	96.97	Yes	-5.20	3.52	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$4,040	N/A	\$4,102	N/A	\$8,387	N/A	1.55	104.40	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	32,908	N/A	34,887	N/A	39,095	N/A	6.01	12.06	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	\$4,121	Yes	\$3,954	Yes	\$4,020	Yes	-4.07	1.67	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,074	N/A	\$1,020	N/A	\$1,058	N/A	-5.08	3.76	Yes
% Claims with TPL	>0 - 10	2.68	Yes	1.94	Yes	1.67	Yes	-27.50	-14.20	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,312	N/A	\$2,129	N/A	\$2,513	N/A	-7.93	18.03	No
% Claims with UB-92 Accommodation Codes	95-100	99.93	Yes	99.90	Yes	99.89	Yes	-0.03	-0.01	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.11	Yes	1.11	Yes	1.10	Yes	-0.04	-0.39	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.93	Yes	99.89	Yes	99.94	Yes	-0.04	0.04	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.11	Yes	8.22	Yes	8.16	Yes	1.42	-0.67	Yes
Average LOS	2-<8	3.85	Yes	3.88	Yes	3.81	Yes	0.97	-1.92	Yes
Average Covered Days (> 0 day)	2-<8	3.85	Yes	3.88	Yes	3.80	Yes	0.87	-1.98	Yes
% Begin Date = Admit Date	95-100	99.27	Yes	99.30	Yes	99.54	Yes	0.03	0.24	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
% 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	3.86	Yes	3.97	Yes	4.03	Yes	2.86	1.54	Yes
% Claims with PDX, where length=3	5-30	6.30	Yes	6.15	Yes	5.46	Yes	-2.35	-11.20	Yes
% Claims with PDX, where length=4	15-75	22.92	Yes	21.98	Yes	20.34	Yes	-4.10	-7.46	Yes
% Claims with PDX, where length=5	25-70	70.78	No	71.87	No	74.20	No	1.54	3.24	Yes
% Claims with a procedure code	35-70	57.07	Yes	58.33	Yes	60.25	Yes	2.21	3.29	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.05	Yes	2.07	Yes	2.07	Yes	0.98	0.13	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	99.35	N/A	99.80	N/A	99.64	N/A	0.46	-0.17	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	99.07	Yes	98.83	Yes	98.95	Yes	-0.24	0.12	Yes
% Claims Maternal Delivery Indicator	N/A	21.29	N/A	22.15	N/A	24.23	N/A	4.08	9.37	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	24.97	N/A	25.88	N/A	27.45	N/A	3.63	6.06	Yes
Patient Status										
% Home	75-90	82.65	Yes	82.69	Yes	82.42	Yes	0.05	-0.33	Yes
% Transferred	1-10	14.24	No	14.13	No	14.33	No	-0.76	1.40	Yes
% Still a Patient	>0 - 2	2.10	No	2.02	No	2.12	No	-4.03	5.10	Yes
% Died	>0 - 3	0.92	Yes	0.89	Yes	0.74	Yes	-2.87	-17.30	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	15,536	N/A	16,269	N/A	16,337	N/A	4.72	0.42	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	\$908	N/A	\$918	N/A	\$933	N/A	1.11	1.63	Yes
% Claims with TPL	N/A	1.29	N/A	1.08	N/A	1.16	N/A	-16.90	7.55	Yes
Aver. TPL Paid -claims with TPL	N/A	\$580	N/A	\$442	N/A	\$502	N/A	-23.70	13.60	Yes
% Claims with UB-92 Accommodation Codes	95-100	0.18	No	4.36	No	76.75	No	2,318.00	1,661.00	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.21	Yes	1.14	Yes	1.14	Yes	-5.92	-0.12	Yes
% Claims with UB-92 Ancillary Codes	95-100	75.71	No	74.80	No	76.98	No	-1.19	2.91	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	1.02	No	6.66	Yes	10.54	Yes	553.10	58.28	No
Average LOS	2-<8	5.47	Yes	5.35	Yes	5.41	Yes	-2.19	1.15	Yes
% Begin Date = Admit Date	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	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	75.71	No	74.81	No	77.02	No	-1.18	2.95	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.02	No	4.52	Yes	7.19	Yes	344.40	59.08	No
% Claims with PDX, where length=3	5-30	10.19	Yes	9.75	Yes	9.32	Yes	-4.25	-4.41	Yes
% Claims with PDX, where length=4	15-75	41.00	Yes	39.09	Yes	38.70	Yes	-4.66	-1.01	Yes
% Claims with PDX, where length=5	25-70	48.81	Yes	51.15	Yes	51.98	Yes	4.80	1.61	Yes
% Claims with a procedure code	35-70	0.12	No	0.14	No	0.18	No	15.60	25.56	No
Average Number of Procedures for claims with at least 1 procedure code	>1	2.68	Yes	2.74	Yes	2.14	Yes	2.05	-21.90	No
% 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	100.00	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
% 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	0.06	No	0.10	No	0.07	No	52.79	-31.50	No

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