

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

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	56,897	N/A	62,757	N/A	60,038	N/A	10.30	-4.33	Yes
	N/A	17.62	N/A	21.33	N/A	19.72	N/A	21.07	-7.53	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	46,872	N/A	49,370	N/A	48,196	N/A	5.33	-2.38	Yes
% Crossover	5-20	25.55	No	23.87	No	13.54	Yes	-6.55	-43.30	No
% Adjusted Claims	N/A	5.97	N/A	11.66	N/A	17.97	N/A	95.27	54.07	No
% Standard Adjustments	> 1%	78.10	Yes	89.02	Yes	72.86	Yes	13.99	-18.20	No
Aver. Amt. Pd Adjust. ( include \$0)	N/A	\$7,765	N/A	\$3,911	N/A	\$6,881	N/A	-49.60	75.93	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	34,898	N/A	37,584	N/A	41,671	N/A	7.70	10.87	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	\$4,338	Yes	\$4,130	Yes	\$4,516	Yes	-4.81	9.37	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,055	N/A	\$1,043	N/A	\$1,094	N/A	-1.18	4.86	Yes
% Claims with TPL	>0 - 10	2.82	Yes	1.95	Yes	1.97	Yes	-30.70	0.76	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,198	N/A	\$2,833	N/A	\$2,475	N/A	28.91	-12.60	Yes
% Claims with UB-92 Accommodation Codes	95-100	100.00	Yes	99.96	Yes	99.96	Yes	-0.04	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.12	Yes	1.12	Yes	1.12	Yes	0.33	-0.39	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.68	Yes	99.56	Yes	99.58	Yes	-0.12	0.03	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.28	Yes	8.38	Yes	8.41	Yes	1.21	0.28	Yes
Average LOS	2-<8	4.11	Yes	3.99	Yes	4.12	Yes	-2.96	3.32	Yes
Average Covered Days (> 0 day)	2-<8	4.11	Yes	3.97	Yes	4.13	Yes	-3.44	4.00	Yes
% Begin Date = Admit Date	95-100	99.90	Yes	99.79	Yes	99.92	Yes	-0.12	0.13	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	99.86	Yes	99.69	Yes	-0.14	-0.17	Yes
% Family Planning Claims (pgm type=2)	>0-5	1.22	Yes	0.48	Yes	0.00	No	-60.40	-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	3.91	Yes	4.12	Yes	4.76	Yes	5.40	15.48	No
% Claims with PDX, where length=3	5-30	5.90	Yes	5.30	Yes	4.86	No	-10.30	-8.18	Yes
% Claims with PDX, where length=4	15-75	19.86	Yes	19.91	Yes	18.46	Yes	0.26	-7.31	Yes
% Claims with PDX, where length=5	25-70	74.24	No	74.79	No	76.68	No	0.75	2.53	Yes
% Claims with a procedure code	35-70	56.15	Yes	56.11	Yes	57.68	Yes	-0.07	2.81	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.98	Yes	1.98	Yes	1.98	Yes	0.04	-0.01	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	99.38	N/A	99.60	N/A	-0.62	0.22	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: KS**

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	99.99	N/A	99.90	N/A	100.00	N/A	-0.10	0.11	Yes
% Claims with DRG	>=90	99.50	Yes	98.71	Yes	99.61	Yes	-0.80	0.91	Yes
% Claims Maternal Delivery Indicator	N/A	20.57	N/A	21.79	N/A	22.91	N/A	5.90	5.15	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	24.53	N/A	24.56	N/A	25.46	N/A	0.11	3.66	Yes
Patient Status										
% Home	75-90	87.79	Yes	87.90	Yes	87.35	Yes	0.12	-0.62	Yes
% Transferred	1-10	10.05	No	9.22	Yes	10.83	No	-8.18	17.40	No
% Still a Patient	>0 - 2	0.11	Yes	0.26	Yes	0.19	Yes	127.50	-26.40	No
% Died	>0 - 3	0.97	Yes	0.93	Yes	0.92	Yes	-4.12	-0.74	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	11,974	N/A	11,786	N/A	6,525	N/A	-1.57	-44.60	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	\$1,092	N/A	\$1,069	N/A	\$1,344	N/A	-2.06	25.69	No
% Claims with TPL	N/A	1.63	N/A	2.07	N/A	1.75	N/A	27.12	-15.60	No
Aver. TPL Paid -claims with TPL	N/A	\$1,042	N/A	\$7,549	N/A	\$1,247	N/A	624.60	-83.50	No
% Claims with UB-92 Accommodation Codes	95-100	99.92	Yes	99.95	Yes	99.95	Yes	0.02	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.18	Yes	1.18	Yes	1.17	Yes	-0.05	-0.74	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.63	Yes	99.49	Yes	99.20	Yes	-0.14	-0.29	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.68	Yes	10.27	Yes	11.37	Yes	-3.87	10.78	Yes
Average LOS	2-<8	6.20	Yes	5.82	Yes	6.33	Yes	-6.18	8.90	Yes
% Begin Date = Admit Date	95-100	99.82	Yes	99.41	Yes	99.43	Yes	-0.41	0.03	Yes
% Claims with IP TOS	95-100	100.00	Yes	99.85	Yes	99.95	Yes	-0.15	0.11	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	6.50	Yes	6.83	Yes	7.07	Yes	5.13	3.52	Yes
% Claims with PDX, where length=3	5-30	9.94	Yes	8.82	Yes	9.56	Yes	-11.30	8.48	Yes
% Claims with PDX, where length=4	15-75	39.60	Yes	39.92	Yes	37.89	Yes	0.80	-5.10	Yes
% Claims with PDX, where length=5	25-70	50.46	Yes	51.26	Yes	52.55	Yes	1.60	2.51	Yes
% Claims with a procedure code	35-70	44.14	Yes	44.17	Yes	40.29	Yes	0.08	-8.78	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.28	Yes	2.33	Yes	2.25	Yes	2.51	-3.70	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	99.98	N/A	99.19	N/A	98.59	N/A	-0.79	-0.61	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	99.98	N/A	99.98	N/A	100.00	N/A	0.00	0.02	Yes
% Claims with DRG	>=90	98.82	Yes	98.46	Yes	99.03	Yes	-0.37	0.59	Yes

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