

1999-2001 MAX IP Validation Table
State: ME

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	32,673	N/A	23,739	N/A	24,989	N/A	-27.34	5.27	Yes
	N/A	1.55	N/A	0.01	N/A	0.00	N/A	-99.18	-100.00	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total Supplemental Claims	N/A	32,168	N/A	23,736	N/A	24,989	N/A	-26.21	5.28	Yes
% Supplemental Claims	5-20	30.79	No	0.24	No	0.00	No	-99.23	-100.00	No
% Crossover	N/A	2.29	N/A	2.16	N/A	1.86	N/A	-5.54	-14.09	Yes
% Adjusted Claims	> 1%	.	Yes	11.31	Yes	17.24	Yes	N/A	52.50	No
% Standard Adjustments	N/A	\$10,508	N/A	\$13,666	N/A	\$11,738	N/A	30.06	-14.11	Yes
Aver. Amt. Pd Adjust. (include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	22,264	N/A	23,680	N/A	24,989	N/A	6.36	5.53	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	\$7,684	No	\$8,006	No	\$8,686	No	4.19	8.50	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,490	N/A	\$1,664	N/A	\$1,788	N/A	11.66	7.48	Yes
% Claims with TPL	>0 - 10	3.93	Yes	4.14	Yes	4.20	Yes	5.30	1.53	Yes
Aver. TPL Paid for claims with TPL	N/A	\$6,231	N/A	\$7,532	N/A	\$6,644	N/A	20.87	-11.79	Yes
% Claims with UB-92 Accommodation Codes	95-100	98.81	Yes	98.30	Yes	97.75	Yes	-0.51	-0.56	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.10	Yes	1.09	Yes	-0.54	-0.83	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.39	Yes	99.38	Yes	99.26	Yes	-0.02	-0.12	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.45	Yes	7.64	Yes	7.73	Yes	2.54	1.28	Yes
Average LOS	2-<8	4.60	Yes	4.34	Yes	4.35	Yes	-5.63	0.15	Yes
Average Covered Days (> 0 day)	2-<8	5.16	Yes	4.81	Yes	4.86	Yes	-6.69	0.95	Yes
% Begin Date = Admit Date	95-100	98.10	Yes	97.92	Yes	97.85	Yes	-0.19	-0.07	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	Yes	0.01	Yes	0.01	Yes	182.06	-5.24	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	3.05	Yes	3.10	Yes	3.11	Yes	1.58	0.23	Yes
% Claims with PDX, where length=3	5-30	4.74	No	4.85	No	4.46	No	2.40	-8.12	Yes
% Claims with PDX, where length=4	15-75	24.61	Yes	25.45	Yes	26.02	Yes	3.42	2.25	Yes
% Claims with PDX, where length=5	25-70	70.65	No	69.70	Yes	69.52	Yes	-1.35	-0.25	Yes
% Claims with a procedure code	35-70	56.21	Yes	57.38	Yes	57.24	Yes	2.07	-0.24	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.79	Yes	1.79	Yes	1.76	Yes	-0.18	-1.88	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	99.96	N/A	100.00	N/A	-0.04	0.04	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

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

1999-2001 MAX IP Validation Table
State: ME

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			
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	100.00	N/A	99.96	N/A	99.96	N/A	-0.04	-0.01	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	19.30	N/A	18.80	N/A	18.72	N/A	-2.59	-0.41	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	18.24	N/A	17.53	N/A	17.64	N/A	-3.90	0.65	Yes
Patient Status										
% Home	75-90	85.59	Yes	85.24	Yes	84.41	Yes	-0.41	-0.97	Yes
% Transferred	1-10	12.61	No	13.12	No	13.97	No	4.00	6.48	Yes
% Still a Patient	>0 - 2	0.92	Yes	0.76	Yes	0.66	Yes	-16.58	-13.62	Yes
% Died	>0 - 3	0.88	Yes	0.84	Yes	0.91	Yes	-4.05	8.57	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	9,904	N/A	56	N/A	0	N/A	-99.43	-100.00	No
% Claims with> \$0 Paid	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	N/A	N/A
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	.	No	N/A	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$1,041	N/A	\$982	N/A	.	N/A	-5.65	N/A	N/A
% Claims with TPL	N/A	0.03	N/A	0.00	N/A	.	N/A	-100.00	N/A	N/A
Aver. TPL Paid -claims with TPL	N/A	\$458	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with UB-92 Accommodation Codes	95-100	91.44	No	1.79	No	.	No	-98.05	N/A	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.17	Yes	1.00	No	.	Yes	-14.85	N/A	N/A
% Claims with UB-92 Ancillary Codes	95-100	92.15	No	1.79	No	.	No	-98.06	N/A	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.13	Yes	2.00	No	.	Yes	-80.27	N/A	N/A
Average LOS	2-<8	5.71	Yes	5.39	Yes	.	No	-5.49	N/A	N/A
% Begin Date = Admit Date	95-100	11.02	No	98.21	Yes	.	No	791.58	N/A	N/A
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	.	No	0.00	N/A	N/A
% Claims with DX	98-100	99.99	Yes	100.00	Yes	.	No	0.01	N/A	N/A
Average Number of DX Codes (at least 1 DX)	>=2	3.79	Yes	3.82	Yes	.	Yes	0.70	N/A	N/A
% Claims with PDX, where length=3	5-30	8.33	Yes	10.71	Yes	.	No	28.61	N/A	N/A
% Claims with PDX, where length=4	15-75	40.21	Yes	41.07	Yes	.	No	2.14	N/A	N/A
% Claims with PDX, where length=5	25-70	51.46	Yes	48.21	Yes	.	No	-6.31	N/A	N/A
% Claims with a procedure code	35-70	49.89	Yes	28.57	No	.	No	-42.73	N/A	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	1.84	Yes	1.69	Yes	.	Yes	-8.20	N/A	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.96	N/A	100.00	N/A	.	N/A	0.04	N/A	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

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

1999-2001 MAX IP Validation Table
State: ME

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			
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.96	N/A	100.00	N/A	.	N/A	0.04	N/A	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	.	Yes	N/A	N/A	N/A

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