

2002-2004 MAX IP Validation Table
State: ME

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	27,795	N/A	32,599	N/A	29,535	N/A	17.28	-9.40	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	27,795	N/A	32,599	N/A	29,535	N/A	17.28	-9.40	Yes
% Supplemental Claims	5-20	0.00	No	0.00	No	0.00	No	.	.	N/A
% Crossover	N/A	1.65	N/A	1.67	N/A	1.03	N/A	1.27	-38.10	No
% Adjusted Claims	> 1%	3.49	Yes	1.29	Yes	3.93	Yes	-63.20	205.80	No
% Standard Adjustments	N/A	\$19,581	N/A	\$27,918	N/A	\$22,440	N/A	42.58	-19.60	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	27,795	N/A	32,599	N/A	29,535	N/A	17.28	-9.40	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	\$9,757	No	\$10,536	No	\$10,496	No	7.99	-0.38	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,967	N/A	\$2,141	N/A	\$2,221	N/A	8.81	3.77	Yes
% Claims with TPL	>0 - 10	3.87	Yes	3.98	Yes	2.79	Yes	2.68	-29.90	No
Aver. TPL Paid for claims with TPL	N/A	\$7,466	N/A	\$7,590	N/A	\$7,129	N/A	1.66	-6.06	Yes
% Claims with UB-92 Accommodation Codes	95-100	97.53	Yes	97.46	Yes	95.64	Yes	-0.07	-1.86	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.11	Yes	1.10	Yes	0.91	-0.45	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.63	Yes	99.85	Yes	99.84	Yes	0.22	-0.01	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.88	Yes	8.12	Yes	8.16	Yes	3.11	0.45	Yes
Average LOS	2-<8	4.36	Yes	4.21	Yes	3.98	Yes	-3.49	-5.49	Yes
Average Covered Days (> 0 day)	2-<8	4.96	Yes	4.92	Yes	4.72	Yes	-0.76	-4.00	Yes
% Begin Date = Admit Date	95-100	98.13	Yes	97.96	Yes	98.06	Yes	-0.17	0.10	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	0.03	Yes	0.02	Yes	0.04	Yes	-2.56	79.36	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	3.19	Yes	3.27	Yes	3.24	Yes	2.45	-0.83	Yes
% Claims with PDX, where length=3	5-30	4.16	No	4.48	No	4.29	No	7.71	-4.15	Yes
% Claims with PDX, where length=4	15-75	25.93	Yes	25.67	Yes	26.07	Yes	-1.00	1.59	Yes
% Claims with PDX, where length=5	25-70	69.92	Yes	69.86	Yes	69.64	Yes	-0.09	-0.32	Yes
% Claims with a procedure code	35-70	57.07	Yes	56.23	Yes	57.05	Yes	-1.48	1.46	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.76	Yes	1.76	Yes	1.78	Yes	0.14	0.67	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	99.99	N/A	99.99	N/A	100.00	N/A	0.00	0.01	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.

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		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	99.98	N/A	99.98	N/A	0.02	0.00	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	18.32	N/A	16.37	N/A	17.55	N/A	-10.60	7.17	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	17.06	N/A	15.90	N/A	14.84	N/A	-6.81	-6.64	Yes
Patient Status										
% Home	75-90	83.58	Yes	83.68	Yes	84.17	Yes	0.12	0.59	Yes
% Transferred	1-10	14.50	No	14.56	No	13.75	No	0.48	-5.57	Yes
% Still a Patient	>0 - 2	0.90	Yes	0.73	Yes	0.92	Yes	-18.80	26.67	No
% Died	>0 - 3	0.94	Yes	0.83	Yes	0.84	Yes	-11.50	0.97	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
% Claims with> \$0 Paid	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with< \$0 Paid	0	.	No	.	No	.	No	.	.	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	No	.	No	.	No	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	Yes	.	Yes	.	Yes	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	No	.	No	.	No	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	Yes	.	Yes	.	Yes	.	.	N/A
Average LOS	2-<8	.	No	.	No	.	No	.	.	N/A
% Begin Date = Admit Date	95-100	.	No	.	No	.	No	.	.	N/A
% Claims with IP TOS	95-100	.	No	.	No	.	No	.	.	N/A
% Claims with DX	98-100	.	No	.	No	.	No	.	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	Yes	.	Yes	.	Yes	.	.	N/A
% Claims with PDX, where length=3	5-30	.	No	.	No	.	No	.	.	N/A
% Claims with PDX, where length=4	15-75	.	No	.	No	.	No	.	.	N/A
% Claims with PDX, where length=5	25-70	.	No	.	No	.	No	.	.	N/A
% Claims with a procedure code	35-70	.	No	.	No	.	No	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	Yes	.	Yes	.	Yes	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% 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	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	.	Yes	.	Yes	.	Yes	.	.	N/A

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