

2002-2004 MAX IP Validation Table
State: MO

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	207,023	N/A	223,121	N/A	264,577	N/A	7.78	18.58	No
	N/A	21.58	N/A	22.22	N/A	18.87	N/A	2.96	-15.10	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	162,344	N/A	173,543	N/A	214,644	N/A	6.90	23.68	No
	5-20	36.48	No	37.50	No	46.67	No	2.80	24.45	No
% Crossover	N/A	4.56	N/A	6.16	N/A	2.71	N/A	35.20	-56.00	No
% Adjusted Claims	> 1%	79.98	Yes	69.34	Yes	90.92	Yes	-13.30	31.12	No
% Standard Adjustments	N/A	\$3,360	N/A	\$2,154	N/A	\$2,271	N/A	-35.90	5.45	Yes
Aver. Amt. Pd Adjust. (include \$0) FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	103,126	N/A	108,466	N/A	114,473	N/A	5.18	5.54	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	\$4,036	Yes	\$4,098	Yes	\$4,126	Yes	1.53	0.70	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$810	N/A	\$824	N/A	\$848	N/A	1.64	2.95	Yes
% Claims with TPL	>0 - 10	1.26	Yes	1.27	Yes	1.29	Yes	1.02	1.50	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,345	N/A	\$2,314	N/A	\$2,253	N/A	-1.35	-2.62	Yes
% Claims with UB-92 Accommodation Codes	95-100	98.84	Yes	98.89	Yes	98.95	Yes	0.05	0.06	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.14	Yes	1.15	Yes	1.16	Yes	0.44	0.44	Yes
% Claims with UB-92 Ancillary Codes	95-100	98.73	Yes	98.71	Yes	98.75	Yes	-0.02	0.04	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.50	Yes	8.51	Yes	8.39	Yes	0.11	-1.49	Yes
Average LOS	2-<8	4.99	Yes	4.98	Yes	4.87	Yes	-0.25	-2.26	Yes
Average Covered Days (> 0 day)	2-<8	5.03	Yes	5.02	Yes	4.91	Yes	-0.17	-2.25	Yes
% Begin Date = Admit Date	95-100	97.85	Yes	97.93	Yes	98.11	Yes	0.08	0.18	Yes
% IP Claims (MAX TOS 01)	95-100	98.82	Yes	98.87	Yes	98.95	Yes	0.05	0.08	Yes
% Family Planning Claims (pgm type=2)	>0-5	1.13	Yes	1.07	Yes	1.02	Yes	-5.17	-4.35	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	3.45	Yes	3.49	Yes	3.66	Yes	1.18	4.75	Yes
% Claims with PDX, where length=3	5-30	6.49	Yes	8.36	Yes	10.70	Yes	28.80	27.98	No
% Claims with PDX, where length=4	15-75	26.00	Yes	25.61	Yes	24.33	Yes	-1.53	-4.98	Yes
% Claims with PDX, where length=5	25-70	67.51	Yes	66.04	Yes	64.97	Yes	-2.18	-1.61	Yes
% Claims with a procedure code	35-70	38.13	Yes	36.22	Yes	39.79	Yes	-5.01	9.84	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.63	Yes	1.73	Yes	2.02	Yes	5.75	16.82	No
% Claims with Procedures that have CPT-4 Indicator	N/A	100.00	N/A	100.00	N/A	62.87	N/A	0.00	-37.10	No
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	37.13	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	83.60	N/A	20.90	N/A	-16.40	-75.00	No

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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	.	N/A	.	N/A	100.00	N/A	.	.	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	13.75	N/A	13.31	N/A	13.59	N/A	-3.19	2.12	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	15.13	N/A	15.30	N/A	15.45	N/A	1.10	0.98	Yes
Patient Status										
% Home	75-90	77.53	Yes	80.83	Yes	82.47	Yes	4.26	2.03	Yes
% Transferred	1-10	11.58	No	11.89	No	12.43	No	2.68	4.52	Yes
% Still a Patient	>0 - 2	1.79	Yes	2.00	Yes	2.43	No	11.15	21.99	No
% Died	>0 - 3	0.99	Yes	0.94	Yes	0.82	Yes	-5.66	-12.20	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	59,218	N/A	65,077	N/A	100,171	N/A	9.89	53.93	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	\$193	N/A	\$196	N/A	\$177	N/A	1.85	-9.95	Yes
% Claims with TPL	N/A	0.45	N/A	0.35	N/A	0.22	N/A	-21.00	-38.40	No
Aver. TPL Paid -claims with TPL	N/A	\$197	N/A	\$196	N/A	\$173	N/A	-0.60	-11.50	Yes
% Claims with UB-92 Accommodation Codes	95-100	0.21	No	0.30	No	0.22	No	41.63	-24.90	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.26	Yes	1.30	Yes	1.21	Yes	2.96	-6.88	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.21	No	0.30	No	0.22	No	41.63	-25.30	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.30	Yes	9.58	Yes	9.55	Yes	15.45	-0.37	Yes
Average LOS	2-<8	2.58	Yes	2.64	Yes	2.56	Yes	2.26	-3.12	Yes
% Begin Date = Admit Date	95-100	5.29	No	7.65	No	4.21	No	44.81	-45.00	No
% Claims with IP TOS	95-100	99.98	Yes	99.98	Yes	99.99	Yes	0.00	0.01	Yes
% Claims with DX	98-100	57.28	No	89.91	No	100.00	Yes	56.97	11.22	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.10	No	1.10	No	1.05	No	-0.52	-4.09	Yes
% Claims with PDX, where length=3	5-30	90.97	No	91.29	No	96.09	No	0.35	5.26	Yes
% Claims with PDX, where length=4	15-75	4.27	No	4.18	No	1.51	No	-2.29	-63.90	No
% Claims with PDX, where length=5	25-70	4.75	No	4.54	No	2.41	No	-4.56	-47.00	No
% Claims with a procedure code	35-70	0.06	No	0.10	No	0.08	No	62.32	-25.20	No
Average Number of Procedures for claims with at least 1 procedure code	>1	2.27	Yes	2.32	Yes	2.09	Yes	2.11	-9.75	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	100.00	N/A	100.00	N/A	50.00	N/A	0.00	-50.00	No
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.00	N/A	50.00	N/A	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	83.33	N/A	10.53	N/A	-16.70	-87.40	No
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	.	N/A	100.00	N/A	.	.	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A

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