

1999-2001 MAX IP Validation Table
State: VT

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	6,901	N/A	12,005	N/A	12,892	N/A	73.96	7.39	Yes
	N/A	2.77	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total IP Claims	N/A	6,710	N/A	12,005	N/A	12,892	N/A	78.91	7.39	Yes
% Supplemental Claims	5-20	51.88	No	30.35	No	28.65	No	-41.51	-5.60	Yes
% Crossover	N/A	0.83	N/A	2.71	N/A	0.85	N/A	224.38	-68.77	No
% Adjusted Claims	> 1%	.	Yes	97.23	Yes	95.41	Yes	N/A	-1.87	Yes
% Standard Adjustments	N/A	\$4,494	N/A	\$3,026	N/A	\$3,332	N/A	-32.67	10.13	Yes
Aver. Amt. Pd Adjust. (include \$0) Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	3,229	N/A	8,362	N/A	9,199	N/A	158.97	10.01	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	\$4,120	Yes	\$3,515	Yes	\$3,390	Yes	-14.69	-3.57	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$731	N/A	\$771	N/A	\$763	N/A	5.55	-1.11	Yes
% Claims with TPL	>0 - 10	2.97	Yes	1.30	Yes	0.78	Yes	-56.16	-39.96	No
Aver. TPL Paid for claims with TPL	N/A	\$1,157	N/A	\$784	N/A	\$1,424	N/A	-32.20	81.64	No
% Claims with UB-92 Accommodation Codes	95-100	99.94	Yes	99.96	Yes	99.96	Yes	0.03	-0.01	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.15	Yes	1.22	Yes	1.23	Yes	5.98	0.86	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.57	Yes	99.76	Yes	99.52	Yes	0.20	-0.24	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	6.81	Yes	6.91	Yes	7.25	Yes	1.48	4.85	Yes
Average LOS	2-<8	5.53	Yes	4.43	Yes	4.32	Yes	-19.86	-2.57	Yes
Average Covered Days (> 0 day)	2-<8	5.64	Yes	4.56	Yes	4.44	Yes	-19.18	-2.48	Yes
% Begin Date = Admit Date	95-100	98.23	Yes	98.30	Yes	98.62	Yes	0.07	0.32	Yes
% IP Claims (MAX TOS 01)	95-100	99.75	Yes	99.71	Yes	99.51	Yes	-0.04	-0.20	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.25	Yes	0.47	Yes	0.57	Yes	88.25	21.20	No
% Claims with PDX	98-100	100.00	Yes	100.00	Yes	99.98	Yes	0.00	-0.02	Yes
Average Number of DX Codes (at least 1 DX)	>=2	4.56	Yes	4.20	Yes	4.21	Yes	-7.88	0.14	Yes
% Claims with PDX, where length=3	5-30	4.96	No	5.73	Yes	6.19	Yes	15.60	8.00	Yes
% Claims with PDX, where length=4	15-75	26.54	Yes	25.78	Yes	26.27	Yes	-2.85	1.89	Yes
% Claims with PDX, where length=5	25-70	68.50	Yes	68.49	Yes	67.54	Yes	-0.02	-1.38	Yes
% Claims with a procedure code	35-70	50.39	Yes	56.98	Yes	62.63	Yes	13.09	9.90	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.07	Yes	2.07	Yes	2.08	Yes	-0.01	0.37	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	100.00	N/A	100.00	N/A	0.00	0.00	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

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	98.40	N/A	99.10	N/A	96.79	N/A	0.71	-2.33	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	13.04	N/A	23.36	N/A	23.62	N/A	79.13	1.14	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	13.94	N/A	11.61	N/A	9.95	N/A	-16.68	-14.34	Yes
Patient Status										
% Home	75-90	70.76	No	74.13	No	74.73	No	4.76	0.80	Yes
% Transferred	1-10	26.97	No	23.77	No	23.60	No	-11.86	-0.73	Yes
% Still a Patient	>0 - 2	1.15	Yes	1.05	Yes	0.79	Yes	-8.16	-24.59	No
% Died	>0 - 3	1.11	Yes	1.04	Yes	0.88	Yes	-6.68	-15.37	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	3,481	N/A	3,643	N/A	3,693	N/A	4.65	1.37	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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$812	N/A	\$811	N/A	\$851	N/A	-0.16	4.91	Yes
% Claims with TPL	N/A	0.09	N/A	0.03	N/A	0.05	N/A	-68.15	97.29	No
Aver. TPL Paid -claims with TPL	N/A	\$4,810	N/A	\$761	N/A	\$4,703	N/A	-84.18	518.00	No
% Claims with UB-92 Accommodation Codes	95-100	0.20	No	0.08	No	0.05	No	-59.05	-34.24	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.29	Yes	1.00	No	1.00	No	-22.22	0.00	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.20	No	0.08	No	0.03	No	-59.05	-67.12	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	11.43	Yes	11.00	Yes	8.00	Yes	-3.75	-27.27	No
Average LOS	2-<8	5.95	Yes	5.96	Yes	5.72	Yes	0.23	-4.09	Yes
% Begin Date = Admit Date	95-100	24.04	No	17.92	No	19.98	No	-25.45	11.49	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.02	No	1.01	No	1.01	No	-0.37	-0.63	Yes
% Claims with PDX, where length=3	5-30	2.73	No	1.73	No	2.03	No	-36.63	17.44	No
% Claims with PDX, where length=4	15-75	8.62	No	6.70	No	7.07	No	-22.28	5.52	Yes
% Claims with PDX, where length=5	25-70	88.65	No	91.57	No	90.90	No	3.29	-0.73	Yes
% Claims with a procedure code	35-70	100.00	No	100.00	No	100.00	No	0.00	0.00	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.00	Yes	2.00	Yes	2.00	Yes	-0.14	-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	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	0.06	N/A	0.00	N/A	0.00	N/A	-100.00	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

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	0.06	N/A	0.00	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	N/A	N/A

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