2002-2004 MAX IP Validation Table
State: CA

Measure	Expected Range	2002 Value	2002 Within Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	% Change 2002 - 2003	% Change 2003 - 2004	Cross Year Change Within Expected Range (+/-15%)
All IP Claims										
Total Number of Claims	N/A	762,827	N/A	821,255	N/A	812,070	N/A	7.66	-1.12	Yes
	N/A	17.40	N/A	19.06	N/A	17.86	N/A	9.56	-6.29	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	630,084	N/A	664,689	N/A	666,997	N/A	5.49	0.35	Yes
% Supplemental Claims	5-20	12.90	Yes	12.98	Yes	11.75	Yes	0.61	-9.50	Yes
% Crossover	N/A	1.01	N/A	0.95	N/A	1.22	N/A	-6.44	28.81	No
% Adjusted Claims	> 1%	96.14	Yes	96.26	Yes	74.47	Yes	0.13	-22.60	No
% Standard Adjustments	N/A	$6,516	N/A	$5,898	N/A	$5,180	N/A	-9.48	-12.20	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	548,793	N/A	578,408	N/A	588,639	N/A	5.40	1.77	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	$5,446	Yes	$5,560	Yes	$5,496	Yes	2.09	-1.14	Yes
Aver. Medicaid Amt Paid per Covered Day (>$0 paid and >0 days claims)	N/A	$991	N/A	$1,026	N/A	$1,036	N/A	3.56	0.95	Yes
% Claims with TPL	>0 - 10	6.67	Yes	6.73	Yes	6.38	Yes	0.81	-5.21	Yes
Aver. TPL Paid for claims with TPL	N/A	$806	N/A	$842	N/A	$929	N/A	4.40	10.35	Yes
% Claims with UB-92 Accommodation Codes	95-100	87.69	No	89.05	No	96.12	Yes	1.55	7.95	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.42	Yes	1.43	Yes	1.44	Yes	0.57	0.59	Yes
% Claims with UB-92 Ancillary Codes	95-100	90.01	No	90.93	No	90.83	No	1.02	-0.11	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.04	Yes	9.24	Yes	9.28	Yes	2.19	0.41	Yes
Average LOS	2-<8	4.88	Yes	4.78	Yes	4.64	Yes	-2.00	-2.79	Yes
Average Covered Days (> 0 day)	2-<8	5.50	Yes	5.42	Yes	5.31	Yes	-1.40	-2.09	Yes
% Begin Date = Admit Date	95-100	94.84	No	94.88	No	94.55	No	0.05	-0.36	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	0.10	Yes	0.07	Yes	0.06	Yes	-33.50	-19.50	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	1.82	No	1.84	No	1.85	No	1.33	0.61	Yes
% Claims with PDX, where length=3	5-30	9.53	Yes	8.94	Yes	8.39	Yes	-6.22	-6.09	Yes
% Claims with PDX, where length=4	15-75	29.09	Yes	28.27	Yes	27.92	Yes	-2.81	-1.26	Yes
% Claims with PDX, where length=5	25-70	61.38	Yes	62.79	Yes	63.69	Yes	2.30	1.44	Yes
% Claims with a procedure code	35-70	46.73	Yes	47.14	Yes	50.34	Yes	0.88	6.80	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.09	Yes	1.16	Yes	1.36	Yes	6.07	17.51	No
% Claims with Procedures that have CPT-4 Indicator	N/A	99.75	N/A	72.08	N/A	0.00	N/A	-27.70	-100.00	No
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	27.73	N/A	99.86	N/A	.	260.20	No
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	99.99	N/A	99.99	N/A	100.00	N/A	0.00	0.01	Yes

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

2002-2004 MAX IP Validation Table
State: CA

Measure	Expected Range	2002 Value	2002 Within Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	% Change 2002-2003	% Change 2003-2004	Cross Year Change Within Expected Range (+/-15%)
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	100.00	N/A	.	0.00	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	29.56	N/A	29.73	N/A	30.44	N/A	0.60	2.38	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	3.40	N/A	3.48	N/A	3.69	N/A	2.48	5.94	Yes
Patient Status										
% Home	75-90	83.18	Yes	81.40	Yes	80.70	Yes	-2.14	-0.86	Yes
% Transferred	1-10	6.12	Yes	5.93	Yes	6.30	Yes	-3.18	6.23	Yes
% Still a Patient	>0 - 2	9.25	No	11.18	No	11.54	No	20.86	3.23	Yes
% Died	>0 - 3	1.44	Yes	1.48	Yes	1.43	Yes	2.86	-3.91	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	81,291	N/A	86,281	N/A	78,358	N/A	6.14	-9.18	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
Aver. Medicaid Amount Paid (claims with >$0 paid)	N/A	$1,090	N/A	$1,106	N/A	$1,135	N/A	1.50	2.58	Yes
% Claims with TPL	N/A	0.26	N/A	0.23	N/A	0.23	N/A	-11.60	-0.56	Yes
Aver. TPL Paid -claims with TPL	N/A	$1,282	N/A	$1,813	N/A	$1,610	N/A	41.39	-11.20	Yes
% Claims withUB-92 Accommodation Codes	95-100	0.23	No	0.22	No	0.34	No	-5.28	54.39	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.22	Yes	1.31	Yes	1.30	Yes	7.29	-0.38	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.23	No	0.22	No	0.33	No	-4.79	46.24	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.97	Yes	10.71	Yes	10.89	Yes	19.46	1.69	Yes
Average LOS	2-<8	8.07	No	8.03	No	8.21	No	-0.50	2.15	Yes
% Begin Date = Admit Date	95-100	95.93	Yes	96.81	Yes	97.14	Yes	0.92	0.34	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	99.95	Yes	99.98	Yes	100.00	Yes	0.03	0.02	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.09	No	1.08	No	1.07	No	-1.56	-0.25	Yes
% Claims with PDX, where length=3	5-30	8.57	Yes	8.88	Yes	8.53	Yes	3.54	-3.91	Yes
% Claims with PDX, where length=4	15-75	39.85	Yes	39.87	Yes	38.82	Yes	0.06	-2.64	Yes
% Claims with PDX, where length=5	25-70	51.58	Yes	51.25	Yes	52.65	Yes	-0.64	2.73	Yes
% Claims with a procedure code	35-70	0.70	No	0.74	No	1.54	No	4.94	108.30	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.25	Yes	1.34	Yes	1.52	Yes	7.11	13.54	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	5.43	N/A	6.60	N/A	0.00	N/A	21.64	-100.00	No
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	0.94	N/A	6.73	N/A	.	613.70	No
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	N/A
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	.	N/A	100.00	N/A	100.00	N/A	.	0.00	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A

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