

2002-2004 MAX IP Validation Table
State: AZ

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	186,462	N/A	191,626	N/A	217,839	N/A	2.77	13.68	Yes
	N/A	80.44	N/A	77.75	N/A	81.13	N/A	-3.34	4.34	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	36,470	N/A	42,635	N/A	41,113	N/A	16.90	-3.57	Yes
% Supplemental Claims	5-20	6.27	Yes	11.72	Yes	6.05	Yes	86.98	-48.40	No
% Crossover	N/A	14.50	N/A	22.22	N/A	7.82	N/A	53.24	-64.80	No
% Adjusted Claims	> 1%	35.17	Yes	72.23	Yes	27.52	Yes	105.40	-61.90	No
% Standard Adjustments	N/A	\$4,333	N/A	\$4,168	N/A	\$5,073	N/A	-3.81	21.69	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	34,184	N/A	37,638	N/A	38,625	N/A	10.10	2.62	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	\$3,659	Yes	\$3,838	Yes	\$4,069	Yes	4.91	6.02	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,268	N/A	\$1,318	N/A	\$1,359	N/A	3.92	3.14	Yes
% Claims with TPL	>0 - 10	0.05	Yes	0.14	Yes	0.13	Yes	177.80	-8.18	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,183	N/A	\$4,590	N/A	\$2,284	N/A	110.20	-50.20	No
% Claims with UB-92 Accommodation Codes	95-100	99.24	Yes	99.33	Yes	99.90	Yes	0.09	0.58	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.15	Yes	1.13	Yes	1.12	Yes	-1.80	-1.33	Yes
% Claims with UB-92 Ancillary Codes	95-100	73.93	No	75.83	No	77.00	No	2.57	1.55	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.08	Yes	10.14	Yes	10.52	Yes	0.66	3.73	Yes
Average LOS	2-<8	2.88	Yes	2.91	Yes	2.99	Yes	0.82	2.86	Yes
Average Covered Days (> 0 day)	2-<8	2.89	Yes	2.91	Yes	2.99	Yes	0.96	2.70	Yes
% Begin Date = Admit Date	95-100	99.31	Yes	99.25	Yes	99.22	Yes	-0.06	-0.03	Yes
% IP Claims (MAX TOS 01)	95-100	99.93	Yes	99.86	Yes	99.89	Yes	-0.07	0.03	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	No	0.01	Yes	0.00	No	.	-100.00	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	4.13	Yes	4.27	Yes	4.32	Yes	3.34	1.20	Yes
% Claims with PDX, where length=3	5-30	9.29	Yes	9.24	Yes	9.18	Yes	-0.54	-0.65	Yes
% Claims with PDX, where length=4	15-75	13.32	No	13.46	No	12.88	No	1.01	-4.29	Yes
% Claims with PDX, where length=5	25-70	77.38	No	77.30	No	77.94	No	-0.11	0.82	Yes
% Claims with a procedure code	35-70	77.38	No	78.25	No	72.57	No	1.14	-7.26	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.94	Yes	1.99	Yes	1.93	Yes	2.47	-3.11	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	99.91	N/A	99.93	N/A	99.98	N/A	0.02	0.04	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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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	99.99	N/A	100.00	N/A	100.00	N/A	0.01	0.00	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	54.67	N/A	54.71	N/A	55.80	N/A	0.07	1.99	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	9.65	N/A	9.29	N/A	9.69	N/A	-3.78	4.36	Yes
Patient Status										
% Home	75-90	96.00	No	95.97	No	95.52	No	-0.02	-0.47	Yes
% Transferred	1-10	3.21	Yes	2.98	Yes	3.18	Yes	-7.44	6.93	Yes
% Still a Patient	>0 - 2	0.36	Yes	0.53	Yes	0.54	Yes	48.89	1.83	Yes
% Died	>0 - 3	0.42	Yes	0.45	Yes	0.52	Yes	8.09	15.32	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	2,286	N/A	4,997	N/A	2,488	N/A	118.60	-50.20	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	\$947	N/A	\$491	N/A	\$909	N/A	-48.20	85.36	No
% Claims with TPL	N/A	0.00	N/A	0.02	N/A	0.00	N/A	.	-100.00	No
Aver. TPL Paid -claims with TPL	N/A	.	N/A	\$266	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	83.51	No	43.83	No	88.63	No	-47.50	102.20	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.16	Yes	1.16	Yes	1.18	Yes	-0.63	1.91	Yes
% Claims with UB-92 Ancillary Codes	95-100	64.22	No	82.05	No	67.12	No	27.77	-18.20	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.87	Yes	5.32	Yes	12.25	Yes	-51.10	130.40	No
Average LOS	2-<8	5.73	Yes	3.22	Yes	5.68	Yes	-43.70	76.26	No
% Begin Date = Admit Date	95-100	99.04	Yes	82.99	No	99.52	Yes	-16.20	19.92	No
% Claims with IP TOS	95-100	99.96	Yes	100.00	Yes	99.96	Yes	0.04	-0.04	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	6.16	Yes	4.64	Yes	6.65	Yes	-24.70	43.50	No
% Claims with PDX, where length=3	5-30	13.21	Yes	10.53	Yes	13.75	Yes	-20.30	30.59	No
% Claims with PDX, where length=4	15-75	40.81	Yes	44.37	Yes	39.59	Yes	8.71	-10.80	Yes
% Claims with PDX, where length=5	25-70	45.98	Yes	45.11	Yes	46.66	Yes	-1.89	3.45	Yes
% Claims with a procedure code	35-70	66.10	Yes	37.68	Yes	58.16	Yes	-43.00	54.34	No
Average Number of Procedures for claims with at least 1 procedure code	>1	2.95	Yes	2.70	Yes	2.84	Yes	-8.43	5.38	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	86.50	N/A	81.68	N/A	91.22	N/A	-5.57	11.69	Yes
% 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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A

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