

**2002-2004 MAX IP Validation Table**  
**State: DE**

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	10,901	N/A	13,252	N/A	10,330	N/A	21.57	-22.00	No
	N/A	40.13	N/A	33.38	N/A	0.00	N/A	-16.80	-100.00	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	6,526	N/A	8,828	N/A	10,330	N/A	35.27	17.01	No
% Supplemental Claims	5-20	53.59	No	40.46	No	37.66	No	-24.50	-6.93	Yes
% Crossover	N/A	2.10	N/A	2.27	N/A	0.58	N/A	7.92	-74.40	No
% Adjusted Claims	> 1%	64.96	Yes	92.50	Yes	100.00	Yes	42.39	8.11	Yes
% Standard Adjustments	N/A	\$1,787	N/A	\$1,987	N/A	\$3,011	N/A	11.16	51.53	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	3,029	N/A	5,256	N/A	6,440	N/A	73.52	22.53	No
% 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	\$5,433	Yes	\$5,912	Yes	\$5,760	Yes	8.83	-2.58	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,376	N/A	\$1,373	N/A	\$1,486	N/A	-0.21	8.23	Yes
% Claims with TPL	>0 - 10	0.23	Yes	1.52	Yes	2.03	Yes	558.60	33.64	No
Aver. TPL Paid for claims with TPL	N/A	\$3,380	N/A	\$3,291	N/A	\$2,903	N/A	-2.63	-11.80	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.47	Yes	100.00	Yes	100.00	Yes	0.53	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.14	Yes	1.16	Yes	1.15	Yes	1.58	-0.72	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.01	Yes	99.70	Yes	99.91	Yes	0.69	0.21	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.04	Yes	7.80	Yes	8.13	Yes	10.74	4.22	Yes
Average LOS	2-<8	4.11	Yes	4.31	Yes	3.88	Yes	4.87	-10.10	Yes
Average Covered Days (> 0 day)	2-<8	3.95	Yes	4.31	Yes	3.88	Yes	9.02	-9.99	Yes
% Begin Date = Admit Date	95-100	99.17	Yes	99.66	Yes	99.64	Yes	0.49	-0.02	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	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims with PDX	98-100	100.00	Yes	99.92	Yes	100.00	Yes	-0.08	0.08	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.81	Yes	3.92	Yes	3.92	Yes	2.80	0.02	Yes
% Claims with PDX, where length=3	5-30	5.98	Yes	5.50	Yes	5.65	Yes	-7.91	2.72	Yes
% Claims with PDX, where length=4	15-75	16.01	Yes	15.67	Yes	16.13	Yes	-2.13	2.96	Yes
% Claims with PDX, where length=5	25-70	78.01	No	78.83	No	78.21	No	1.04	-0.78	Yes
% Claims with a procedure code	35-70	42.42	Yes	45.17	Yes	43.31	Yes	6.47	-4.12	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.81	Yes	1.96	Yes	1.92	Yes	8.07	-1.95	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	27.94	N/A	0.00	N/A	0.04	N/A	-100.00	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	72.06	N/A	100.00	N/A	99.96	N/A	38.77	-0.04	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	.	N/A	100.00	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	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
% Claims Maternal Delivery Indicator	N/A	32.16	N/A	29.07	N/A	28.37	N/A	-9.59	-2.41	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	31.89	N/A	31.15	N/A	29.72	N/A	-2.34	-4.57	Yes
Patient Status										
% Home	75-90	69.96	No	70.81	No	71.88	No	1.23	1.50	Yes
% Transferred	1-10	22.22	No	20.61	No	19.32	No	-7.26	-6.25	Yes
% Still a Patient	>0 - 2	0.17	Yes	0.19	Yes	0.16	Yes	15.26	-18.40	No
% Died	>0 - 3	2.05	Yes	1.90	Yes	2.11	Yes	-7.05	11.00	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	3,497	N/A	3,572	N/A	3,890	N/A	2.15	8.90	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	\$911	N/A	\$972	N/A	\$913	N/A	6.75	-6.08	Yes
% Claims with TPL	N/A	0.34	N/A	1.06	N/A	0.54	N/A	210.00	-49.30	No
Aver. TPL Paid -claims with TPL	N/A	\$575	N/A	\$985	N/A	\$499	N/A	71.13	-49.30	No
% Claims with UB-92 Accommodation Codes	95-100	67.00	No	97.20	Yes	94.45	No	45.07	-2.83	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.24	Yes	1.29	Yes	1.26	Yes	3.85	-2.67	Yes
% Claims with UB-92 Ancillary Codes	95-100	72.26	No	100.00	Yes	100.00	Yes	38.39	0.00	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	12.03	Yes	12.97	Yes	12.60	Yes	7.87	-2.86	Yes
Average LOS	2-<8	6.85	Yes	6.92	Yes	6.07	Yes	1.00	-12.30	Yes
% Begin Date = Admit Date	95-100	99.74	Yes	99.83	Yes	99.82	Yes	0.09	-0.01	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	99.91	Yes	99.97	Yes	100.00	Yes	0.06	0.03	Yes
Average Number of DX Codes (at least 1 DX)	>=2	5.43	Yes	7.25	Yes	6.90	Yes	33.39	-4.85	Yes
% Claims with PDX, where length=3	5-30	8.84	Yes	8.79	Yes	8.12	Yes	-0.57	-7.62	Yes
% Claims with PDX, where length=4	15-75	42.79	Yes	42.20	Yes	42.90	Yes	-1.37	1.67	Yes
% Claims with PDX, where length=5	25-70	48.37	Yes	48.95	Yes	48.97	Yes	1.20	0.04	Yes
% Claims with a procedure code	35-70	29.91	No	40.15	Yes	36.89	Yes	34.22	-8.11	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.25	Yes	2.16	Yes	2.19	Yes	-3.94	1.09	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	0.00	N/A	0.28	N/A	0.00	N/A	.	-100.00	No
% 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	100.00	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A

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