

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

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	20,538	N/A	20,797	N/A	20,857	N/A	1.26	0.29	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	20,537	N/A	20,797	N/A	20,857	N/A	1.27	0.29	Yes
	5-20	20.43	No	20.52	No	20.23	No	0.47	-1.43	Yes
% Crossover	N/A	11.54	N/A	19.59	N/A	5.29	N/A	69.75	-73.00	No
% Adjusted Claims	> 1%	94.18	Yes	87.14	Yes	88.50	Yes	-7.47	1.56	Yes
% Standard Adjustments	N/A	\$2,961	N/A	\$2,958	N/A	\$3,742	N/A	-0.09	26.52	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	16,342	N/A	16,529	N/A	16,638	N/A	1.14	0.66	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	\$3,555	Yes	\$3,604	Yes	\$3,834	Yes	1.37	6.39	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$877	N/A	\$850	N/A	\$908	N/A	-3.07	6.86	Yes
% Claims with TPL	>0 - 10	2.03	Yes	1.66	Yes	1.53	Yes	-18.40	-7.91	Yes
Aver. TPL Paid for claims with TPL	N/A	\$1,435	N/A	\$2,292	N/A	\$2,440	N/A	59.74	6.43	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.70	Yes	99.84	Yes	99.85	Yes	0.14	0.01	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.12	Yes	1.12	Yes	1.12	Yes	0.01	-0.34	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.62	Yes	99.68	Yes	99.77	Yes	0.06	0.09	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.90	Yes	8.99	Yes	8.91	Yes	1.06	-0.94	Yes
Average LOS	2-<8	3.26	Yes	3.45	Yes	3.43	Yes	5.85	-0.69	Yes
Average Covered Days (> 0 day)	2-<8	4.05	Yes	4.24	Yes	4.22	Yes	4.58	-0.44	Yes
% Begin Date = Admit Date	95-100	98.78	Yes	99.23	Yes	99.17	Yes	0.45	-0.06	Yes
% IP Claims (MAX TOS 01)	95-100	99.71	Yes	99.85	Yes	99.90	Yes	0.14	0.05	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.01	Yes	0.01	Yes	0.13	Yes	-1.13	943.10	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	4.09	Yes	4.22	Yes	4.30	Yes	3.00	2.05	Yes
% Claims with PDX, where length=3	5-30	5.62	Yes	5.48	Yes	4.96	No	-2.64	-9.44	Yes
% Claims with PDX, where length=4	15-75	21.37	Yes	20.96	Yes	19.46	Yes	-1.92	-7.17	Yes
% Claims with PDX, where length=5	25-70	73.01	No	73.57	No	75.59	No	0.77	2.74	Yes
% Claims with a procedure code	35-70	62.10	Yes	59.22	Yes	59.89	Yes	-4.64	1.14	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.15	Yes	2.19	Yes	2.22	Yes	2.03	1.12	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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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

2002-2004 MAX IP Validation Table
State: MT

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			
% 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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims Maternal Delivery Indicator	N/A	22.89	N/A	22.66	N/A	23.63	N/A	-1.00	4.31	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	23.33	N/A	23.53	N/A	24.92	N/A	0.87	5.88	Yes
Patient Status										
% Home	75-90	92.54	No	92.23	No	91.84	No	-0.34	-0.42	Yes
% Transferred	1-10	6.61	Yes	6.71	Yes	6.61	Yes	1.52	-1.46	Yes
% Still a Patient	>0 - 2	0.17	Yes	0.18	Yes	0.21	Yes	6.19	19.90	No
% Died	>0 - 3	0.69	Yes	0.87	Yes	0.85	Yes	26.23	-2.04	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	4,195	N/A	4,268	N/A	4,219	N/A	1.74	-1.15	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	\$764	N/A	\$888	N/A	\$889	N/A	16.26	0.12	Yes
% Claims with TPL	N/A	1.57	N/A	1.66	N/A	1.11	N/A	5.74	-33.00	No
Aver. TPL Paid -claims with TPL	N/A	\$417	N/A	\$865	N/A	\$331	N/A	107.40	-61.70	No
% Claims with UB-92 Accommodation Codes	95-100	99.95	Yes	99.98	Yes	99.95	Yes	0.02	-0.02	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.16	Yes	1.19	Yes	1.19	Yes	2.29	-0.31	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.98	Yes	100.00	Yes	100.00	Yes	0.02	0.00	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	12.23	Yes	12.38	Yes	12.36	Yes	1.18	-0.14	Yes
Average LOS	2-<8	3.88	Yes	4.08	Yes	3.65	Yes	5.00	-10.60	Yes
% Begin Date = Admit Date	95-100	99.67	Yes	99.67	Yes	99.76	Yes	0.01	0.09	Yes
% Claims with IP TOS	95-100	99.98	Yes	100.00	Yes	100.00	Yes	0.02	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	6.73	Yes	6.87	Yes	6.95	Yes	2.02	1.19	Yes
% Claims with PDX, where length=3	5-30	9.87	Yes	8.51	Yes	8.34	Yes	-13.80	-1.90	Yes
% Claims with PDX, where length=4	15-75	41.00	Yes	42.03	Yes	39.73	Yes	2.52	-5.49	Yes
% Claims with PDX, where length=5	25-70	49.13	Yes	49.46	Yes	51.93	Yes	0.67	5.00	Yes
% Claims with a procedure code	35-70	50.56	Yes	51.36	Yes	50.37	Yes	1.58	-1.93	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.31	Yes	2.29	Yes	2.31	Yes	-1.07	1.06	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	99.95	N/A	99.95	N/A	100.00	N/A	0.00	0.05	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	0.02	No	0.07	No	0.02	No	194.90	-66.30	No

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