

2002-2004 MAX IP Validation Table
State: WY

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	12,237	N/A	13,626	N/A	14,357	N/A	11.35	5.37	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	12,237	N/A	13,626	N/A	14,357	N/A	11.35	5.37	Yes
% Crossover	5-20	14.20	Yes	18.65	Yes	22.21	No	31.30	19.07	No
% Adjusted Claims	N/A	2.18	N/A	3.34	N/A	1.99	N/A	53.04	-40.60	No
% Standard Adjustments	> 1%	93.63	Yes	89.67	Yes	89.12	Yes	-4.23	-0.61	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$3,755	N/A	\$3,711	N/A	\$5,814	N/A	-1.16	56.67	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	10,499	N/A	11,085	N/A	11,169	N/A	5.58	0.76	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	\$3,736	Yes	\$4,004	Yes	\$4,466	Yes	7.19	11.53	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,162	N/A	\$1,259	N/A	\$1,295	N/A	8.33	2.85	Yes
% Claims with TPL	>0 - 10	3.43	Yes	2.90	Yes	2.71	Yes	-15.30	-6.61	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,062	N/A	\$1,472	N/A	\$2,332	N/A	-28.60	58.37	No
% Claims with UB-92 Accommodation Codes	95-100	99.74	Yes	99.91	Yes	99.83	Yes	0.17	-0.08	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.07	Yes	1.07	Yes	1.07	Yes	0.30	0.35	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.81	Yes	99.85	Yes	99.67	Yes	0.04	-0.18	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.81	Yes	7.96	Yes	8.19	Yes	1.96	2.86	Yes
Average LOS	2-<8	3.20	Yes	3.17	Yes	3.44	Yes	-1.02	8.63	Yes
Average Covered Days (> 0 day)	2-<8	3.22	Yes	3.18	Yes	3.45	Yes	-1.05	8.44	Yes
% Begin Date = Admit Date	95-100	99.81	Yes	99.83	Yes	99.70	Yes	0.02	-0.13	Yes
% IP Claims (MAX TOS 01)	95-100	96.86	Yes	96.46	Yes	96.70	Yes	-0.41	0.24	Yes
% Family Planning Claims (pgm type=2)	>0-5	3.12	Yes	3.54	Yes	3.30	Yes	13.19	-6.58	Yes
% 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	3.52	Yes	3.54	Yes	3.71	Yes	0.43	4.89	Yes
% Claims with PDX, where length=3	5-30	5.65	Yes	5.89	Yes	5.61	Yes	4.30	-4.70	Yes
% Claims with PDX, where length=4	15-75	18.34	Yes	18.11	Yes	17.97	Yes	-1.25	-0.80	Yes
% Claims with PDX, where length=5	25-70	76.01	No	75.99	No	76.42	No	-0.02	0.56	Yes
% Claims with a procedure code	35-70	57.48	Yes	59.10	Yes	58.82	Yes	2.81	-0.46	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.97	Yes	1.99	Yes	2.01	Yes	0.94	0.78	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	99.97	N/A	100.00	N/A	-0.03	0.03	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	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	26.65	N/A	27.49	N/A	26.90	N/A	3.14	-2.15	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	29.07	N/A	29.53	N/A	28.10	N/A	1.57	-4.85	Yes
Patient Status										
% Home	75-90	92.10	No	92.48	No	91.93	No	0.40	-0.59	Yes
% Transferred	1-10	6.21	Yes	5.72	Yes	6.72	Yes	-7.90	17.41	No
% Still a Patient	>0 - 2	1.13	Yes	1.31	Yes	0.81	Yes	15.41	-37.70	No
% Died	>0 - 3	0.55	Yes	0.50	Yes	0.54	Yes	-10.20	8.27	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	1,738	N/A	2,541	N/A	3,188	N/A	46.20	25.46	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	\$826	N/A	\$662	N/A	\$606	N/A	-19.80	-8.52	Yes
% Claims with TPL	N/A	1.73	N/A	1.38	N/A	1.22	N/A	-20.20	-11.20	Yes
Aver. TPL Paid -claims with TPL	N/A	\$1,241	N/A	\$1,149	N/A	\$327	N/A	-7.41	-71.60	No
% Claims with UB-92 Accommodation Codes	95-100	98.68	Yes	73.16	No	60.73	No	-25.90	-17.00	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.00	No	1.00	No	1.00	Yes	0.00	0.05	Yes
% Claims with UB-92 Ancillary Codes	95-100	1.27	No	27.04	No	39.52	No	2,036.00	46.18	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	1.00	No	1.06	No	1.10	No	6.26	3.60	Yes
Average LOS	2-<8	4.84	Yes	9.44	No	12.09	No	95.15	28.05	No
% Begin Date = Admit Date	95-100	97.70	Yes	79.93	No	71.11	No	-18.20	-11.00	Yes
% Claims with IP TOS	95-100	99.94	Yes	100.00	Yes	100.00	Yes	0.06	0.00	Yes
% Claims with DX	98-100	100.00	Yes	99.92	Yes	99.94	Yes	-0.08	0.02	Yes
Average Number of DX Codes (at least 1 DX)	>=2	6.91	Yes	6.16	Yes	6.06	Yes	-10.80	-1.72	Yes
% Claims with PDX, where length=3	5-30	10.07	Yes	11.26	Yes	10.80	Yes	11.87	-4.15	Yes
% Claims with PDX, where length=4	15-75	41.54	Yes	43.72	Yes	44.38	Yes	5.24	1.52	Yes
% Claims with PDX, where length=5	25-70	48.39	Yes	44.98	Yes	44.82	Yes	-7.05	-0.35	Yes
% Claims with a procedure code	35-70	0.00	No	0.00	No	0.00	No	.	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	Yes	.	Yes	.	Yes	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% 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	.	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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