

1999-2001 MAX IP Validation Table
State: AZ

Measure	Expected Range	1999		2000		2001		% Change 1999-2000	% Change 2000-2001	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	117,961	N/A	124,765	N/A	150,121	N/A	5.77	20.32	No
	N/A	76.52	N/A	74.43	N/A	77.14	N/A	-2.73	3.63	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total Supplemental Claims	N/A	27,695	N/A	31,901	N/A	34,325	N/A	15.19	7.60	Yes
% Supplemental Claims	5-20	6.72	Yes	8.79	Yes	6.69	Yes	30.78	-23.86	No
% Crossover	N/A	7.94	N/A	21.77	N/A	11.62	N/A	174.06	-46.61	No
% Adjusted Claims	> 1%	.	Yes	60.89	Yes	29.75	Yes	N/A	-51.14	No
% Standard Adjustments	N/A	\$4,295	N/A	\$3,722	N/A	\$4,026	N/A	-13.34	8.18	Yes
Aver. Amt. Pd Adjust. (include \$5000 - \$7000)										
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	25,833	N/A	29,096	N/A	32,027	N/A	12.63	10.07	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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$3,132	Yes	\$3,315	Yes	\$3,498	Yes	5.84	5.54	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,012	N/A	\$1,096	N/A	\$1,182	N/A	8.32	7.90	Yes
% Claims with TPL	>0 - 10	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with UB-92 Accommodation Codes	95-100	99.94	Yes	99.93	Yes	99.93	Yes	0.00	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.13	Yes	1.14	Yes	0.30	0.98	Yes
% Claims with UB-92 Ancillary Codes	95-100	68.99	No	72.04	No	72.57	No	4.41	0.74	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.49	Yes	9.71	Yes	9.99	Yes	2.33	2.95	Yes
Average LOS	2-<8	3.03	Yes	2.97	Yes	2.95	Yes	-2.08	-0.51	Yes
Average Covered Days (> 0 day)	2-<8	3.10	Yes	3.02	Yes	2.96	Yes	-2.31	-2.23	Yes
% Begin Date = Admit Date	95-100	99.33	Yes	99.14	Yes	99.17	Yes	-0.20	0.03	Yes
% IP Claims (MAX TOS 01)	95-100	99.52	Yes	99.67	Yes	99.91	Yes	0.15	0.24	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.08	Yes	0.04	Yes	0.00	No	-46.73	-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	3.61	Yes	3.80	Yes	4.03	Yes	5.28	6.04	Yes
% Claims with PDX, where length=3	5-30	10.95	Yes	10.10	Yes	9.54	Yes	-7.76	-5.60	Yes
% Claims with PDX, where length=4	15-75	15.55	Yes	14.01	No	14.32	No	-9.91	2.17	Yes
% Claims with PDX, where length=5	25-70	73.49	No	75.88	No	76.15	No	3.25	0.35	Yes
% Claims with a procedure code	35-70	69.60	Yes	73.93	No	76.60	No	6.22	3.61	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.97	Yes	1.96	Yes	1.93	Yes	-0.52	-1.62	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	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	99.47	N/A	99.94	N/A	99.96	N/A	0.48	0.02	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	N/A	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	99.46	N/A	99.94	N/A	100.00	N/A	0.49	0.05	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims Maternal Delivery Indicator	N/A	49.67	N/A	52.20	N/A	53.35	N/A	5.09	2.20	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	10.40	N/A	10.31	N/A	9.62	N/A	-0.84	-6.76	Yes
Patient Status										
% Home	75-90	94.79	No	95.89	No	95.54	No	1.16	-0.36	Yes
% Transferred	1-10	3.86	Yes	3.16	Yes	3.29	Yes	-18.08	4.10	Yes
% Still a Patient	>0 - 2	0.77	Yes	0.53	Yes	0.66	Yes	-31.74	24.69	No
% Died	>0 - 3	0.58	Yes	0.42	Yes	0.52	Yes	-27.20	21.87	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	1,862	N/A	2,805	N/A	2,298	N/A	50.64	-18.07	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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$858	N/A	\$861	N/A	\$913	N/A	0.37	5.98	Yes
% Claims with TPL	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with UB-92 Accommodation Codes	95-100	97.53	Yes	91.98	No	90.64	No	-5.69	-1.45	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.14	Yes	1.14	Yes	1.16	Yes	-0.27	2.04	Yes
% Claims with UB-92 Ancillary Codes	95-100	63.59	No	70.80	No	65.84	No	11.35	-7.01	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	13.12	Yes	11.84	Yes	11.80	Yes	-9.77	-0.34	Yes
Average LOS	2-<8	5.85	Yes	5.40	Yes	5.43	Yes	-7.69	0.61	Yes
% Begin Date = Admit Date	95-100	99.03	Yes	99.18	Yes	98.61	Yes	0.15	-0.58	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	99.96	Yes	0.00	-0.04	Yes
% Claims with DX	98-100	100.00	Yes	99.93	Yes	100.00	Yes	-0.07	0.07	Yes
Average Number of DX Codes (at least 1 DX)	>=2	5.50	Yes	5.70	Yes	6.01	Yes	3.71	5.45	Yes
% Claims with PDX, where length=3	5-30	14.07	Yes	10.99	Yes	11.75	Yes	-21.91	6.93	Yes
% Claims with PDX, where length=4	15-75	39.31	Yes	41.88	Yes	41.64	Yes	6.54	-0.57	Yes
% Claims with PDX, where length=5	25-70	46.62	Yes	47.13	Yes	46.61	Yes	1.10	-1.11	Yes
% Claims with a procedure code	35-70	61.76	Yes	62.75	Yes	64.10	Yes	1.59	2.16	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.79	Yes	2.64	Yes	2.61	Yes	-5.38	-0.98	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	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	97.13	N/A	92.39	N/A	92.06	N/A	-4.88	-0.36	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	0.00	N/A	0.00	N/A	.	N/A	N/A	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	97.13	N/A	92.39	N/A	100.00	N/A	-4.88	8.24	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A

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