

1999-2001 MAX IP Validation Table
State: MA

| 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 | 112,715 | N/A | 115,582 | N/A | 122,356 | N/A | 2.54 | 5.86 | Yes |
| | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Encounter Claims * | N/A | 0 | N/A | 0 | N/A | 0 | N/A | N/A | N/A | N/A |
| Total IP Claims | N/A | 112,715 | N/A | 115,582 | N/A | 122,356 | N/A | 2.54 | 5.86 | Yes |
| % Supplemental Claims | 5-20 | 35.32 | No | 33.94 | No | 37.02 | No | -3.92 | 9.08 | Yes |
| % Crossover | N/A | 0.44 | N/A | 2.74 | N/A | 0.22 | N/A | 527.14 | -91.88 | No |
| % Adjusted Claims | > 1% | . | Yes | 42.73 | Yes | 78.68 | Yes | N/A | 84.12 | No |
| % Standard Adjustments | N/A | \$8,247 | N/A | \$3,580 | N/A | \$7,166 | N/A | -56.59 | 100.16 | No |
| Aver. Amt. Pd Adjust. (include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0) | | | | | | | | | | |
| Total Number of Claims | N/A | 72,903 | N/A | 76,359 | N/A | 77,065 | N/A | 4.74 | 0.92 | 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 | \$4,890 | Yes | \$5,056 | Yes | \$5,286 | Yes | 3.40 | 4.55 | Yes |
| Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims) | N/A | \$1,097 | N/A | \$1,137 | N/A | \$1,158 | N/A | 3.62 | 1.83 | Yes |
| % Claims with TPL | >0 - 10 | 0.43 | Yes | 0.32 | Yes | 0.61 | Yes | -25.37 | 87.34 | No |
| Aver. TPL Paid for claims with TPL | N/A | \$1,311 | N/A | \$1,793 | N/A | \$1,779 | N/A | 36.71 | -0.75 | Yes |
| | | | | | | | | | | |
| % Claims with UB-92 Accommodation Codes | 95-100 | 99.83 | Yes | 99.93 | Yes | 99.90 | Yes | 0.09 | -0.03 | Yes |
| Average # UB-92 Accom. Codes (at least 1 accom code) | >1 | 1.11 | Yes | 1.11 | Yes | 1.12 | Yes | 0.35 | 0.38 | Yes |
| % Claims with UB-92 Ancillary Codes | 95-100 | 99.18 | Yes | 99.62 | Yes | 99.60 | Yes | 0.44 | -0.02 | Yes |
| Average # UB-92 Ancillary Codes (at least 1 Ancillary code) | >3 | 7.29 | Yes | 7.42 | Yes | 7.78 | Yes | 1.75 | 4.81 | Yes |
| Average LOS | 2-<8 | 4.46 | Yes | 4.45 | Yes | 4.57 | Yes | -0.19 | 2.66 | Yes |
| Average Covered Days (> 0 day) | 2-<8 | 4.46 | Yes | 4.45 | Yes | 4.57 | Yes | -0.26 | 2.68 | Yes |
| % Begin Date = Admit Date | 95-100 | 99.11 | Yes | 99.11 | Yes | 99.09 | Yes | 0.01 | -0.02 | Yes |
| % IP Claims (MAX TOS 01) | 95-100 | 98.90 | Yes | 98.93 | Yes | 98.78 | Yes | 0.03 | -0.16 | Yes |
| % Family Planning Claims (pgm type=2) | >0-5 | 1.34 | Yes | 1.33 | Yes | 1.52 | Yes | -1.31 | 14.54 | 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 | 3.27 | Yes | 3.38 | Yes | 3.43 | Yes | 3.34 | 1.39 | Yes |
| % Claims with PDX, where length=3 | 5-30 | 6.85 | Yes | 6.14 | Yes | 5.92 | Yes | -10.34 | -3.64 | Yes |
| % Claims with PDX, where length=4 | 15-75 | 24.74 | Yes | 24.41 | Yes | 24.97 | Yes | -1.35 | 2.30 | Yes |
| % Claims with PDX, where length=5 | 25-70 | 68.40 | Yes | 69.44 | Yes | 69.11 | Yes | 1.52 | -0.49 | Yes |
| % Claims with a procedure code | 35-70 | 62.75 | Yes | 65.54 | Yes | 64.68 | Yes | 4.46 | -1.32 | Yes |
| Average Number of Procedures for claims with at least 1 procedure code | >1 | 1.78 | Yes | 1.79 | Yes | 1.80 | Yes | 0.87 | 0.50 | 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 | 99.99 | N/A | 100.00 | N/A | 100.00 | N/A | 0.01 | 0.00 | 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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|--|----------------|--------|--------------|---------|--------------|--------|--------------|--------------------|--------------------|--|
| | | 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 | N/A |
| % Claims with DRG | >=90 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | N/A |
| % Claims Maternal Delivery Indicator | N/A | 20.95 | N/A | 21.13 | N/A | 20.42 | N/A | 0.86 | -3.34 | Yes |
| % Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID) | N/A | 22.76 | N/A | 22.74 | N/A | 21.93 | N/A | -0.08 | -3.57 | Yes |
| Patient Status | | | | | | | | | | |
| % Home | 75-90 | 81.46 | Yes | 81.44 | Yes | 79.83 | Yes | -0.02 | -1.98 | Yes |
| % Transferred | 1-10 | 16.89 | No | 16.91 | No | 18.45 | No | 0.17 | 9.11 | Yes |
| % Still a Patient | >0 - 2 | 0.70 | Yes | 0.72 | Yes | 0.77 | Yes | 2.19 | 7.58 | Yes |
| % Died | >0 - 3 | 0.95 | Yes | 0.93 | Yes | 0.94 | Yes | -2.88 | 1.75 | Yes |
| FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1) | | | | | | | | | | |
| Total Number of Claims | N/A | 39,812 | N/A | 39,223 | N/A | 45,291 | N/A | -1.48 | 15.47 | 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 | \$777 | N/A | \$841 | N/A | \$822 | N/A | 8.29 | -2.21 | Yes |
| % Claims with TPL | N/A | 0.06 | N/A | 0.05 | N/A | 0.06 | N/A | -18.80 | 16.91 | No |
| Aver. TPL Paid -claims with TPL | N/A | \$840 | N/A | \$1,539 | N/A | \$644 | N/A | 83.09 | -58.12 | No |
| % Claims with UB-92 Accommodation Codes | 95-100 | 0.06 | No | 0.10 | No | 0.09 | No | 73.40 | -9.17 | Yes |
| Average # UB-92 Accom. Codes (at least 1 accom code) | >1 | 1.25 | Yes | 1.15 | Yes | 1.16 | Yes | -8.29 | 1.43 | Yes |
| % Claims with UB-92 Ancillary Codes | 95-100 | 0.06 | No | 0.10 | No | 0.09 | No | 67.70 | -11.12 | Yes |
| Average # UB-92 Ancillary Codes (at least 1 Ancillary code) | >3 | 6.35 | Yes | 4.47 | Yes | 5.05 | Yes | -29.52 | 12.91 | Yes |
| Average LOS | 2-<8 | 5.91 | Yes | 5.89 | Yes | 5.99 | Yes | -0.32 | 1.84 | Yes |
| % Begin Date = Admit Date | 95-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | 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 | 84.27 | No | 79.53 | No | 83.52 | No | -5.63 | 5.02 | Yes |
| Average Number of DX Codes (at least 1 DX) | >=2 | 1.00 | No | 1.00 | No | 1.01 | No | 0.22 | 0.08 | Yes |
| % Claims with PDX, where length=3 | 5-30 | 8.95 | Yes | 7.84 | Yes | 7.51 | Yes | -12.34 | -4.26 | Yes |
| % Claims with PDX, where length=4 | 15-75 | 40.79 | Yes | 39.74 | Yes | 39.77 | Yes | -2.58 | 0.08 | Yes |
| % Claims with PDX, where length=5 | 25-70 | 50.27 | Yes | 52.42 | Yes | 52.73 | Yes | 4.29 | 0.58 | Yes |
| % Claims with a procedure code | 35-70 | 39.05 | Yes | 35.50 | Yes | 38.60 | Yes | -9.11 | 8.75 | Yes |
| Average Number of Procedures for claims with at least 1 procedure code | >1 | 1.00 | Yes | 1.00 | Yes | 1.00 | Yes | -0.09 | 0.14 | 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 | 0.09 | N/A | 0.06 | N/A | 0.07 | N/A | -28.21 | 15.03 | 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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|--|----------------|-------|--------------|-------|--------------|--------|--------------|--------------------|----------------------|--|
| | | 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 | 0.09 | N/A | 0.06 | N/A | 100.00 | N/A | -28.21 | 154,600.00 | N/A |
| % Claims with DRG | >=90 | 0.05 | No | 0.09 | No | 0.09 | No | 97.66 | -8.72 | N/A |

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