

1999-2001 MAX IP Validation Table
State: WI

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	59,407	N/A	91,638	N/A	101,625	N/A	54.25	10.90	Yes
	N/A	0.00	N/A	28.90	N/A	33.72	N/A	N/A	16.70	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total FFS Claims	N/A	59,407	N/A	65,158	N/A	67,356	N/A	9.68	3.37	Yes
% Supplemental Claims	5-20	40.96	No	37.99	No	37.85	No	-7.25	-0.37	Yes
% Crossover	N/A	35.04	N/A	35.06	N/A	30.22	N/A	0.08	-13.81	Yes
% Adjusted Claims	> 1%	.	Yes	96.46	Yes	97.03	Yes	N/A	0.59	Yes
% Standard Adjustments	N/A	\$5,913	N/A	\$5,298	N/A	\$5,532	N/A	-10.41	4.43	Yes
Aver. Amt. Pd Adjust. (include \$0) FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	35,076	N/A	40,407	N/A	41,865	N/A	15.20	3.61	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	\$5,594	Yes	\$5,243	Yes	\$5,315	Yes	-6.29	1.39	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,100	N/A	\$1,083	N/A	\$1,109	N/A	-1.52	2.44	Yes
% Claims with TPL	>0 - 10	3.00	Yes	2.49	Yes	2.29	Yes	-16.99	-7.80	Yes
Aver. TPL Paid for claims with TPL	N/A	\$2,366	N/A	\$3,192	N/A	\$2,834	N/A	34.89	-11.21	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.68	Yes	99.63	Yes	99.74	Yes	-0.05	0.11	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.09	Yes	1.09	Yes	-0.62	-0.23	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.43	Yes	99.24	Yes	99.80	Yes	-0.19	0.56	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.56	Yes	9.42	Yes	9.38	Yes	-1.41	-0.48	Yes
Average LOS	2-<8	4.93	Yes	4.78	Yes	4.79	Yes	-3.11	0.40	Yes
Average Covered Days (> 0 day)	2-<8	5.07	Yes	4.83	Yes	4.78	Yes	-4.81	-0.92	Yes
% Begin Date = Admit Date	95-100	99.93	Yes	99.89	Yes	99.88	Yes	-0.04	-0.02	Yes
% IP Claims (MAX TOS 01)	95-100	99.70	Yes	99.53	Yes	99.60	Yes	-0.17	0.07	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% 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	4.55	Yes	4.47	Yes	4.61	Yes	-1.74	3.08	Yes
% Claims with PDX, where length=3	5-30	5.82	Yes	5.78	Yes	5.32	Yes	-0.70	-8.03	Yes
% Claims with PDX, where length=4	15-75	27.14	Yes	25.04	Yes	25.47	Yes	-7.75	1.73	Yes
% Claims with PDX, where length=5	25-70	67.03	Yes	69.18	Yes	69.21	Yes	3.20	0.05	Yes
% Claims with a procedure code	35-70	53.15	Yes	54.82	Yes	53.60	Yes	3.14	-2.23	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.96	Yes	1.97	Yes	2.02	Yes	0.29	2.59	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	99.72	N/A	99.72	N/A	99.82	N/A	-0.01	0.10	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	99.70	N/A	99.64	N/A	98.99	N/A	-0.06	-0.65	N/A
% Claims with DRG	>=90	99.70	Yes	99.71	Yes	99.66	Yes	0.00	-0.04	N/A
% Claims Maternal Delivery Indicator	N/A	13.30	N/A	15.85	N/A	15.60	N/A	19.20	-1.63	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	16.47	N/A	19.09	N/A	19.37	N/A	15.91	1.48	Yes
Patient Status										
% Home	75-90	84.79	Yes	86.49	Yes	86.58	Yes	2.00	0.11	Yes
% Transferred	1-10	14.00	No	12.29	No	12.26	No	-12.19	-0.30	Yes
% Still a Patient	>0 - 2	0.06	Yes	0.08	Yes	0.08	Yes	22.32	5.86	Yes
% Died	>0 - 3	1.15	Yes	1.15	Yes	1.08	Yes	-0.52	-5.78	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	24,331	N/A	24,751	N/A	25,491	N/A	1.73	2.99	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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$801	N/A	\$830	N/A	\$888	N/A	3.66	6.96	Yes
% Claims with TPL	N/A	0.90	N/A	0.77	N/A	0.67	N/A	-14.32	-12.61	Yes
Aver. TPL Paid -claims with TPL	N/A	\$437	N/A	\$447	N/A	\$494	N/A	2.26	10.44	Yes
% Claims with UB-92 Accommodation Codes	95-100	0.04	No	0.13	No	0.09	No	249.52	-30.21	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.11	Yes	1.13	Yes	1.30	Yes	1.25	15.94	No
% Claims with UB-92 Ancillary Codes	95-100	0.03	No	0.13	No	0.09	No	305.50	-32.33	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.63	Yes	12.06	Yes	10.52	Yes	13.51	-12.76	Yes
Average LOS	2-<8	5.49	Yes	5.31	Yes	5.47	Yes	-3.15	2.94	Yes
% Begin Date = Admit Date	95-100	99.79	Yes	99.85	Yes	99.80	Yes	0.06	-0.04	Yes
% Claims with IP TOS	95-100	99.96	Yes	99.95	Yes	99.95	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	6.61	Yes	6.71	Yes	6.88	Yes	1.49	2.50	Yes
% Claims with PDX, where length=3	5-30	9.49	Yes	9.01	Yes	8.58	Yes	-5.06	-4.77	Yes
% Claims with PDX, where length=4	15-75	41.52	Yes	41.13	Yes	41.20	Yes	-0.95	0.17	Yes
% Claims with PDX, where length=5	25-70	48.98	Yes	49.86	Yes	50.22	Yes	1.78	0.72	Yes
% Claims with a procedure code	35-70	0.02	No	0.09	No	0.04	No	332.53	-60.28	No
Average Number of Procedures for claims with at least 1 procedure code	>1	2.80	Yes	2.36	Yes	1.67	Yes	-15.58	-29.49	No
% 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	80.00	N/A	95.45	N/A	100.00	N/A	19.32	4.76	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	80.00	N/A	95.45	N/A	100.00	N/A	19.32	4.76	N/A
% Claims with DRG	>=90	0.01	No	0.02	No	0.02	No	63.84	-2.90	N/A

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