

1999-2001 MAX IP Validation Table
State: DC

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	24,521	N/A	24,287	N/A	25,252	N/A	-0.95	3.97	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 Supplemental Claims	N/A	24,521	N/A	24,287	N/A	25,252	N/A	-0.95	3.97	Yes
% Supplemental Claims	5-20	25.31	No	28.89	No	28.30	No	14.12	-2.03	Yes
% Crossover	N/A	0.47	N/A	41.82	N/A	32.29	N/A	8,816.39	-22.77	No
% Adjusted Claims	> 1%	.	Yes	99.60	Yes	94.97	Yes	N/A	-4.64	Yes
% Standard Adjustments	N/A	\$11,637	N/A	\$9,913	N/A	\$12,014	N/A	-14.81	21.20	No
Aver. Amt. Pd Adjust. (include \$0) Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	18,314	N/A	17,271	N/A	18,105	N/A	-5.70	4.83	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	\$9,471	No	\$10,022	No	\$10,930	No	5.82	9.06	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,227	N/A	\$1,276	N/A	\$1,460	N/A	4.05	14.38	Yes
% Claims with TPL	>0 - 10	0.00	No	0.00	No	0.01	Yes	N/A	N/A	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	\$654	N/A	N/A	N/A	N/A
% Claims with UB-92 Accommodation Codes	95-100	89.89	No	90.84	No	90.62	No	1.05	-0.24	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.14	Yes	1.16	Yes	1.17	Yes	1.34	0.70	Yes
% Claims with UB-92 Ancillary Codes	95-100	98.51	Yes	98.38	Yes	97.35	Yes	-0.13	-1.04	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.58	Yes	9.83	Yes	10.41	Yes	2.70	5.86	Yes
Average LOS	2-<8	7.69	Yes	7.83	Yes	7.43	Yes	1.74	-5.03	Yes
Average Covered Days (> 0 day)	2-<8	7.73	Yes	7.86	Yes	7.49	Yes	1.64	-4.67	Yes
% Begin Date = Admit Date	95-100	99.10	Yes	99.21	Yes	98.96	Yes	0.11	-0.25	Yes
% IP Claims (MAX TOS 01)	95-100	99.75	Yes	99.68	Yes	99.83	Yes	-0.07	0.16	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.25	Yes	0.37	Yes	0.17	Yes	50.81	-53.79	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	4.41	Yes	4.57	Yes	4.63	Yes	3.75	1.32	Yes
% Claims with PDX, where length=3	5-30	11.25	Yes	10.72	Yes	10.27	Yes	-4.71	-4.25	Yes
% Claims with PDX, where length=4	15-75	31.56	Yes	32.04	Yes	32.68	Yes	1.51	2.00	Yes
% Claims with PDX, where length=5	25-70	57.19	Yes	57.24	Yes	57.06	Yes	0.10	-0.32	Yes
% Claims with a procedure code	35-70	58.06	Yes	56.69	Yes	56.29	Yes	-2.37	-0.71	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	3.06	Yes	3.17	Yes	3.17	Yes	3.71	-0.05	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	17.27	N/A	15.90	N/A	19.24	N/A	-7.89	21.00	No
% Claims with Procedures that have ICD-9 Indicator	N/A	82.00	N/A	83.87	N/A	80.26	N/A	2.28	-4.31	N/A
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	17.27	N/A	15.90	N/A	100.00	N/A	-7.89	528.84	No

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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	82.00	N/A	83.87	N/A	100.00	N/A	2.28	19.23	N/A
% Claims with DRG	>=90	69.07	No	69.71	No	76.54	No	0.93	9.80	N/A
% Claims Maternal Delivery Indicator	N/A	7.63	N/A	7.57	N/A	6.34	N/A	-0.79	-16.21	No
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	8.00	N/A	7.46	N/A	6.51	N/A	-6.70	-12.75	Yes
Patient Status										
% Home	75-90	88.03	Yes	87.36	Yes	84.64	Yes	-0.76	-3.11	Yes
% Transferred	1-10	7.98	Yes	8.28	Yes	9.19	Yes	3.72	11.00	Yes
% Still a Patient	>0 - 2	1.89	Yes	2.16	No	3.94	No	13.98	82.35	No
% Died	>0 - 3	2.09	Yes	2.20	Yes	2.23	Yes	5.21	1.42	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	6,207	N/A	7,016	N/A	7,147	N/A	13.03	1.87	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	\$1,056	N/A	\$1,044	N/A	\$1,287	N/A	-1.19	23.29	No
% Claims with TPL	N/A	0.00	N/A	0.00	N/A	0.01	N/A	N/A	N/A	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	\$1,662	N/A	N/A	N/A	N/A
% Claims with UB-92 Accommodation Codes	95-100	0.61	No	0.56	No	0.81	No	-9.20	45.99	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.18	Yes	1.05	Yes	4.23	-10.83	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.60	No	0.56	No	8.06	No	-6.75	1,349.85	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.27	Yes	6.59	Yes	1.59	No	-9.36	-75.81	No
Average LOS	2-<8	7.49	Yes	7.07	Yes	7.54	Yes	-5.66	6.72	Yes
% Begin Date = Admit Date	95-100	100.00	Yes	100.00	Yes	95.41	Yes	0.00	-4.59	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	2.84	No	13.48	No	10.38	No	375.52	-23.00	No
Average Number of DX Codes (at least 1 DX)	>=2	4.14	Yes	5.41	Yes	6.20	Yes	30.72	14.52	Yes
% Claims with PDX, where length=3	5-30	7.95	Yes	8.35	Yes	6.20	Yes	4.98	-25.76	No
% Claims with PDX, where length=4	15-75	46.02	Yes	46.93	Yes	45.55	Yes	1.98	-2.94	Yes
% Claims with PDX, where length=5	25-70	46.02	Yes	44.71	Yes	48.25	Yes	-2.84	7.90	Yes
% Claims with a procedure code	35-70	0.37	No	0.31	No	0.27	No	-15.38	-15.22	No
Average Number of Procedures for claims with at least 1 procedure code	>1	3.91	Yes	4.05	Yes	4.32	Yes	3.38	6.68	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	31.58	N/A	N/A	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	68.42	N/A	0.00	-31.58	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	100.00	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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A
% Claims with DRG	>=90	0.23	No	0.36	No	0.25	No	57.98	-29.32	N/A

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