

1999-2001 MAX IP Validation Table
State: PA

| 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 | 123,082 | N/A | 116,903 | N/A | 122,621 | N/A | -5.02 | 4.89 | 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 | 123,082 | N/A | 116,903 | N/A | 122,621 | N/A | -5.02 | 4.89 | Yes |
| % Supplemental Claims | 5-20 | 23.99 | No | 24.81 | No | 24.41 | No | 3.44 | -1.61 | Yes |
| % Crossover | N/A | 0.67 | N/A | 31.64 | N/A | 1.01 | N/A | 4,592.57 | -96.79 | No |
| % Adjusted Claims | > 1% | . | Yes | 98.57 | Yes | 96.22 | Yes | N/A | -2.38 | Yes |
| % Standard Adjustments | N/A | \$11,657 | N/A | \$3,057 | N/A | \$7,768 | N/A | -73.78 | 154.15 | No |
| Aver. Amt. Pd Adjust. (include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0) | | | | | | | | | | |
| Total Number of Claims | N/A | 93,556 | N/A | 87,894 | N/A | 92,684 | N/A | -6.05 | 5.45 | 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 | \$3,893 | Yes | \$3,976 | Yes | \$4,081 | Yes | 2.13 | 2.64 | Yes |
| Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims) | N/A | \$813 | N/A | \$835 | N/A | \$875 | N/A | 2.65 | 4.84 | Yes |
| % Claims with TPL | >0 - 10 | 0.65 | Yes | 0.73 | Yes | 0.65 | Yes | 12.23 | -10.35 | Yes |
| Aver. TPL Paid for claims with TPL | N/A | \$3,248 | N/A | \$4,961 | N/A | \$4,278 | N/A | 52.74 | -13.77 | Yes |
| | | | | | | | | | | |
| % Claims with UB-92 Accommodation Codes | 95-100 | 98.58 | Yes | 98.35 | Yes | 98.57 | Yes | -0.23 | 0.22 | Yes |
| Average # UB-92 Accom. Codes (at least 1 accom code) | >1 | 1.10 | Yes | 1.10 | Yes | 1.10 | Yes | -0.14 | -0.08 | Yes |
| % Claims with UB-92 Ancillary Codes | 95-100 | 98.38 | Yes | 98.18 | Yes | 98.44 | Yes | -0.20 | 0.26 | Yes |
| Average # UB-92 Ancillary Codes (at least 1 Ancillary code) | >3 | 8.08 | Yes | 8.21 | Yes | 8.35 | Yes | 1.64 | 1.76 | Yes |
| Average LOS | 2-<8 | 4.82 | Yes | 4.76 | Yes | 4.71 | Yes | -1.06 | -1.24 | Yes |
| Average Covered Days (> 0 day) | 2-<8 | 4.85 | Yes | 4.83 | Yes | 4.73 | Yes | -0.37 | -2.21 | Yes |
| % Begin Date = Admit Date | 95-100 | 98.21 | Yes | 98.24 | Yes | 98.32 | Yes | 0.03 | 0.08 | Yes |
| % IP Claims (MAX TOS 01) | 95-100 | 97.31 | Yes | 97.18 | Yes | 97.41 | Yes | -0.13 | 0.24 | Yes |
| % Family Planning Claims (pgm type=2) | >0-5 | 1.48 | Yes | 1.68 | Yes | 1.53 | Yes | 13.20 | -8.52 | 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 | 3.84 | Yes | 4.02 | Yes | 4.13 | Yes | 4.50 | 2.77 | Yes |
| % Claims with PDX, where length=3 | 5-30 | 7.30 | Yes | 6.74 | Yes | 6.38 | Yes | -7.60 | -5.46 | Yes |
| % Claims with PDX, where length=4 | 15-75 | 24.29 | Yes | 23.56 | Yes | 23.86 | Yes | -3.02 | 1.29 | Yes |
| % Claims with PDX, where length=5 | 25-70 | 68.41 | Yes | 69.70 | Yes | 69.76 | Yes | 1.88 | 0.09 | Yes |
| % Claims with a procedure code | 35-70 | 51.27 | Yes | 52.40 | Yes | 52.84 | Yes | 2.21 | 0.85 | Yes |
| Average Number of Procedures for claims with at least 1 procedure code | >1 | 2.00 | Yes | 2.03 | Yes | 2.02 | Yes | 1.31 | -0.05 | 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 | 100.00 | N/A | 99.99 | N/A | 100.00 | N/A | 0.00 | 0.01 | 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 | 100.00 | N/A | 99.99 | N/A | 100.00 | N/A | -0.01 | 0.01 | N/A |
| % Claims with DRG | >=90 | 82.83 | No | 83.63 | No | 84.02 | No | 0.97 | 0.46 | N/A |
| % Claims Maternal Delivery Indicator | N/A | 18.12 | N/A | 18.82 | N/A | 18.43 | N/A | 3.89 | -2.07 | Yes |
| % Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID) | N/A | 17.95 | N/A | 18.53 | N/A | 18.52 | N/A | 3.23 | -0.07 | Yes |
| Patient Status | | | | | | | | | | |
| % Home | 75-90 | 88.31 | Yes | 87.99 | Yes | 88.16 | Yes | -0.36 | 0.19 | Yes |
| % Transferred | 1-10 | 9.12 | Yes | 9.13 | Yes | 9.18 | Yes | 0.14 | 0.48 | Yes |
| % Still a Patient | >0 - 2 | 0.20 | Yes | 0.30 | Yes | 0.30 | Yes | 50.51 | -1.20 | Yes |
| % Died | >0 - 3 | 0.96 | Yes | 1.01 | Yes | 0.95 | Yes | 5.97 | -6.13 | Yes |
| FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1) | | | | | | | | | | |
| Total Number of Claims | N/A | 29,526 | N/A | 29,009 | N/A | 29,937 | N/A | -1.75 | 3.20 | 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 | \$827 | N/A | \$858 | N/A | \$866 | N/A | 3.75 | 0.90 | Yes |
| % Claims with TPL | N/A | 0.32 | N/A | 0.45 | N/A | 0.43 | N/A | 40.35 | -4.58 | Yes |
| Aver. TPL Paid -claims with TPL | N/A | \$543 | N/A | \$418 | N/A | \$430 | N/A | -23.06 | 2.92 | Yes |
| % Claims with UB-92 Accommodation Codes | 95-100 | 99.93 | Yes | 99.61 | Yes | 99.97 | Yes | -0.32 | 0.36 | Yes |
| Average # UB-92 Accom. Codes (at least 1 accom code) | >1 | 1.20 | Yes | 1.20 | Yes | 1.20 | Yes | 0.28 | -0.03 | Yes |
| % Claims with UB-92 Ancillary Codes | 95-100 | 99.97 | Yes | 99.61 | Yes | 99.96 | Yes | -0.36 | 0.35 | Yes |
| Average # UB-92 Ancillary Codes (at least 1 Ancillary code) | >3 | 11.66 | Yes | 11.88 | Yes | 12.08 | Yes | 1.89 | 1.64 | Yes |
| Average LOS | 2-<8 | 6.64 | Yes | 6.55 | Yes | 6.35 | Yes | -1.28 | -3.05 | Yes |
| % Begin Date = Admit Date | 95-100 | 99.88 | Yes | 99.89 | Yes | 99.87 | Yes | 0.01 | -0.01 | Yes |
| % Claims with IP TOS | 95-100 | 99.74 | Yes | 99.78 | Yes | 99.71 | Yes | 0.04 | -0.07 | 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 | 6.19 | Yes | 6.54 | Yes | 6.71 | Yes | 5.76 | 2.55 | Yes |
| % Claims with PDX, where length=3 | 5-30 | 8.47 | Yes | 8.29 | Yes | 7.96 | Yes | -2.13 | -3.91 | Yes |
| % Claims with PDX, where length=4 | 15-75 | 43.10 | Yes | 43.20 | Yes | 43.31 | Yes | 0.25 | 0.24 | Yes |
| % Claims with PDX, where length=5 | 25-70 | 48.44 | Yes | 48.51 | Yes | 48.73 | Yes | 0.15 | 0.45 | Yes |
| % Claims with a procedure code | 35-70 | 42.49 | Yes | 42.48 | Yes | 43.08 | Yes | -0.02 | 1.41 | Yes |
| Average Number of Procedures for claims with at least 1 procedure code | >1 | 2.19 | Yes | 2.22 | Yes | 2.21 | Yes | 1.69 | -0.57 | 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 | 99.99 | N/A | 100.00 | N/A | 0.00 | 0.01 | 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 | 99.99 | N/A | 99.99 | N/A | 0.00 | 0.00 | N/A |
| % Claims with DRG | >=90 | 89.33 | No | 90.29 | Yes | 90.99 | Yes | 1.07 | 0.77 | N/A |

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