

1999-2001 MAX IP Validation Table
State: WA

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	69,067	N/A	67,570	N/A	73,477	N/A	-2.17	8.74	Yes
	N/A	15.18	N/A	7.94	N/A	0.01	N/A	-47.72	-99.86	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total Supplemental Claims	N/A	58,582	N/A	62,207	N/A	73,469	N/A	6.19	18.10	No
	5-20	16.92	Yes	13.82	Yes	12.33	Yes	-18.30	-10.83	Yes
% Crossover	N/A	10.90	N/A	10.92	N/A	34.45	N/A	0.13	215.58	No
% Adjusted Claims	> 1%	.	Yes	89.03	Yes	90.52	Yes	N/A	1.67	Yes
% Standard Adjustments	N/A	\$6,442	N/A	\$6,541	N/A	\$7,632	N/A	1.54	16.68	No
Aver. Amt. Pd Adjust. (include \$0) FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	48,670	N/A	53,608	N/A	64,413	N/A	10.15	20.16	No
% 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	\$5,627	Yes	\$5,844	Yes	\$6,401	Yes	3.86	9.53	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,358	N/A	\$1,416	N/A	\$1,566	N/A	4.34	10.55	Yes
% Claims with TPL	>0 - 10	1.42	Yes	2.01	Yes	1.94	Yes	41.97	-3.51	Yes
Aver. TPL Paid for claims with TPL	N/A	\$3,960	N/A	\$3,700	N/A	\$4,083	N/A	-6.58	10.36	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.41	Yes	99.43	Yes	99.44	Yes	0.02	0.01	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.12	Yes	1.12	Yes	-0.73	-0.01	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.55	Yes	99.58	Yes	99.76	Yes	0.03	0.17	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	6.95	Yes	7.18	Yes	7.35	Yes	3.35	2.30	Yes
Average LOS	2-<8	4.15	Yes	4.16	Yes	4.03	Yes	0.23	-3.19	Yes
Average Covered Days (> 0 day)	2-<8	4.16	Yes	4.14	Yes	4.07	Yes	-0.51	-1.58	Yes
% Begin Date = Admit Date	95-100	99.86	Yes	99.87	Yes	99.87	Yes	0.01	0.00	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	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	4.00	Yes	4.10	Yes	4.18	Yes	2.52	1.99	Yes
% Claims with PDX, where length=3	5-30	6.22	Yes	5.69	Yes	5.22	Yes	-8.55	-8.18	Yes
% Claims with PDX, where length=4	15-75	22.86	Yes	22.41	Yes	21.44	Yes	-1.97	-4.29	Yes
% Claims with PDX, where length=5	25-70	70.92	No	71.91	No	73.33	No	1.39	1.98	Yes
% Claims with a procedure code	35-70	55.47	Yes	57.34	Yes	58.67	Yes	3.38	2.32	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.17	Yes	2.14	Yes	2.13	Yes	-1.60	-0.28	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	97.80	N/A	97.90	N/A	98.11	N/A	0.09	0.22	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	97.80	N/A	97.90	N/A	100.00	N/A	0.09	2.15	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	21.80	N/A	22.58	N/A	23.82	N/A	3.59	5.49	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	23.12	N/A	23.81	N/A	24.98	N/A	2.99	4.91	Yes
Patient Status										
% Home	75-90	86.93	Yes	86.85	Yes	87.94	Yes	-0.09	1.25	Yes
% Transferred	1-10	11.33	No	11.57	No	10.72	No	2.11	-7.41	Yes
% Still a Patient	>0 - 2	0.27	Yes	0.21	Yes	0.10	Yes	-24.91	-50.06	No
% Died	>0 - 3	1.46	Yes	1.37	Yes	1.25	Yes	-6.28	-9.19	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	9,912	N/A	8,599	N/A	9,056	N/A	-13.25	5.31	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	\$768	N/A	\$732	N/A	\$737	N/A	-4.75	0.71	Yes
% Claims with TPL	N/A	0.35	N/A	0.38	N/A	0.30	N/A	8.68	-22.31	No
Aver. TPL Paid -claims with TPL	N/A	\$632	N/A	\$384	N/A	\$681	N/A	-39.16	77.24	No
% Claims with UB-92 Accommodation Codes	95-100	0.12	No	0.09	No	0.07	No	-23.15	-28.78	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.58	Yes	1.50	Yes	1.50	Yes	-5.26	0.00	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.16	No	0.10	No	0.07	No	-35.16	-36.70	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	5.88	Yes	9.67	Yes	8.50	Yes	64.54	-12.07	Yes
Average LOS	2-<8	6.05	Yes	6.69	Yes	6.02	Yes	10.67	-10.13	Yes
% Begin Date = Admit Date	95-100	97.33	Yes	93.15	No	97.79	Yes	-4.29	4.98	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	99.97	Yes	99.98	Yes	100.00	Yes	0.01	0.02	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.01	No	1.01	No	1.00	No	-0.56	-0.13	Yes
% Claims with PDX, where length=3	5-30	9.98	Yes	8.71	Yes	8.04	Yes	-12.71	-7.73	Yes
% Claims with PDX, where length=4	15-75	39.04	Yes	38.57	Yes	38.79	Yes	-1.19	0.57	Yes
% Claims with PDX, where length=5	25-70	50.98	Yes	52.72	Yes	53.17	Yes	3.40	0.86	Yes
% Claims with a procedure code	35-70	0.10	No	0.06	No	0.07	No	-42.37	13.94	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	3.50	Yes	1.40	Yes	2.17	Yes	-60.00	54.76	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	100.00	N/A	100.00	N/A	25.00	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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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	80.00	N/A	100.00	N/A	100.00	N/A	25.00	0.00	N/A
% Claims with DRG	>=90	0.07	No	0.05	No	0.02	No	-34.13	-52.52	N/A

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