

2002-2004 MAX IP Validation Table
State: WA

Measure	Expected Range	2002		2003		2004		% Change 2002 - 2003	% Change 2003 - 2004	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	77,250	N/A	80,165	N/A	80,294	N/A	3.77	0.16	Yes
	N/A	0.00	N/A	1.87	N/A	0.00	N/A	.	-100.00	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	77,250	N/A	78,664	N/A	80,294	N/A	1.83	2.07	Yes
% Crossover	5-20	14.73	Yes	15.35	Yes	15.56	Yes	4.17	1.38	Yes
% Adjusted Claims	N/A	6.64	N/A	2.88	N/A	4.39	N/A	-56.60	52.36	No
% Standard Adjustments	> 1%	83.25	Yes	72.02	Yes	75.99	Yes	-13.50	5.52	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$9,311	N/A	\$17,835	N/A	\$12,437	N/A	91.54	-30.30	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	65,870	N/A	66,593	N/A	67,803	N/A	1.10	1.82	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$6,496	Yes	\$6,688	Yes	\$7,351	No	2.97	9.91	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,590	N/A	\$1,617	N/A	\$1,713	N/A	1.71	5.95	Yes
% Claims with TPL	>0 - 10	2.69	Yes	2.78	Yes	2.98	Yes	3.44	7.17	Yes
Aver. TPL Paid for claims with TPL	N/A	\$3,664	N/A	\$3,536	N/A	\$4,083	N/A	-3.47	15.47	No
% Claims with UB-92 Accommodation Codes	95-100	99.83	Yes	99.94	Yes	99.91	Yes	0.10	-0.02	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.12	Yes	1.14	Yes	-0.17	1.21	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.74	Yes	99.81	Yes	99.77	Yes	0.07	-0.04	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.77	Yes	8.08	Yes	8.59	Yes	4.04	6.32	Yes
Average LOS	2-<8	4.08	Yes	4.12	Yes	4.29	Yes	1.14	3.97	Yes
Average Covered Days (> 0 day)	2-<8	4.08	Yes	4.14	Yes	4.29	Yes	1.27	3.73	Yes
% Begin Date = Admit Date	95-100	99.86	Yes	99.87	Yes	99.86	Yes	0.01	-0.01	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
% 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	4.35	Yes	4.50	Yes	4.71	Yes	3.39	4.68	Yes
% Claims with PDX, where length=3	5-30	5.09	Yes	4.76	No	4.46	No	-6.52	-6.22	Yes
% Claims with PDX, where length=4	15-75	22.21	Yes	21.83	Yes	23.17	Yes	-1.71	6.18	Yes
% Claims with PDX, where length=5	25-70	72.71	No	73.42	No	72.36	No	0.98	-1.44	Yes
% Claims with a procedure code	35-70	57.53	Yes	57.63	Yes	58.91	Yes	0.16	2.22	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.10	Yes	2.11	Yes	2.14	Yes	0.39	1.76	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
% Claims with Procedures that have ICD-9 Indicator	N/A	98.72	N/A	98.88	N/A	98.88	N/A	0.16	0.00	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with DRG	>=90	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims Maternal Delivery Indicator	N/A	23.08	N/A	22.68	N/A	20.44	N/A	-1.76	-9.88	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	24.40	N/A	24.20	N/A	23.29	N/A	-0.80	-3.76	Yes
Patient Status										
% Home	75-90	87.51	Yes	87.48	Yes	86.72	Yes	-0.03	-0.87	Yes
% Transferred	1-10	11.02	No	10.98	No	11.42	No	-0.42	4.05	Yes
% Still a Patient	>0 - 2	0.14	Yes	0.15	Yes	0.14	Yes	6.52	-7.80	Yes
% Died	>0 - 3	1.33	Yes	1.38	Yes	1.34	Yes	3.20	-2.32	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	11,380	N/A	12,071	N/A	12,491	N/A	6.07	3.48	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$770	N/A	\$837	N/A	\$848	N/A	8.72	1.33	Yes
% Claims with TPL	N/A	0.62	N/A	0.49	N/A	0.57	N/A	-20.50	16.29	No
Aver. TPL Paid -claims with TPL	N/A	\$418	N/A	\$482	N/A	\$488	N/A	15.37	1.15	Yes
% Claims with UB-92 Accommodation Codes	95-100	0.08	No	0.19	No	0.05	No	140.90	-74.80	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.33	Yes	1.35	Yes	1.67	Yes	1.09	23.66	No
% Claims with UB-92 Ancillary Codes	95-100	0.08	No	0.19	No	0.05	No	140.90	-74.80	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	6.67	Yes	7.96	Yes	14.50	Yes	19.35	82.24	No
Average LOS	2-<8	6.24	Yes	6.36	Yes	6.36	Yes	2.05	-0.06	Yes
% Begin Date = Admit Date	95-100	99.27	Yes	99.40	Yes	99.67	Yes	0.13	0.28	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	99.99	Yes	99.99	Yes	100.00	Yes	0.00	0.01	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.00	No	1.01	No	1.00	No	1.05	-1.01	Yes
% Claims with PDX, where length=3	5-30	7.57	Yes	7.75	Yes	6.92	Yes	2.49	-10.80	Yes
% Claims with PDX, where length=4	15-75	38.52	Yes	38.10	Yes	38.92	Yes	-1.08	2.13	Yes
% Claims with PDX, where length=5	25-70	53.92	Yes	54.14	Yes	54.17	Yes	0.42	0.05	Yes
% Claims with a procedure code	35-70	0.04	No	0.12	No	0.03	No	182.80	-74.20	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.80	Yes	2.47	Yes	2.25	Yes	37.04	-8.78	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
% Claims with Procedures that have ICD-9 Indicator	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% 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	Yes
% Claims with DRG	>=90	0.03	No	0.06	No	0.06	No	120.00	10.44	Yes

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