

**1999-2001 MAX IP Validation Table**  
**State: AK**

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	15,870	N/A	17,125	N/A	17,306	N/A	7.91	1.06	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	15,870	N/A	17,125	N/A	17,306	N/A	7.91	1.06	Yes
% Supplemental Claims	5-20	11.29	Yes	12.52	Yes	11.79	Yes	10.94	-5.80	Yes
% Crossover	N/A	17.54	N/A	27.47	N/A	14.24	N/A	56.58	-48.17	No
% Adjusted Claims	> 1%	.	Yes	99.21	Yes	98.90	Yes	N/A	-0.31	Yes
% Standard Adjustments	N/A	\$7,716	N/A	\$6,181	N/A	\$8,010	N/A	-19.90	29.59	No
Aver. Amt. Pd Adjust. ( include \$0) Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	14,079	N/A	14,981	N/A	15,265	N/A	6.41	1.90	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	\$5,075	Yes	\$5,142	Yes	\$6,309	Yes	1.31	22.70	No
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,390	N/A	\$1,431	N/A	\$1,683	N/A	2.96	17.61	No
% Claims with TPL	>0 - 10	0.66	Yes	0.67	Yes	1.59	Yes	1.05	138.48	No
Aver. TPL Paid for claims with TPL	N/A	\$3,315	N/A	\$2,702	N/A	\$2,210	N/A	-18.48	-18.21	No
% Claims with UB-92 Accommodation Codes	95-100	99.99	Yes	99.99	Yes	100.00	Yes	0.00	0.01	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.10	Yes	1.09	Yes	0.12	-0.66	Yes
% Claims with UB-92 Ancillary Codes	95-100	77.32	No	77.77	No	79.99	No	0.57	2.87	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	6.85	Yes	6.75	Yes	6.93	Yes	-1.47	2.70	Yes
Average LOS	2-<8	3.91	Yes	3.85	Yes	3.99	Yes	-1.65	3.69	Yes
Average Covered Days (> 0 day)	2-<8	3.65	Yes	3.59	Yes	3.75	Yes	-1.61	4.30	Yes
% Begin Date = Admit Date	95-100	99.03	Yes	99.11	Yes	99.17	Yes	0.09	0.06	Yes
% IP Claims (MAX TOS 01)	95-100	99.77	Yes	99.75	Yes	99.71	Yes	-0.02	-0.03	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.23	Yes	0.25	Yes	0.29	Yes	8.22	13.64	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	1.83	No	1.85	No	1.86	No	0.93	0.49	Yes
% Claims with PDX, where length=3	5-30	5.14	Yes	5.71	Yes	5.86	Yes	11.11	2.50	Yes
% Claims with PDX, where length=4	15-75	21.98	Yes	20.02	Yes	20.27	Yes	-8.94	1.25	Yes
% Claims with PDX, where length=5	25-70	72.87	No	74.27	No	73.87	No	1.91	-0.53	Yes
% Claims with a procedure code	35-70	56.89	Yes	53.85	Yes	53.49	Yes	-5.33	-0.67	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.50	Yes	1.49	Yes	1.49	Yes	-0.73	0.02	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	99.96	N/A	99.96	N/A	99.98	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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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.95	N/A	99.96	N/A	99.99	N/A	0.01	0.02	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims Maternal Delivery Indicator	N/A	26.67	N/A	26.01	N/A	25.64	N/A	-2.47	-1.43	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	26.27	N/A	26.39	N/A	26.47	N/A	0.46	0.27	Yes
Patient Status										
% Home	75-90	93.72	No	93.47	No	92.86	No	-0.27	-0.65	Yes
% Transferred	1-10	4.68	Yes	5.00	Yes	5.23	Yes	6.81	4.69	Yes
% Still a Patient	>0 - 2	1.03	Yes	0.93	Yes	1.23	Yes	-9.26	31.79	No
% Died	>0 - 3	0.44	Yes	0.51	Yes	0.51	Yes	15.20	0.72	Yes
<b>FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)</b>										
Total Number of Claims	N/A	1,791	N/A	2,144	N/A	2,041	N/A	19.71	-4.80	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	\$809	N/A	\$818	N/A	\$833	N/A	1.13	1.77	Yes
% Claims with TPL	N/A	0.50	N/A	0.42	N/A	0.54	N/A	-16.46	28.39	No
Aver. TPL Paid -claims with TPL	N/A	\$615	N/A	\$768	N/A	\$543	N/A	24.86	-29.36	No
% Claims with UB-92 Accommodation Codes	95-100	14.24	No	43.84	No	65.51	No	207.93	49.41	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.12	Yes	1.17	Yes	-1.44	4.99	Yes
% Claims with UB-92 Ancillary Codes	95-100	7.98	No	18.94	No	37.92	No	137.17	100.26	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	9.51	Yes	9.13	Yes	9.61	Yes	-4.00	5.26	Yes
Average LOS	2-<8	5.67	Yes	6.37	Yes	6.70	Yes	12.49	5.05	Yes
% Begin Date = Admit Date	95-100	100.00	Yes	100.00	Yes	99.85	Yes	0.00	-0.15	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	16.53	No	47.20	No	68.79	No	185.60	45.74	No
Average Number of DX Codes (at least 1 DX)	>=2	1.98	No	1.98	No	1.99	No	-0.02	0.36	Yes
% Claims with PDX, where length=3	5-30	13.18	Yes	12.15	Yes	11.61	Yes	-7.75	-4.48	Yes
% Claims with PDX, where length=4	15-75	41.55	Yes	43.18	Yes	41.38	Yes	3.92	-4.17	Yes
% Claims with PDX, where length=5	25-70	45.27	Yes	44.66	Yes	47.01	Yes	-1.34	5.25	Yes
% Claims with a procedure code	35-70	7.04	No	18.84	No	25.09	No	167.84	33.13	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.52	Yes	1.52	Yes	1.52	Yes	0.06	-0.47	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	100.00	N/A	100.00	N/A	0.00	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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		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	100.00	N/A	100.00	N/A	0.00	0.00	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A

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