

2002-2004 MAX IP Validation Table
State: DC

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	22,033	N/A	22,050	N/A	23,551	N/A	0.08	6.81	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	22,033	N/A	22,050	N/A	23,551	N/A	0.08	6.81	Yes
	5-20	27.40	No	26.66	No	25.32	No	-2.68	-5.05	Yes
% Crossover	N/A	37.37	N/A	28.56	N/A	2.47	N/A	-23.60	-91.40	No
% Adjusted Claims	> 1%	94.78	Yes	96.89	Yes	70.57	Yes	2.23	-27.20	No
% Standard Adjustments	N/A	\$12,121	N/A	\$11,987	N/A	\$10,576	N/A	-1.11	-11.80	Yes
Aver. Amt. Pd Adjust. (include \$0) FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	15,997	N/A	16,171	N/A	17,589	N/A	1.09	8.77	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	\$12,000	No	\$12,916	No	\$12,773	No	7.64	-1.11	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,558	N/A	\$1,813	N/A	\$1,791	N/A	16.31	-1.19	Yes
% Claims with TPL	>0 - 10	0.04	Yes	0.01	Yes	0.13	Yes	-67.00	911.30	No
Aver. TPL Paid for claims with TPL	N/A	\$1,700	N/A	\$17,083	N/A	\$4,425	N/A	905.20	-74.10	No
% Claims with UB-92 Accommodation Codes	95-100	95.36	Yes	99.93	Yes	99.95	Yes	4.79	0.02	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.17	Yes	1.19	Yes	1.19	Yes	1.56	-0.03	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.26	Yes	99.96	Yes	99.91	Yes	0.71	-0.05	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	11.09	Yes	11.30	Yes	11.41	Yes	1.94	0.94	Yes
Average LOS	2-<8	7.64	Yes	7.12	Yes	7.13	Yes	-6.89	0.12	Yes
Average Covered Days (> 0 day)	2-<8	7.70	Yes	7.13	Yes	7.13	Yes	-7.51	0.10	Yes
% Begin Date = Admit Date	95-100	98.91	Yes	99.60	Yes	99.50	Yes	0.69	-0.10	Yes
% IP Claims (MAX TOS 01)	95-100	99.82	Yes	99.71	Yes	99.57	Yes	-0.12	-0.14	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.34	Yes	0.51	Yes	0.77	Yes	52.05	50.65	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	5.02	Yes	5.52	Yes	5.65	Yes	9.97	2.34	Yes
% Claims with PDX, where length=3	5-30	9.92	Yes	9.87	Yes	9.24	Yes	-0.52	-6.33	Yes
% Claims with PDX, where length=4	15-75	31.57	Yes	31.07	Yes	30.52	Yes	-1.57	-1.79	Yes
% Claims with PDX, where length=5	25-70	58.51	Yes	59.06	Yes	60.24	Yes	0.93	2.00	Yes
% Claims with a procedure code	35-70	54.95	Yes	54.23	Yes	55.49	Yes	-1.32	2.33	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.50	Yes	2.07	Yes	2.11	Yes	-17.30	1.88	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	37.37	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	57.07	N/A	99.99	N/A	99.99	N/A	75.20	0.00	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	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	Yes
% Claims with DRG	>=90	92.07	Yes	99.91	Yes	99.69	Yes	8.52	-0.22	Yes
% Claims Maternal Delivery Indicator	N/A	7.35	N/A	8.05	N/A	7.76	N/A	9.52	-3.61	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	6.78	N/A	8.22	N/A	8.18	N/A	21.28	-0.45	Yes
Patient Status										
% Home	75-90	83.22	Yes	83.74	Yes	83.39	Yes	0.63	-0.42	Yes
% Transferred	1-10	12.16	No	13.58	No	12.94	No	11.69	-4.71	Yes
% Still a Patient	>0 - 2	2.57	No	0.30	Yes	0.29	Yes	-88.20	-4.31	Yes
% Died	>0 - 3	2.05	Yes	2.37	Yes	2.54	Yes	15.51	7.30	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	6,036	N/A	5,879	N/A	5,962	N/A	-2.60	1.41	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	\$1,286	N/A	\$1,500	N/A	\$1,374	N/A	16.60	-8.41	Yes
% Claims with TPL	N/A	0.12	N/A	0.03	N/A	0.05	N/A	-70.70	47.91	No
Aver. TPL Paid -claims with TPL	N/A	\$9,341	N/A	\$95	N/A	\$700	N/A	-99.00	641.10	No
% Claims with UB-92 Accommodation Codes	95-100	64.07	No	96.12	Yes	94.31	No	50.04	-1.88	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.23	Yes	1.26	Yes	1.08	Yes	2.17	-13.90	Yes
% Claims with UB-92 Ancillary Codes	95-100	98.16	Yes	91.48	No	28.11	No	-6.81	-69.30	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.65	Yes	12.85	Yes	11.49	Yes	48.55	-10.60	Yes
Average LOS	2-<8	8.84	No	8.63	No	7.86	Yes	-2.35	-8.92	Yes
% Begin Date = Admit Date	95-100	70.20	No	97.89	Yes	99.23	Yes	39.45	1.37	Yes
% Claims with IP TOS	95-100	99.98	Yes	100.00	Yes	100.00	Yes	0.02	0.00	Yes
% Claims with DX	98-100	83.04	No	99.85	Yes	99.92	Yes	20.25	0.07	Yes
Average Number of DX Codes (at least 1 DX)	>=2	6.38	Yes	6.61	Yes	6.80	Yes	3.69	2.78	Yes
% Claims with PDX, where length=3	5-30	7.24	Yes	6.78	Yes	7.10	Yes	-6.38	4.73	Yes
% Claims with PDX, where length=4	15-75	45.13	Yes	45.62	Yes	42.10	Yes	1.09	-7.72	Yes
% Claims with PDX, where length=5	25-70	47.63	Yes	47.60	Yes	50.80	Yes	-0.06	6.72	Yes
% Claims with a procedure code	35-70	0.25	No	0.92	No	0.87	No	269.60	-5.04	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	3.07	Yes	2.26	Yes	2.02	Yes	-26.30	-10.60	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	73.33	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	26.67	N/A	100.00	N/A	100.00	N/A	275.00	0.00	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	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	0.48	No	1.11	No	1.19	No	130.10	7.71	Yes

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