

1999-2001 MAX IP Validation Table
State: HI

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	7,199	N/A	11,285	N/A	17,834	N/A	56.76	58.03	No
	N/A	0.00	N/A	35.43	N/A	52.99	N/A	N/A	49.57	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total IP Claims	N/A	7,199	N/A	7,287	N/A	8,384	N/A	1.22	15.05	No
% Supplemental Claims	5-20	0.14	No	0.19	No	0.35	No	38.31	80.04	No
% Crossover	N/A	8.65	N/A	7.68	N/A	8.66	N/A	-11.20	12.68	Yes
% Adjusted Claims	> 1%	.	Yes	59.29	Yes	60.33	Yes	N/A	1.76	Yes
% Standard Adjustments	N/A	\$8,932	N/A	\$11,692	N/A	\$8,266	N/A	30.90	-29.30	No
Aver. Amt. Pd Adjust. (include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	7,189	N/A	7,273	N/A	8,355	N/A	1.17	14.88	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	\$6,324	Yes	\$6,801	Yes	\$5,964	Yes	7.54	-12.31	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$731	N/A	\$704	N/A	\$695	N/A	-3.77	-1.31	Yes
% Claims with TPL	>0 - 10	0.39	Yes	0.41	Yes	0.62	Yes	5.91	50.89	No
Aver. TPL Paid for claims with TPL	N/A	\$4,686	N/A	\$2,733	N/A	\$7,280	N/A	-41.68	166.36	No
% Claims with UB-92 Accommodation Codes	95-100	52.37	No	99.90	Yes	99.90	Yes	90.76	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.25	Yes	1.24	Yes	1.22	Yes	-0.54	-1.81	Yes
% Claims with UB-92 Ancillary Codes	95-100	47.81	No	91.89	No	91.56	No	92.20	-0.35	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.35	Yes	8.96	Yes	9.15	Yes	7.26	2.10	Yes
Average LOS	2-<8	9.62	No	9.21	No	8.38	No	-4.29	-9.03	Yes
Average Covered Days (> 0 day)	2-<8	10.32	No	9.67	No	8.59	No	-6.30	-11.14	Yes
% Begin Date = Admit Date	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% IP Claims (MAX TOS 01)	95-100	99.65	Yes	99.53	Yes	99.57	Yes	-0.12	0.04	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.13	Yes	0.15	Yes	0.16	Yes	20.81	2.88	Yes
% Claims with PDX	98-100	99.94	Yes	100.00	Yes	99.98	Yes	0.06	-0.02	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.60	Yes	5.07	Yes	5.05	Yes	40.84	-0.41	Yes
% Claims with PDX, where length=3	5-30	6.76	Yes	5.07	Yes	5.52	Yes	-24.99	8.78	Yes
% Claims with PDX, where length=4	15-75	39.87	Yes	40.40	Yes	39.15	Yes	1.31	-3.09	Yes
% Claims with PDX, where length=5	25-70	53.36	Yes	54.53	Yes	55.33	Yes	2.19	1.47	Yes
% Claims with a procedure code	35-70	44.96	Yes	43.12	Yes	41.50	Yes	-4.09	-3.76	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.11	Yes	2.20	Yes	2.11	Yes	4.39	-3.84	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	51.73	N/A	99.97	N/A	99.97	N/A	93.24	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	51.73	N/A	99.94	N/A	100.00	N/A	93.18	0.06	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	2.74	N/A	2.89	N/A	3.58	N/A	5.37	23.94	No
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	6.89	N/A	5.84	N/A	6.85	N/A	-15.13	17.16	No
Patient Status										
% Home	75-90	74.71	No	75.26	Yes	75.70	Yes	0.74	0.58	Yes
% Transferred	1-10	18.25	No	20.14	No	20.54	No	10.37	1.96	Yes
% Still a Patient	>0 - 2	4.23	No	2.16	No	1.68	Yes	-48.95	-22.38	No
% Died	>0 - 3	2.75	Yes	2.42	Yes	2.08	Yes	-12.14	-13.94	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	10	N/A	14	N/A	29	N/A	40.00	107.14	No
% 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	\$1,085	N/A	\$1,732	N/A	\$2,186	N/A	59.54	26.22	No
% Claims with TPL	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with UB-92 Accommodation Codes	95-100	70.00	No	100.00	Yes	100.00	Yes	42.86	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.29	Yes	1.07	Yes	1.21	Yes	-16.67	12.64	Yes
% Claims with UB-92 Ancillary Codes	95-100	70.00	No	85.71	No	93.10	No	22.45	8.62	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	11.71	Yes	10.42	Yes	9.93	Yes	-11.08	-4.71	Yes
Average LOS	2-<8	9.90	No	8.36	No	5.69	Yes	-15.58	-31.92	No
% Begin Date = Admit Date	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	4.80	Yes	5.93	Yes	5.52	Yes	23.51	-6.94	Yes
% Claims with PDX, where length=3	5-30	10.00	Yes	28.57	Yes	10.34	Yes	185.71	-63.79	No
% Claims with PDX, where length=4	15-75	30.00	Yes	42.86	Yes	44.83	Yes	42.86	4.60	Yes
% Claims with PDX, where length=5	25-70	60.00	Yes	28.57	Yes	44.83	Yes	-52.38	56.90	No
% Claims with a procedure code	35-70	50.00	Yes	35.71	Yes	37.93	Yes	-28.57	6.21	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	3.80	Yes	1.60	Yes	2.00	Yes	-57.89	25.00	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	60.00	N/A	100.00	N/A	100.00	N/A	66.67	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	60.00	N/A	100.00	N/A	100.00	N/A	66.67	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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