

2002-2004 MAX IP Validation Table
State: PA

| 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 | 107,820 | N/A | 98,027 | N/A | 100,972 | N/A | -9.08 | 3.00 | 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 | 107,820 | N/A | 98,027 | N/A | 100,972 | N/A | -9.08 | 3.00 | Yes |
| % Crossover | 5-20 | 25.90 | No | 26.29 | No | 27.68 | No | 1.49 | 5.30 | Yes |
| % Adjusted Claims | N/A | 1.12 | N/A | 0.78 | N/A | 3.10 | N/A | -30.80 | 299.40 | No |
| % Standard Adjustments | > 1% | 96.61 | Yes | 67.06 | Yes | 79.36 | Yes | -30.60 | 18.34 | No |
| Aver. Amt. Pd Adjust. (include \$0) | N/A | \$9,486 | N/A | \$6,686 | N/A | \$5,349 | N/A | -29.50 | -20.00 | No |
| FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0) | | | | | | | | | | |
| Total Number of Claims | N/A | 79,893 | N/A | 72,258 | N/A | 73,023 | N/A | -9.56 | 1.06 | 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 | \$4,511 | Yes | \$4,824 | Yes | \$5,073 | Yes | 6.94 | 5.15 | Yes |
| Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims) | N/A | \$941 | N/A | \$953 | N/A | \$1,097 | N/A | 1.26 | 15.16 | No |
| % Claims with TPL | >0 - 10 | 0.85 | Yes | 0.63 | Yes | 0.00 | No | -25.90 | -100.00 | No |
| Aver. TPL Paid for claims with TPL | N/A | \$7,529 | N/A | \$4,424 | N/A | . | N/A | -41.20 | . | N/A |
| % Claims with UB-92 Accommodation Codes | 95-100 | 98.81 | Yes | 99.49 | Yes | 99.96 | Yes | 0.68 | 0.47 | Yes |
| Average # UB-92 Accom. Codes (at least 1 accom code) | >1 | 1.11 | Yes | 1.12 | Yes | 1.13 | Yes | 1.07 | 0.85 | Yes |
| % Claims with UB-92 Ancillary Codes | 95-100 | 98.57 | Yes | 99.40 | Yes | 99.30 | Yes | 0.84 | -0.10 | Yes |
| Average # UB-92 Ancillary Codes (at least 1 Ancillary code) | >3 | 8.77 | Yes | 9.51 | Yes | 9.64 | Yes | 8.53 | 1.37 | Yes |
| Average LOS | 2-<8 | 4.84 | Yes | 4.75 | Yes | 4.52 | Yes | -2.06 | -4.73 | Yes |
| Average Covered Days (> 0 day) | 2-<8 | 4.85 | Yes | 5.09 | Yes | 4.62 | Yes | 4.91 | -9.09 | Yes |
| % Begin Date = Admit Date | 95-100 | 98.50 | Yes | 99.22 | Yes | 99.91 | Yes | 0.73 | 0.70 | Yes |
| % IP Claims (MAX TOS 01) | 95-100 | 97.78 | Yes | 98.57 | Yes | 99.15 | Yes | 0.81 | 0.59 | Yes |
| % Family Planning Claims (pgm type=2) | >0-5 | 1.25 | Yes | 0.53 | Yes | 0.00 | No | -57.50 | -100.00 | 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 | 4.23 | Yes | 4.42 | Yes | 4.90 | Yes | 4.39 | 10.78 | Yes |
| % Claims with PDX, where length=3 | 5-30 | 6.43 | Yes | 5.83 | Yes | 5.23 | Yes | -9.32 | -10.30 | Yes |
| % Claims with PDX, where length=4 | 15-75 | 24.98 | Yes | 25.51 | Yes | 26.37 | Yes | 2.12 | 3.36 | Yes |
| % Claims with PDX, where length=5 | 25-70 | 68.59 | Yes | 68.66 | Yes | 68.40 | Yes | 0.10 | -0.37 | Yes |
| % Claims with a procedure code | 35-70 | 53.25 | Yes | 55.81 | Yes | 61.02 | Yes | 4.81 | 9.34 | Yes |
| Average Number of Procedures for claims with at least 1 procedure code | >1 | 2.01 | Yes | 2.05 | Yes | 2.07 | Yes | 2.14 | 0.72 | 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 | 99.64 | N/A | 99.96 | N/A | -0.36 | 0.32 | Yes |
| % Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n | N/A | . | N/A | . | N/A | . | N/A | . | . | N/A |

*Cross-year change for encounter claims is expected to be +15%, no negative.

2002-2004 MAX IP Validation Table
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| 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 | | | |
| % 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 | 84.05 | No | 89.72 | No | 97.45 | Yes | 6.75 | 8.61 | Yes |
| % Claims Maternal Delivery Indicator | N/A | 17.32 | N/A | 17.45 | N/A | 18.37 | N/A | 0.77 | 5.27 | Yes |
| % Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID) | N/A | 17.42 | N/A | 18.13 | N/A | 19.75 | N/A | 4.06 | 8.96 | Yes |
| Patient Status | | | | | | | | | | |
| % Home | 75-90 | 87.35 | Yes | 88.03 | Yes | 87.94 | Yes | 0.77 | -0.10 | Yes |
| % Transferred | 1-10 | 10.13 | No | 10.27 | No | 10.71 | No | 1.41 | 4.29 | Yes |
| % Still a Patient | >0 - 2 | 0.31 | Yes | 0.12 | Yes | 0.13 | Yes | -60.40 | 3.35 | Yes |
| % Died | >0 - 3 | 1.03 | Yes | 1.09 | Yes | 1.10 | Yes | 6.11 | 1.47 | Yes |
| FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1) | | | | | | | | | | |
| Total Number of Claims | N/A | 27,927 | N/A | 25,769 | N/A | 27,949 | N/A | -7.73 | 8.46 | 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 | \$903 | N/A | \$910 | N/A | \$973 | N/A | 0.77 | 6.97 | Yes |
| % Claims with TPL | N/A | 0.51 | N/A | 0.38 | N/A | 0.00 | N/A | -25.70 | -100.00 | No |
| Aver. TPL Paid -claims with TPL | N/A | \$494 | N/A | \$458 | N/A | . | N/A | -7.41 | . | N/A |
| % Claims with UB-92 Accommodation Codes | 95-100 | 99.98 | Yes | 99.98 | Yes | 99.87 | Yes | 0.00 | -0.11 | Yes |
| Average # UB-92 Accom. Codes (at least 1 accom code) | >1 | 1.20 | Yes | 1.21 | Yes | 1.22 | Yes | 0.84 | 0.81 | Yes |
| % Claims with UB-92 Ancillary Codes | 95-100 | 99.92 | Yes | 99.77 | Yes | 96.99 | Yes | -0.15 | -2.79 | Yes |
| Average # UB-92 Ancillary Codes (at least 1 Ancillary code) | >3 | 12.38 | Yes | 13.14 | Yes | 13.41 | Yes | 6.15 | 2.07 | Yes |
| Average LOS | 2-<8 | 6.46 | Yes | 6.06 | Yes | 5.88 | Yes | -6.12 | -2.98 | Yes |
| % Begin Date = Admit Date | 95-100 | 99.85 | Yes | 99.91 | Yes | 99.99 | Yes | 0.07 | 0.07 | Yes |
| % Claims with IP TOS | 95-100 | 99.77 | Yes | 99.87 | Yes | 99.97 | Yes | 0.09 | 0.10 | 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 | 6.89 | Yes | 7.12 | Yes | 7.35 | Yes | 3.32 | 3.23 | Yes |
| % Claims with PDX, where length=3 | 5-30 | 7.98 | Yes | 8.32 | Yes | 7.96 | Yes | 4.34 | -4.40 | Yes |
| % Claims with PDX, where length=4 | 15-75 | 44.30 | Yes | 44.80 | Yes | 44.90 | Yes | 1.12 | 0.23 | Yes |
| % Claims with PDX, where length=5 | 25-70 | 47.72 | Yes | 46.87 | Yes | 47.14 | Yes | -1.77 | 0.57 | Yes |
| % Claims with a procedure code | 35-70 | 42.80 | Yes | 43.47 | Yes | 44.76 | Yes | 1.57 | 2.98 | Yes |
| Average Number of Procedures for claims with at least 1 procedure code | >1 | 2.20 | Yes | 2.19 | Yes | 2.26 | Yes | -0.48 | 3.62 | 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 | 99.93 | N/A | 99.98 | N/A | -0.07 | 0.05 | 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 | 91.98 | Yes | 95.50 | Yes | 99.31 | Yes | 3.84 | 3.98 | Yes |

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