

1999-2001 MAX IP Validation Table
State: OR

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	62,831	N/A	70,990	N/A	72,144	N/A	12.99	1.63	Yes
	N/A	61.76	N/A	61.28	N/A	49.11	N/A	-0.77	-19.87	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	24,027	N/A	27,485	N/A	36,717	N/A	14.39	33.59	No
% Supplemental Claims	5-20	13.33	Yes	13.58	Yes	16.06	Yes	1.88	18.23	No
% Crossover	N/A	1.35	N/A	1.76	N/A	2.13	N/A	30.46	20.54	No
% Adjusted Claims	> 1%	.	Yes	92.99	Yes	97.95	Yes	N/A	5.34	Yes
% Standard Adjustments	N/A	\$4,605	N/A	\$7,080	N/A	\$3,979	N/A	53.75	-43.79	No
Aver. Amt. Pd Adjust. (include \$500 Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	20,824	N/A	23,752	N/A	30,821	N/A	14.06	29.76	No
% 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	\$3,024	Yes	\$3,217	Yes	\$3,188	Yes	6.38	-0.91	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$795	N/A	\$844	N/A	\$871	N/A	6.16	3.11	Yes
% Claims with TPL	>0 - 10	1.91	Yes	1.57	Yes	2.03	Yes	-17.61	28.78	No
Aver. TPL Paid for claims with TPL	N/A	\$1,935	N/A	\$2,410	N/A	\$2,586	N/A	24.57	7.28	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.51	Yes	99.94	Yes	99.96	Yes	0.43	0.02	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.13	Yes	1.11	Yes	-0.26	-1.16	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.28	Yes	99.66	Yes	99.88	Yes	0.38	0.22	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.58	Yes	7.93	Yes	8.20	Yes	4.69	3.39	Yes
Average LOS	2-<8	3.82	Yes	3.82	Yes	3.67	Yes	0.00	-3.79	Yes
Average Covered Days (> 0 day)	2-<8	3.76	Yes	3.68	Yes	3.51	Yes	-2.11	-4.72	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	99.80	Yes	99.79	Yes	99.79	Yes	-0.02	0.00	Yes
% Family Planning Claims (pgm type=2)	>0-5	1.11	Yes	1.09	Yes	0.97	Yes	-1.32	-11.08	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	3.03	Yes	3.01	Yes	3.10	Yes	-0.63	2.76	Yes
% Claims with PDX, where length=3	5-30	5.99	Yes	5.82	Yes	5.10	Yes	-2.77	-12.35	Yes
% Claims with PDX, where length=4	15-75	20.41	Yes	19.94	Yes	20.79	Yes	-2.35	4.28	Yes
% Claims with PDX, where length=5	25-70	73.60	No	74.24	No	74.11	No	0.88	-0.18	Yes
% Claims with a procedure code	35-70	56.69	Yes	57.67	Yes	59.44	Yes	1.73	3.07	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.81	Yes	1.80	Yes	1.83	Yes	-0.45	1.49	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	99.94	N/A	99.97	N/A	-0.06	0.03	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	100.00	N/A	99.94	N/A	99.99	N/A	-0.06	0.05	N/A
% Claims with DRG	>=90	79.19	No	79.23	No	81.23	No	0.05	2.53	N/A
% Claims Maternal Delivery Indicator	N/A	24.84	N/A	25.74	N/A	25.74	N/A	3.62	0.00	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	27.29	N/A	26.76	N/A	26.68	N/A	-1.94	-0.27	Yes
Patient Status										
% Home	75-90	90.90	No	90.89	No	91.05	No	-0.01	0.18	Yes
% Transferred	1-10	8.27	Yes	8.37	Yes	8.14	Yes	1.22	-2.70	Yes
% Still a Patient	>0 - 2	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Died	>0 - 3	0.84	Yes	0.74	Yes	0.80	Yes	-11.32	8.15	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	3,203	N/A	3,733	N/A	5,896	N/A	16.55	57.94	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	\$885	N/A	\$810	N/A	\$783	N/A	-8.49	-3.29	Yes
% Claims with TPL	N/A	2.81	N/A	1.96	N/A	1.76	N/A	-30.40	-9.80	Yes
Aver. TPL Paid -claims with TPL	N/A	\$1,210	N/A	\$2,226	N/A	\$1,499	N/A	83.88	-32.64	No
% Claims with UB-92 Accommodation Codes	95-100	99.97	Yes	99.95	Yes	99.98	Yes	-0.02	0.04	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.19	Yes	1.19	Yes	1.18	Yes	0.40	-0.64	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.94	Yes	99.95	Yes	99.86	Yes	0.01	-0.08	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	11.68	Yes	12.09	Yes	12.46	Yes	3.47	3.10	Yes
Average LOS	2-<8	4.68	Yes	4.68	Yes	4.47	Yes	0.08	-4.39	Yes
% 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	99.97	Yes	99.98	Yes	-0.03	0.01	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	4.46	Yes	4.49	Yes	4.57	Yes	0.56	1.72	Yes
% Claims with PDX, where length=3	5-30	10.08	Yes	9.72	Yes	9.23	Yes	-3.57	-5.12	Yes
% Claims with PDX, where length=4	15-75	40.62	Yes	39.22	Yes	39.81	Yes	-3.45	1.50	Yes
% Claims with PDX, where length=5	25-70	49.30	Yes	51.06	Yes	50.97	Yes	3.57	-0.18	Yes
% Claims with a procedure code	35-70	53.33	Yes	52.83	Yes	51.76	Yes	-0.94	-2.01	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.87	Yes	1.88	Yes	1.88	Yes	0.72	0.11	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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% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.94	N/A	100.00	N/A	100.00	N/A	0.06	0.00	N/A
% Claims with DRG	>=90	76.80	No	79.21	No	83.21	No	3.14	5.05	N/A

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