

2002-2004 MAX IP Validation Table
State: OR

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	73,350	N/A	72,732	N/A	68,837	N/A	-0.84	-5.36	Yes
	N/A	48.67	N/A	48.24	N/A	58.84	N/A	-0.89	21.97	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	37,649	N/A	37,646	N/A	28,336	N/A	-0.01	-24.70	No
% Supplemental Claims	5-20	16.87	Yes	16.41	Yes	3.32	No	-2.72	-79.80	No
% Crossover	N/A	3.11	N/A	4.39	N/A	39.50	N/A	41.21	800.20	No
% Adjusted Claims	> 1%	94.87	Yes	92.43	Yes	93.76	Yes	-2.57	1.44	Yes
% Standard Adjustments	N/A	\$4,696	N/A	\$4,227	N/A	\$4,837	N/A	-10.00	14.45	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	31,298	N/A	31,468	N/A	27,396	N/A	0.54	-12.90	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	\$3,408	Yes	\$3,018	Yes	\$4,526	Yes	-11.50	50.00	No
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$941	N/A	\$810	N/A	\$1,200	N/A	-13.90	48.18	No
% Claims with TPL	>0 - 10	2.13	Yes	1.87	Yes	2.43	Yes	-12.30	30.32	No
Aver. TPL Paid for claims with TPL	N/A	\$2,100	N/A	\$2,448	N/A	\$2,589	N/A	16.62	5.74	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.87	Yes	99.85	Yes	99.51	Yes	-0.03	-0.34	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.11	Yes	1.12	Yes	0.92	0.15	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.86	Yes	99.81	Yes	99.41	Yes	-0.04	-0.40	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.20	Yes	8.37	Yes	8.16	Yes	2.07	-2.54	Yes
Average LOS	2-<8	3.65	Yes	3.72	Yes	3.76	Yes	2.11	0.88	Yes
Average Covered Days (> 0 day)	2-<8	3.50	Yes	3.56	Yes	3.55	Yes	1.94	-0.36	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	99.86	Yes	99.85	Yes	99.86	Yes	-0.01	0.01	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.81	Yes	0.88	Yes	0.86	Yes	9.72	-2.49	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	3.19	Yes	3.25	Yes	3.29	Yes	1.71	1.24	Yes
% Claims with PDX, where length=3	5-30	5.10	Yes	4.90	No	4.68	No	-3.91	-4.43	Yes
% Claims with PDX, where length=4	15-75	20.91	Yes	20.10	Yes	18.43	Yes	-3.88	-8.33	Yes
% Claims with PDX, where length=5	25-70	73.99	No	75.00	No	76.89	No	1.37	2.52	Yes
% Claims with a procedure code	35-70	59.32	Yes	58.31	Yes	52.10	Yes	-1.71	-10.60	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.85	Yes	1.84	Yes	1.84	Yes	-0.54	-0.07	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	99.93	N/A	99.93	N/A	99.85	N/A	0.00	-0.09	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	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	99.99	N/A	100.00	N/A	-0.01	0.01	Yes
% Claims with DRG	>=90	80.24	No	77.54	No	75.01	No	-3.36	-3.26	Yes
% Claims Maternal Delivery Indicator	N/A	25.50	N/A	25.20	N/A	27.16	N/A	-1.19	7.81	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	26.64	N/A	28.29	N/A	29.84	N/A	6.19	5.48	Yes
Patient Status										
% Home	75-90	91.01	No	91.45	No	91.28	No	0.48	-0.18	Yes
% Transferred	1-10	8.04	Yes	7.72	Yes	7.91	Yes	-4.06	2.56	Yes
% Still a Patient	>0 - 2	0.00	No	0.00	No	0.00	No	.	.	N/A
% Died	>0 - 3	0.95	Yes	0.83	Yes	0.80	Yes	-12.00	-3.99	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	6,351	N/A	6,178	N/A	940	N/A	-2.72	-84.80	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$795	N/A	\$848	N/A	\$811	N/A	6.66	-4.32	Yes
% Claims with TPL	N/A	1.23	N/A	1.15	N/A	3.51	N/A	-6.43	205.50	No
Aver. TPL Paid -claims with TPL	N/A	\$1,958	N/A	\$1,504	N/A	\$669	N/A	-23.20	-55.50	No
% Claims with UB-92 Accommodation Codes	95-100	99.98	Yes	99.95	Yes	100.00	Yes	-0.03	0.05	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.16	Yes	1.18	Yes	1.15	Yes	1.31	-2.45	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.57	Yes	99.34	Yes	99.47	Yes	-0.24	0.13	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	12.30	Yes	12.92	Yes	11.16	Yes	5.02	-13.60	Yes
Average LOS	2-<8	4.39	Yes	4.37	Yes	3.36	Yes	-0.54	-23.10	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	99.98	Yes	100.00	Yes	100.00	Yes	0.02	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	4.66	Yes	4.70	Yes	4.63	Yes	0.89	-1.60	Yes
% Claims with PDX, where length=3	5-30	9.46	Yes	9.18	Yes	10.85	Yes	-3.02	18.23	No
% Claims with PDX, where length=4	15-75	40.21	Yes	40.09	Yes	39.68	Yes	-0.30	-1.03	Yes
% Claims with PDX, where length=5	25-70	50.32	Yes	50.73	Yes	49.47	Yes	0.81	-2.48	Yes
% Claims with a procedure code	35-70	50.94	Yes	50.45	Yes	33.40	No	-0.95	-33.80	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.87	Yes	1.91	Yes	1.78	Yes	2.00	-6.41	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	100.00	N/A	100.00	N/A	0.00	0.00	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	84.81	No	83.13	No	40.11	No	-1.97	-51.80	No

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