

**1999-2001 MAX IP Validation Table**  
**State: NM**

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	90,211	N/A	119,451	N/A	122,062	N/A	32.41	2.19	Yes
	N/A	18.24	N/A	23.79	N/A	23.42	N/A	30.40	-1.56	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total IP Claims	N/A	73,753	N/A	91,033	N/A	93,476	N/A	23.43	2.68	Yes
% Supplemental Claims	5-20	86.83	No	84.55	No	83.06	No	-2.62	-1.76	Yes
% Crossover	N/A	0.64	N/A	0.93	N/A	0.83	N/A	45.73	-10.76	Yes
% Adjusted Claims	> 1%	.	Yes	91.52	Yes	64.40	Yes	N/A	-29.64	No
% Standard Adjustments	N/A	\$4,019	N/A	\$2,653	N/A	\$2,792	N/A	-34.00	5.23	Yes
Aver. Amt. Pd Adjust. ( include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	9,716	N/A	14,066	N/A	15,836	N/A	44.77	12.58	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	\$4,411	Yes	\$4,400	Yes	\$4,498	Yes	-0.27	2.23	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$922	N/A	\$1,028	N/A	\$1,091	N/A	11.54	6.09	Yes
% Claims with TPL	>0 - 10	1.15	Yes	1.00	Yes	1.19	Yes	-13.04	18.43	No
Aver. TPL Paid for claims with TPL	N/A	\$1,699	N/A	\$1,945	N/A	\$2,726	N/A	14.46	40.19	No
% Claims with UB-92 Accommodation Codes	95-100	98.76	Yes	98.86	Yes	99.36	Yes	0.10	0.51	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.13	Yes	1.12	Yes	1.12	Yes	-0.40	-0.32	Yes
% Claims with UB-92 Ancillary Codes	95-100	69.08	No	72.45	No	74.03	No	4.88	2.18	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.63	Yes	7.61	Yes	7.79	Yes	-0.26	2.29	Yes
Average LOS	2-<8	4.79	Yes	4.32	Yes	4.13	Yes	-9.90	-4.26	Yes
Average Covered Days (> 0 day)	2-<8	4.82	Yes	4.32	Yes	4.14	Yes	-10.39	-3.99	Yes
% Begin Date = Admit Date	95-100	98.91	Yes	99.45	Yes	99.07	Yes	0.54	-0.38	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% 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	2.90	Yes	2.90	Yes	3.01	Yes	0.02	3.91	Yes
% Claims with PDX, where length=3	5-30	7.00	Yes	6.54	Yes	6.42	Yes	-6.55	-1.81	Yes
% Claims with PDX, where length=4	15-75	20.51	Yes	19.37	Yes	19.23	Yes	-5.59	-0.71	Yes
% Claims with PDX, where length=5	25-70	72.49	No	74.09	No	74.35	No	2.21	0.35	Yes
% Claims with a procedure code	35-70	57.12	Yes	60.31	Yes	61.69	Yes	5.58	2.30	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.75	Yes	1.81	Yes	1.82	Yes	3.60	0.61	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	99.84	N/A	99.99	N/A	99.98	N/A	0.15	-0.01	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	99.82	N/A	99.98	N/A	99.96	N/A	0.16	-0.02	N/A
% Claims with DRG	>=90	76.33	No	69.64	No	70.33	No	-8.77	1.00	N/A
% Claims Maternal Delivery Indicator	N/A	21.68	N/A	23.94	N/A	22.40	N/A	10.47	-6.43	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	27.96	N/A	28.47	N/A	28.40	N/A	1.82	-0.27	Yes
Patient Status										
% Home	75-90	89.30	Yes	90.03	No	89.46	Yes	0.83	-0.64	Yes
% Transferred	1-10	8.44	Yes	8.27	Yes	8.65	Yes	-2.03	4.63	Yes
% Still a Patient	>0 - 2	0.85	Yes	0.65	Yes	1.01	Yes	-24.27	56.17	No
% Died	>0 - 3	0.70	Yes	0.86	Yes	0.83	Yes	22.91	-3.10	Yes
<b>FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)</b>										
Total Number of Claims	N/A	64,037	N/A	76,967	N/A	77,640	N/A	20.19	0.87	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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$234	N/A	\$211	N/A	\$208	N/A	-9.95	-1.21	Yes
% Claims with TPL	N/A	0.07	N/A	0.05	N/A	0.04	N/A	-30.04	-14.26	Yes
Aver. TPL Paid -claims with TPL	N/A	\$443	N/A	\$961	N/A	\$1,293	N/A	116.95	34.55	No
% Claims with UB-92 Accommodation Codes	95-100	0.44	No	0.49	No	0.81	No	12.43	66.19	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.23	Yes	1.22	Yes	1.20	Yes	-0.68	-1.62	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.44	No	0.49	No	1.87	No	11.83	284.64	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.72	Yes	11.35	Yes	5.34	Yes	5.88	-52.94	No
Average LOS	2-<8	2.81	Yes	2.42	Yes	2.47	Yes	-13.78	1.97	Yes
% Begin Date = Admit Date	95-100	0.41	No	0.45	No	1.86	No	8.83	316.99	No
% 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	0.44	No	0.49	No	0.82	No	12.72	67.32	No
Average Number of DX Codes (at least 1 DX)	>=2	4.60	Yes	4.49	Yes	5.48	Yes	-2.26	22.02	No
% Claims with PDX, where length=3	5-30	17.20	Yes	12.70	Yes	12.85	Yes	-26.19	1.21	Yes
% Claims with PDX, where length=4	15-75	37.99	Yes	41.53	Yes	40.60	Yes	9.32	-2.26	Yes
% Claims with PDX, where length=5	25-70	44.80	Yes	45.77	Yes	46.39	Yes	2.15	1.37	Yes
% Claims with a procedure code	35-70	0.22	No	0.25	No	0.53	No	15.29	109.51	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.93	Yes	1.86	Yes	1.98	Yes	-3.51	6.17	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	100.00	N/A	100.00	N/A	99.76	N/A	0.00	-0.24	N/A
% Claims with DRG	>=90	0.33	No	0.37	No	0.30	No	12.92	-18.61	N/A

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