

1999-2001 MAX IP Validation Table
State: SD

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	18,265	N/A	18,471	N/A	19,039	N/A	1.13	3.08	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total IP Claims	N/A	18,265	N/A	18,471	N/A	19,039	N/A	1.13	3.08	Yes
% Supplemental Claims	5-20	20.87	No	20.31	No	21.84	No	-2.65	7.54	Yes
% Crossover	N/A	6.38	N/A	6.57	N/A	4.86	N/A	2.96	-26.08	No
% Adjusted Claims	> 1%	.	Yes	98.85	Yes	89.30	Yes	N/A	-9.66	Yes
% Standard Adjustments	N/A	\$4,152	N/A	\$4,012	N/A	\$5,836	N/A	-3.39	45.46	No
Aver. Amt. Pd Adjust. (include \$0) Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	14,454	N/A	14,719	N/A	14,880	N/A	1.83	1.09	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	\$3,926	Yes	\$4,030	Yes	\$4,087	Yes	2.64	1.41	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$901	N/A	\$985	N/A	\$1,024	N/A	9.23	4.03	Yes
% Claims with TPL	>0 - 10	2.98	Yes	2.55	Yes	2.24	Yes	-14.56	-11.90	Yes
Aver. TPL Paid for claims with TPL	N/A	\$1,624	N/A	\$1,768	N/A	\$1,699	N/A	8.89	-3.90	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.42	Yes	99.99	Yes	99.99	Yes	0.57	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.10	Yes	1.10	Yes	0.12	-0.15	Yes
% Claims with UB-92 Ancillary Codes	95-100	87.93	No	89.41	No	88.83	No	1.68	-0.65	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.81	Yes	9.10	Yes	9.04	Yes	3.28	-0.60	Yes
Average LOS	2-<8	5.19	Yes	4.10	Yes	3.99	Yes	-21.15	-2.54	Yes
Average Covered Days (> 0 day)	2-<8	4.11	Yes	4.09	Yes	3.99	Yes	-0.45	-2.52	Yes
% Begin Date = Admit Date	95-100	99.33	Yes	99.59	Yes	99.52	Yes	0.26	-0.06	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	0.35	Yes	0.28	Yes	0.22	Yes	-19.48	-22.80	No
% Claims with PDX	98-100	99.42	Yes	100.00	Yes	100.00	Yes	0.58	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.50	Yes	3.59	Yes	3.59	Yes	2.50	0.07	Yes
% Claims with PDX, where length=3	5-30	10.37	Yes	9.84	Yes	10.01	Yes	-5.06	1.65	Yes
% Claims with PDX, where length=4	15-75	21.90	Yes	21.79	Yes	21.75	Yes	-0.51	-0.16	Yes
% Claims with PDX, where length=5	25-70	67.73	Yes	68.37	Yes	68.24	Yes	0.94	-0.19	Yes
% Claims with a procedure code	35-70	52.71	Yes	53.41	Yes	54.95	Yes	1.32	2.88	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.06	Yes	2.06	Yes	2.03	Yes	0.21	-1.45	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	0.01	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	99.99	N/A	0.00	-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	100.00	N/A	N/A	N/A	N/A

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

1999-2001 MAX IP Validation Table
State: SD

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			
% 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	N/A
% Claims with DRG	>=90	77.31	No	78.78	No	79.09	No	1.90	0.39	N/A
% Claims Maternal Delivery Indicator	N/A	22.73	N/A	22.49	N/A	22.89	N/A	-1.05	1.79	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	23.68	N/A	23.26	N/A	24.31	N/A	-1.77	4.52	Yes
Patient Status										
% Home	75-90	86.93	Yes	87.34	Yes	87.70	Yes	0.47	0.42	Yes
% Transferred	1-10	11.28	No	11.71	No	11.34	No	3.80	-3.09	Yes
% Still a Patient	>0 - 2	1.01	Yes	0.33	Yes	0.37	Yes	-67.04	11.03	Yes
% Died	>0 - 3	0.77	Yes	0.61	Yes	0.58	Yes	-20.38	-4.38	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	3,811	N/A	3,752	N/A	4,159	N/A	-1.55	10.85	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	\$836	N/A	\$791	N/A	\$712	N/A	-5.27	-10.09	Yes
% Claims with TPL	N/A	0.68	N/A	0.77	N/A	0.50	N/A	13.29	-34.67	No
Aver. TPL Paid -claims with TPL	N/A	\$600	N/A	\$396	N/A	\$333	N/A	-33.91	-16.03	No
% Claims with UB-92 Accommodation Codes	95-100	0.05	No	0.08	No	0.02	No	52.36	-69.93	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.00	No	1.33	Yes	1.00	No	33.33	-25.00	No
% Claims with UB-92 Ancillary Codes	95-100	0.05	No	0.08	No	0.02	No	52.36	-69.93	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.00	Yes	15.33	Yes	8.00	Yes	53.33	-47.83	No
Average LOS	2-<8	5.29	Yes	4.95	Yes	4.62	Yes	-6.48	-6.62	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	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with DX	98-100	0.05	No	0.08	No	0.02	No	52.36	-69.93	No
Average Number of DX Codes (at least 1 DX)	>=2	8.50	Yes	4.33	Yes	3.00	Yes	-49.02	-30.77	No
% Claims with PDX, where length=3	5-30	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims with PDX, where length=4	15-75	100.00	No	33.33	Yes	100.00	No	-66.67	200.00	No
% Claims with PDX, where length=5	25-70	0.00	No	66.67	Yes	0.00	No	N/A	-100.00	No
% Claims with a procedure code	35-70	0.03	No	0.05	No	0.00	No	103.14	-100.00	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.00	No	2.50	Yes	.	Yes	150.00	N/A	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	0.00	N/A	0.00	N/A	.	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	.	N/A	0.00	N/A	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

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

1999-2001 MAX IP Validation Table
State: SD

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			
% 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	.	N/A	0.00	N/A	N/A
% Claims with DRG	>=90	0.00	No	0.05	No	0.00	No	N/A	-100.00	N/A

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