

1999-2001 MAX IP Validation Table
State: KS

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	45,924	N/A	50,727	N/A	53,124	N/A	10.46	4.73	Yes
	N/A	6.93	N/A	11.87	N/A	15.36	N/A	71.30	29.38	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total Supplemental Claims	N/A	42,742	N/A	44,706	N/A	44,966	N/A	4.60	0.58	Yes
	5-20	23.42	No	23.97	No	26.06	No	2.34	8.73	Yes
% Crossover	N/A	5.76	N/A	8.84	N/A	6.77	N/A	53.48	-23.51	No
% Adjusted Claims	> 1%	.	Yes	89.48	Yes	87.90	Yes	N/A	-1.76	Yes
% Standard Adjustments	N/A	\$6,557	N/A	\$5,849	N/A	\$6,679	N/A	-10.79	14.17	Yes
Aver. Amt. Pd Adjust. (include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	32,732	N/A	33,991	N/A	33,248	N/A	3.85	-2.19	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	\$3,648	Yes	\$3,691	Yes	\$4,124	Yes	1.18	11.74	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$921	N/A	\$917	N/A	\$1,006	N/A	-0.42	9.62	Yes
% Claims with TPL	>0 - 10	2.47	Yes	2.91	Yes	3.13	Yes	17.60	7.72	Yes
Aver. TPL Paid for claims with TPL	N/A	\$1,693	N/A	\$1,954	N/A	\$2,043	N/A	15.43	4.54	Yes
% Claims with UB-92 Accommodation Codes	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.12	Yes	1.12	Yes	1.12	Yes	-0.12	-0.30	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.64	Yes	99.63	Yes	99.62	Yes	-0.01	-0.01	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.72	Yes	8.00	Yes	8.27	Yes	3.64	3.31	Yes
Average LOS	2-<8	3.95	Yes	4.01	Yes	4.10	Yes	1.62	2.20	Yes
Average Covered Days (> 0 day)	2-<8	3.96	Yes	4.02	Yes	4.10	Yes	1.60	1.94	Yes
% Begin Date = Admit Date	95-100	99.95	Yes	99.92	Yes	99.93	Yes	-0.03	0.01	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	1.67	Yes	1.52	Yes	1.33	Yes	-9.16	-12.62	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	3.52	Yes	3.61	Yes	3.80	Yes	2.57	5.21	Yes
% Claims with PDX, where length=3	5-30	6.84	Yes	6.09	Yes	6.08	Yes	-11.06	-0.04	Yes
% Claims with PDX, where length=4	15-75	19.41	Yes	19.48	Yes	20.49	Yes	0.39	5.20	Yes
% Claims with PDX, where length=5	25-70	73.75	No	74.43	No	73.42	No	0.92	-1.36	Yes
% Claims with a procedure code	35-70	57.78	Yes	57.62	Yes	56.70	Yes	-0.27	-1.61	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.96	Yes	1.94	Yes	1.94	Yes	-1.08	0.13	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	99.99	N/A	100.00	N/A	-0.01	0.01	N/A
% Claims with DRG	>=90	99.58	Yes	99.56	Yes	99.56	Yes	-0.02	0.01	N/A
% Claims Maternal Delivery Indicator	N/A	24.38	N/A	23.54	N/A	21.62	N/A	-3.45	-8.18	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	25.58	N/A	25.89	N/A	24.44	N/A	1.20	-5.60	Yes
Patient Status										
% Home	75-90	90.06	No	90.08	No	88.69	Yes	0.02	-1.55	Yes
% Transferred	1-10	8.94	Yes	8.82	Yes	10.19	No	-1.37	15.54	No
% Still a Patient	>0 - 2	0.07	Yes	0.09	Yes	0.09	Yes	29.79	-4.36	Yes
% Died	>0 - 3	0.88	Yes	0.94	Yes	0.92	Yes	7.70	-2.54	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	10,010	N/A	10,715	N/A	11,718	N/A	7.04	9.36	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	\$962	N/A	\$959	N/A	\$952	N/A	-0.31	-0.66	Yes
% Claims with TPL	N/A	2.25	N/A	1.72	N/A	1.89	N/A	-23.60	10.32	Yes
Aver. TPL Paid -claims with TPL	N/A	\$1,660	N/A	\$628	N/A	\$781	N/A	-62.14	24.33	No
% Claims with UB-92 Accommodation Codes	95-100	99.88	Yes	99.86	Yes	99.82	Yes	-0.02	-0.04	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.18	Yes	1.18	Yes	1.18	Yes	0.17	-0.29	Yes
% Claims with UB-92 Ancillary Codes	95-100	99.84	Yes	99.70	Yes	99.60	Yes	-0.14	-0.10	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.39	Yes	10.61	Yes	10.56	Yes	2.07	-0.48	Yes
Average LOS	2-<8	6.17	Yes	6.07	Yes	6.02	Yes	-1.67	-0.83	Yes
% Begin Date = Admit Date	95-100	99.74	Yes	99.87	Yes	99.74	Yes	0.13	-0.13	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	5.98	Yes	6.05	Yes	6.29	Yes	1.13	4.09	Yes
% Claims with PDX, where length=3	5-30	9.75	Yes	8.84	Yes	9.18	Yes	-9.36	3.90	Yes
% Claims with PDX, where length=4	15-75	38.88	Yes	38.58	Yes	39.47	Yes	-0.77	2.30	Yes
% Claims with PDX, where length=5	25-70	51.37	Yes	52.58	Yes	51.35	Yes	2.36	-2.34	Yes
% Claims with a procedure code	35-70	44.10	Yes	45.05	Yes	43.33	Yes	2.16	-3.82	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.19	Yes	2.26	Yes	2.20	Yes	3.48	-2.80	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	99.98	N/A	99.98	N/A	99.98	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	99.50	N/A	99.77	N/A	99.96	N/A	0.27	0.19	N/A
% Claims with DRG	>=90	99.23	Yes	99.22	Yes	98.95	Yes	-0.01	-0.27	N/A

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