

2002-2004 MAX IP Validation Table
State: ND

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	10,504	N/A	9,843	N/A	10,083	N/A	-6.29	2.44	Yes
	N/A	0.49	N/A	0.68	N/A	0.77	N/A	40.19	13.65	Yes
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	10,453	N/A	9,776	N/A	10,005	N/A	-6.48	2.34	Yes
	5-20	20.64	No	2.77	No	6.54	Yes	-86.60	135.80	No
% Crossover	N/A	5.42	N/A	6.66	N/A	6.40	N/A	22.77	-3.94	Yes
% Adjusted Claims	> 1%	65.78	Yes	78.19	Yes	73.59	Yes	18.85	-5.88	Yes
% Standard Adjustments	N/A	\$4,229	N/A	\$3,954	N/A	\$5,486	N/A	-6.52	38.75	No
Aver. Amt. Pd Adjust. (include \$0)	FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)									
Total Number of Claims	N/A	8,295	N/A	9,505	N/A	9,351	N/A	14.59	-1.62	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	\$3,805	Yes	\$3,652	Yes	\$3,881	Yes	-4.01	6.26	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$922	N/A	\$855	N/A	\$902	N/A	-7.30	5.47	Yes
% Claims with TPL	>0 - 10	7.64	Yes	12.18	No	8.95	Yes	59.40	-26.50	No
Aver. TPL Paid for claims with TPL	N/A	\$2,887	N/A	\$3,614	N/A	\$3,434	N/A	25.18	-4.98	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.94	Yes	99.95	Yes	99.73	Yes	0.01	-0.22	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.08	Yes	1.08	Yes	1.08	Yes	0.07	0.10	Yes
% Claims with UB-92 Ancillary Codes	95-100	96.61	Yes	96.48	Yes	95.96	Yes	-0.14	-0.54	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.86	Yes	9.04	Yes	8.72	Yes	2.05	-3.57	Yes
Average LOS	2-<8	4.12	Yes	4.27	Yes	4.29	Yes	3.67	0.53	Yes
Average Covered Days (> 0 day)	2-<8	4.12	Yes	4.27	Yes	4.29	Yes	3.55	0.40	Yes
% Begin Date = Admit Date	95-100	99.61	Yes	99.62	Yes	99.68	Yes	0.01	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	1.15	Yes	0.86	Yes	1.28	Yes	-24.70	48.75	No
% 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	4.14	Yes	4.40	Yes	4.35	Yes	6.27	-1.14	Yes
% Claims with PDX, where length=3	5-30	9.37	Yes	9.52	Yes	8.39	Yes	1.65	-11.80	Yes
% Claims with PDX, where length=4	15-75	22.93	Yes	24.20	Yes	23.74	Yes	5.53	-1.89	Yes
% Claims with PDX, where length=5	25-70	67.70	Yes	66.28	Yes	67.86	Yes	-2.10	2.39	Yes
% Claims with a procedure code	35-70	55.29	Yes	54.40	Yes	55.40	Yes	-1.60	1.82	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.01	Yes	2.08	Yes	1.83	Yes	3.76	-12.30	Yes
% Claims with Procedures that have CPT-4 Indicator	N/A	0.02	N/A	0.08	N/A	0.08	N/A	254.70	-0.17	Yes
% Claims with Procedures that have ICD-9 Indicator	N/A	99.98	N/A	99.92	N/A	99.85	N/A	-0.06	-0.08	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes

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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	100.00	N/A	0.00	0.00	Yes
% Claims with DRG	>=90	83.07	No	82.69	No	81.73	No	-0.46	-1.16	Yes
% Claims Maternal Delivery Indicator	N/A	20.78	N/A	19.57	N/A	21.09	N/A	-5.85	7.77	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	25.06	N/A	23.16	N/A	25.79	N/A	-7.61	11.39	Yes
Patient Status										
% Home	75-90	91.96	No	89.85	Yes	91.44	No	-2.30	1.78	Yes
% Transferred	1-10	5.93	Yes	8.40	Yes	7.39	Yes	41.55	-12.00	Yes
% Still a Patient	>0 - 2	1.25	Yes	0.64	Yes	0.50	Yes	-48.80	-21.70	No
% Died	>0 - 3	0.86	Yes	1.12	Yes	0.66	Yes	30.29	-40.50	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	2,158	N/A	271	N/A	654	N/A	-87.40	141.30	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	\$887	N/A	\$915	N/A	\$851	N/A	3.16	-6.93	Yes
% Claims with TPL	N/A	3.66	N/A	1.48	N/A	52.14	N/A	-59.70	3,433.00	No
Aver. TPL Paid -claims with TPL	N/A	\$2,508	N/A	\$1,154	N/A	\$4,813	N/A	-54.00	316.90	No
% Claims with UB-92 Accommodation Codes	95-100	2.04	No	0.37	No	60.86	No	-81.90	16,392.00	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.14	Yes	1.00	No	1.11	Yes	-12.00	10.80	Yes
% Claims with UB-92 Ancillary Codes	95-100	1.99	No	0.37	No	60.86	No	-81.50	16,392.00	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	11.49	Yes	6.00	Yes	11.78	Yes	-47.80	96.27	No
Average LOS	2-<8	5.48	Yes	7.11	Yes	6.20	Yes	29.80	-12.80	Yes
% Begin Date = Admit Date	95-100	99.07	Yes	100.00	Yes	99.69	Yes	0.94	-0.31	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	2.04	No	0.37	No	60.86	No	-81.90	16,392.00	No
Average Number of DX Codes (at least 1 DX)	>=2	6.84	Yes	8.00	Yes	7.21	Yes	16.94	-9.86	Yes
% Claims with PDX, where length=3	5-30	13.64	Yes	0.00	No	10.80	Yes	-100.00	.	N/A
% Claims with PDX, where length=4	15-75	27.27	Yes	100.00	No	40.70	Yes	266.70	-59.30	No
% Claims with PDX, where length=5	25-70	59.09	Yes	0.00	No	48.49	Yes	-100.00	.	N/A
% Claims with a procedure code	35-70	0.74	No	0.37	No	28.90	No	-50.20	7,732.00	No
Average Number of Procedures for claims with at least 1 procedure code	>1	2.75	Yes	1.00	No	2.43	Yes	-63.60	143.40	No
% 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	1.62	No	0.37	No	57.65	No	-77.20	15,522.00	No

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