

1999-2001 MAX IP Validation Table
State: NY

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	808,573	N/A	827,148	N/A	1,374,120	N/A	2.30	66.13	No
	N/A	7.96	N/A	9.75	N/A	6.22	N/A	22.44	-36.17	No
% Encounter Claims *	N/A	0	N/A	0	N/A	41	N/A	N/A	N/A	N/A
Total Supplemental Claims	N/A	744,204	N/A	746,524	N/A	727,183	N/A	0.31	-2.59	Yes
	5-20	15.22	Yes	15.19	Yes	16.03	Yes	-0.18	5.53	Yes
% Crossover	N/A	60.98	N/A	32.05	N/A	16.29	N/A	-47.45	-49.18	No
% Adjusted Claims	> 1%	.	Yes	97.11	Yes	98.00	Yes	N/A	0.92	Yes
% Standard Adjustments	N/A	\$6,692	N/A	\$6,407	N/A	\$7,603	N/A	-4.27	18.67	No
Aver. Amt. Pd Adjust. (include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	630,958	N/A	633,134	N/A	610,620	N/A	0.34	-3.56	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	\$6,771	Yes	\$6,750	Yes	\$6,906	Yes	-0.32	2.31	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,171	N/A	\$1,196	N/A	\$1,220	N/A	2.14	2.02	Yes
% Claims with TPL	>0 - 10	0.08	Yes	0.11	Yes	0.21	Yes	41.47	89.97	No
Aver. TPL Paid for claims with TPL	N/A	\$1,621	N/A	\$1,646	N/A	\$1,432	N/A	1.56	-12.96	Yes
% Claims with UB-92 Accommodation Codes	95-100	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	Yes	.	Yes	.	Yes	N/A	N/A	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	Yes	.	Yes	.	Yes	N/A	N/A	N/A
Average LOS	2-<8	5.84	Yes	5.72	Yes	5.74	Yes	-2.07	0.41	Yes
Average Covered Days (> 0 day)	2-<8	5.82	Yes	5.69	Yes	5.72	Yes	-2.11	0.47	Yes
% Begin Date = Admit Date	95-100	86.88	No	87.19	No	87.68	No	0.36	0.56	Yes
% IP Claims (MAX TOS 01)	95-100	99.50	Yes	99.54	Yes	99.56	Yes	0.04	0.02	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.07	Yes	0.09	Yes	0.08	Yes	29.01	-1.83	Yes
% Claims with PDX	98-100	100.00	Yes	98.94	Yes	99.23	Yes	-1.06	0.29	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.50	Yes	3.51	Yes	3.62	Yes	0.48	2.94	Yes
% Claims with PDX, where length=3	5-30	8.28	Yes	7.93	Yes	6.90	Yes	-4.20	-13.05	Yes
% Claims with PDX, where length=4	15-75	24.18	Yes	24.12	Yes	24.20	Yes	-0.25	0.32	Yes
% Claims with PDX, where length=5	25-70	67.54	Yes	67.95	Yes	68.90	Yes	0.60	1.41	Yes
% Claims with a procedure code	35-70	70.66	No	67.95	Yes	67.65	Yes	-3.84	-0.44	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.15	Yes	2.15	Yes	2.16	Yes	-0.14	0.19	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	99.20	N/A	98.85	N/A	98.62	N/A	-0.36	-0.23	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	99.20	N/A	98.85	N/A	100.00	N/A	-0.36	1.16	N/A
% Claims with DRG	>=90	77.32	No	73.87	No	73.52	No	-4.46	-0.48	N/A
% Claims Maternal Delivery Indicator	N/A	15.20	N/A	15.22	N/A	14.53	N/A	0.12	-4.55	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	15.21	N/A	15.42	N/A	15.24	N/A	1.35	-1.12	Yes
Patient Status										
% Home	75-90	86.45	Yes	82.99	Yes	82.64	Yes	-4.00	-0.42	Yes
% Transferred	1-10	11.20	No	11.49	No	11.33	No	2.65	-1.41	Yes
% Still a Patient	>0 - 2	0.88	Yes	4.11	No	4.62	No	368.30	12.42	Yes
% Died	>0 - 3	1.48	Yes	1.40	Yes	1.40	Yes	-5.19	0.17	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	113,246	N/A	113,390	N/A	116,563	N/A	0.13	2.80	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	\$976	N/A	\$1,063	N/A	\$1,115	N/A	8.82	4.97	Yes
% Claims with TPL	N/A	0.04	N/A	0.02	N/A	0.03	N/A	-38.17	15.99	No
Aver. TPL Paid -claims with TPL	N/A	\$628	N/A	\$315	N/A	\$492	N/A	-49.90	56.36	No
% Claims with UB-92 Accommodation Codes	95-100	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	Yes	.	Yes	.	Yes	N/A	N/A	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	Yes	.	Yes	.	Yes	N/A	N/A	N/A
Average LOS	2-<8	9.00	No	8.96	No	8.79	No	-0.50	-1.88	Yes
% Begin Date = Admit Date	95-100	99.74	Yes	99.77	Yes	99.72	Yes	0.03	-0.05	Yes
% Claims with IP TOS	95-100	99.98	Yes	99.99	Yes	100.00	Yes	0.01	0.01	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	5.45	Yes	5.59	Yes	5.76	Yes	2.67	2.96	Yes
% Claims with PDX, where length=3	5-30	10.59	Yes	10.07	Yes	8.86	Yes	-4.93	-12.04	Yes
% Claims with PDX, where length=4	15-75	41.45	Yes	40.99	Yes	41.48	Yes	-1.12	1.20	Yes
% Claims with PDX, where length=5	25-70	47.96	Yes	48.95	Yes	49.66	Yes	2.06	1.47	Yes
% Claims with a procedure code	35-70	66.52	Yes	65.28	Yes	64.03	Yes	-1.88	-1.91	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.56	Yes	2.53	Yes	2.54	Yes	-1.12	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	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	0.18	N/A	0.18	N/A	0.17	N/A	1.03	-6.01	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	0.18	N/A	0.18	N/A	100.00	N/A	1.03	55,136.57	N/A
% Claims with DRG	>=90	91.42	Yes	90.98	Yes	90.95	Yes	-0.48	-0.03	N/A

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