

**2002-2004 MAX IP Validation Table
State: NY**

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	1,392,859	N/A	1,531,245	N/A	1,529,982	N/A	9.94	-0.08	Yes
	N/A	9.34	N/A	12.85	N/A	17.41	N/A	37.56	35.48	No
% Encounter Claims *	N/A	37	N/A	35	N/A	30	N/A	-5.89	-13.20	Yes
Total FFS Claims	N/A	745,250	N/A	799,081	N/A	799,271	N/A	7.22	0.02	Yes
% Crossover	N/A	16.53	Yes	15.76	Yes	16.79	Yes	-4.68	6.57	Yes
% Adjusted Claims	N/A	25.22	N/A	25.85	N/A	37.93	N/A	2.50	46.76	No
% Standard Adjustments	> 1%	99.39	Yes	99.39	Yes	98.90	Yes	0.00	-0.49	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$7,392	N/A	\$7,467	N/A	\$6,860	N/A	1.01	-8.13	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	622,061	N/A	673,179	N/A	665,061	N/A	8.22	-1.21	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	\$7,136	No	\$6,824	Yes	\$6,690	Yes	-4.38	-1.96	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,319	N/A	\$1,387	N/A	\$1,464	N/A	5.22	5.50	Yes
% Claims with TPL	>0 - 10	0.42	Yes	0.83	Yes	1.69	Yes	96.85	102.90	No
Aver. TPL Paid for claims with TPL	N/A	\$1,390	N/A	\$1,354	N/A	\$3,372	N/A	-2.62	149.10	No
% Claims with UB-92 Accommodation Codes	95-100	0.00	No	0.00	No	0.00	No	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	Yes	.	Yes	.	Yes	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.00	No	0.00	No	0.00	No	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	Yes	.	Yes	.	Yes	.	.	N/A
Average LOS	2-<8	5.48	Yes	4.97	Yes	4.69	Yes	-9.36	-5.64	Yes
Average Covered Days (> 0 day)	2-<8	5.46	Yes	4.96	Yes	4.63	Yes	-9.25	-6.61	Yes
% Begin Date = Admit Date	95-100	82.03	No	73.35	No	66.81	No	-10.60	-8.92	Yes
% IP Claims (MAX TOS 01)	95-100	99.60	Yes	99.70	Yes	99.76	Yes	0.10	0.06	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.07	Yes	0.05	Yes	0.04	Yes	-33.60	-20.60	No
% Claims with PDX	98-100	99.24	Yes	99.31	Yes	99.45	Yes	0.07	0.13	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.68	Yes	3.82	Yes	3.92	Yes	3.77	2.63	Yes
% Claims with PDX, where length=3	5-30	6.43	Yes	6.15	Yes	5.74	Yes	-4.32	-6.77	Yes
% Claims with PDX, where length=4	15-75	24.71	Yes	24.70	Yes	24.68	Yes	-0.03	-0.08	Yes
% Claims with PDX, where length=5	25-70	68.86	Yes	69.15	Yes	69.58	Yes	0.42	0.63	Yes
% Claims with a procedure code	35-70	67.94	Yes	69.24	Yes	68.94	Yes	1.91	-0.44	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.18	Yes	2.17	Yes	2.17	Yes	-0.47	-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
% Claims with Procedures that have ICD-9 Indicator	N/A	98.83	N/A	98.98	N/A	98.34	N/A	0.15	-0.65	Yes
% Claims with Procedures that have CPT-4 Indicator & CPT-4 format of 5n	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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

2002-2004 MAX IP Validation Table
State: NY

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			
% Claims with Procedures that have ICD-9-CM Indicator & ICD-9-CM Format 3n or 4n	N/A	99.99	N/A	99.98	N/A	99.99	N/A	-0.01	0.01	Yes
% Claims with DRG	>=90	66.44	No	57.44	No	49.13	No	-13.50	-14.50	Yes
% Claims Maternal Delivery Indicator	N/A	14.04	N/A	14.07	N/A	14.17	N/A	0.23	0.70	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	14.79	N/A	14.66	N/A	14.60	N/A	-0.86	-0.41	Yes
Patient Status										
% Home	75-90	81.23	Yes	81.77	Yes	80.04	Yes	0.66	-2.12	Yes
% Transferred	1-10	11.99	No	11.95	No	13.48	No	-0.32	12.81	Yes
% Still a Patient	>0 - 2	5.42	No	5.00	No	5.32	No	-7.84	6.38	Yes
% Died	>0 - 3	1.35	Yes	1.28	Yes	1.16	Yes	-5.25	-9.19	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	123,189	N/A	125,902	N/A	134,210	N/A	2.20	6.60	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
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$1,060	N/A	\$1,062	N/A	\$1,047	N/A	0.27	-1.45	Yes
% Claims with TPL	N/A	0.05	N/A	0.06	N/A	0.25	N/A	17.75	350.60	No
Aver. TPL Paid -claims with TPL	N/A	\$511	N/A	\$525	N/A	\$365	N/A	2.60	-30.30	No
% Claims with UB-92 Accommodation Codes	95-100	0.00	No	0.00	No	0.00	No	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	Yes	.	Yes	.	Yes	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.00	No	0.00	No	0.00	No	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	Yes	.	Yes	.	Yes	.	.	N/A
Average LOS	2-<8	8.43	No	8.07	No	7.58	Yes	-4.30	-6.05	Yes
% Begin Date = Admit Date	95-100	99.74	Yes	99.74	Yes	99.76	Yes	0.00	0.02	Yes
% Claims with IP TOS	95-100	99.99	Yes	99.98	Yes	99.99	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	5.88	Yes	6.04	Yes	6.22	Yes	2.81	2.97	Yes
% Claims with PDX, where length=3	5-30	8.81	Yes	8.48	Yes	7.77	Yes	-3.72	-8.40	Yes
% Claims with PDX, where length=4	15-75	41.19	Yes	41.16	Yes	41.50	Yes	-0.07	0.83	Yes
% Claims with PDX, where length=5	25-70	50.00	Yes	50.36	Yes	50.73	Yes	0.71	0.73	Yes
% Claims with a procedure code	35-70	63.67	Yes	64.57	Yes	65.57	Yes	1.42	1.56	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.56	Yes	2.57	Yes	2.59	Yes	0.42	0.48	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
% Claims with Procedures that have ICD-9 Indicator	N/A	0.16	N/A	0.11	N/A	0.07	N/A	-28.80	-36.40	No
% 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	91.14	Yes	91.23	Yes	91.98	Yes	0.10	0.83	Yes

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