

2002-2004 MAX IP Validation Table
State: SD

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	20,265	N/A	20,688	N/A	18,695	N/A	2.09	-9.63	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	20,265	N/A	20,688	N/A	18,695	N/A	2.09	-9.63	Yes
% Crossover	5-20	22.02	No	20.94	No	11.35	Yes	-4.88	-45.80	No
% Adjusted Claims	N/A	3.26	N/A	3.46	N/A	2.81	N/A	6.11	-18.70	No
% Standard Adjustments	> 1%	89.11	Yes	93.44	Yes	96.39	Yes	4.86	3.16	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$5,830	N/A	\$9,814	N/A	\$9,309	N/A	68.33	-5.14	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	15,803	N/A	16,355	N/A	16,573	N/A	3.49	1.33	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	\$4,412	Yes	\$4,842	Yes	\$4,821	Yes	9.75	-0.45	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,105	N/A	\$1,235	N/A	\$1,220	N/A	11.75	-1.14	Yes
% Claims with TPL	>0 - 10	1.67	Yes	1.49	Yes	1.16	Yes	-11.10	-22.00	No
Aver. TPL Paid for claims with TPL	N/A	\$1,443	N/A	\$1,770	N/A	\$1,711	N/A	22.63	-3.30	Yes
% Claims with UB-92 Accommodation Codes	95-100	100.00	Yes	100.00	Yes	99.99	Yes	0.00	-0.01	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.11	Yes	1.10	Yes	1.11	Yes	-0.77	0.67	Yes
% Claims with UB-92 Ancillary Codes	95-100	89.27	No	90.38	No	90.91	No	1.24	0.59	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	8.93	Yes	9.04	Yes	8.90	Yes	1.23	-1.56	Yes
Average LOS	2-<8	3.99	Yes	3.92	Yes	3.95	Yes	-1.79	0.72	Yes
Average Covered Days (> 0 day)	2-<8	3.99	Yes	3.92	Yes	3.95	Yes	-1.79	0.71	Yes
% Begin Date = Admit Date	95-100	99.56	Yes	99.39	Yes	99.31	Yes	-0.16	-0.09	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	0.32	Yes	0.33	Yes	0.33	Yes	4.36	-1.32	Yes
% Claims with PDX	98-100	99.99	Yes	100.00	Yes	100.00	Yes	0.01	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	3.60	Yes	3.93	Yes	3.92	Yes	9.30	-0.29	Yes
% Claims with PDX, where length=3	5-30	9.01	Yes	9.11	Yes	8.04	Yes	1.17	-11.80	Yes
% Claims with PDX, where length=4	15-75	21.59	Yes	20.19	Yes	19.12	Yes	-6.47	-5.32	Yes
% Claims with PDX, where length=5	25-70	69.41	Yes	70.70	No	72.85	No	1.86	3.04	Yes
% Claims with a procedure code	35-70	54.80	Yes	53.93	Yes	54.96	Yes	-1.58	1.91	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.07	Yes	2.18	Yes	2.12	Yes	5.17	-2.58	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	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

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		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	Yes
% Claims with DRG	>=90	78.88	No	79.27	No	78.75	No	0.49	-0.65	Yes
% Claims Maternal Delivery Indicator	N/A	23.21	N/A	23.77	N/A	24.92	N/A	2.39	4.85	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	24.60	N/A	24.84	N/A	26.34	N/A	1.00	6.02	Yes
Patient Status										
% Home	75-90	89.38	Yes	89.21	Yes	88.30	Yes	-0.18	-1.02	Yes
% Transferred	1-10	9.74	Yes	9.80	Yes	10.61	No	0.64	8.23	Yes
% Still a Patient	>0 - 2	0.24	Yes	0.31	Yes	0.39	Yes	27.14	28.29	No
% Died	>0 - 3	0.65	Yes	0.65	Yes	0.69	Yes	1.36	5.14	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	4,462	N/A	4,333	N/A	2,122	N/A	-2.89	-51.00	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	\$653	N/A	\$711	N/A	\$854	N/A	8.98	20.12	No
% Claims with TPL	N/A	0.13	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
Aver. TPL Paid -claims with TPL	N/A	\$331	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	0.09	No	0.00	No	0.05	No	-100.00	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.25	Yes	.	Yes	1.00	No	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.09	No	0.00	No	0.05	No	-100.00	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	10.75	Yes	.	Yes	21.00	Yes	.	.	N/A
Average LOS	2-<8	4.32	Yes	4.57	Yes	4.41	Yes	5.74	-3.57	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	0.09	No	0.00	No	0.05	No	-100.00	.	N/A
Average Number of DX Codes (at least 1 DX)	>=2	7.00	Yes	.	Yes	9.00	Yes	.	.	N/A
% Claims with PDX, where length=3	5-30	0.00	No	.	No	0.00	No	.	.	N/A
% Claims with PDX, where length=4	15-75	75.00	Yes	.	No	0.00	No	.	.	N/A
% Claims with PDX, where length=5	25-70	25.00	Yes	.	No	100.00	No	.	.	N/A
% Claims with a procedure code	35-70	0.02	No	0.00	No	0.00	No	-100.00	.	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	5.00	Yes	.	Yes	.	Yes	.	.	N/A
% Claims with Procedures that have CPT-4 Indicator	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	.	N/A	.	N/A	.	.	N/A
% 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	.	N/A	.	N/A	.	.	N/A
% Claims with DRG	>=90	0.02	No	0.00	No	0.00	No	-100.00	.	N/A

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