

1999-2001 MAX IP Validation Table
State: TN

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	235,636	N/A	228,726	N/A	188,242	N/A	-2.93	-17.70	No
	N/A	67.40	N/A	64.92	N/A	55.04	N/A	-3.69	-15.22	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	76,808	N/A	80,246	N/A	84,641	N/A	4.48	5.48	Yes
	5-20	100.00	No	100.00	No	96.93	No	0.00	-3.07	Yes
% Crossover	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Adjusted Claims	> 1%	.	Yes	.	Yes	0.00	No	N/A	N/A	N/A
% Standard Adjustments	N/A	.	N/A	.	N/A	\$792	N/A	N/A	N/A	N/A
Aver. Amt. Pd Adjust. (include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	0	N/A	0	N/A	2,597	N/A	N/A	N/A	N/A
% Claims with> \$0 Paid	95-100	.	No	.	No	100.00	Yes	N/A	N/A	N/A
% Claims with< \$0 Paid	0	.	No	.	No	0.00	Yes	N/A	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	\$2000 - \$7000	.	No	.	No	\$4,388	Yes	N/A	N/A	N/A
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	.	N/A	.	N/A	\$689	N/A	N/A	N/A	N/A
% Claims with TPL	>0 - 10	.	No	.	No	0.62	Yes	N/A	N/A	N/A
Aver. TPL Paid for claims with TPL	N/A	.	N/A	.	N/A	\$2,150	N/A	N/A	N/A	N/A
% Claims with UB-92 Accommodation Codes	95-100	.	No	.	No	99.31	Yes	N/A	N/A	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	Yes	.	Yes	1.18	Yes	N/A	N/A	N/A
% Claims with UB-92 Ancillary Codes	95-100	.	No	.	No	80.82	No	N/A	N/A	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	Yes	.	Yes	10.12	Yes	N/A	N/A	N/A
Average LOS	2-<8	.	No	.	No	6.31	Yes	N/A	N/A	N/A
Average Covered Days (> 0 day)	2-<8	.	No	.	No	6.34	Yes	N/A	N/A	N/A
% Begin Date = Admit Date	95-100	.	No	.	No	96.57	Yes	N/A	N/A	N/A
% IP Claims (MAX TOS 01)	95-100	.	No	.	No	99.69	Yes	N/A	N/A	N/A
% Family Planning Claims (pgm type=2)	>0-5	.	No	.	No	0.00	No	N/A	N/A	N/A
% Claims with PDX	98-100	.	No	.	No	100.00	Yes	N/A	N/A	N/A
Average Number of DX Codes (at least 1 DX)	>=2	.	Yes	.	Yes	2.70	Yes	N/A	N/A	N/A
% Claims with PDX, where length=3	5-30	.	No	.	No	6.01	Yes	N/A	N/A	N/A
% Claims with PDX, where length=4	15-75	.	No	.	No	23.30	Yes	N/A	N/A	N/A
% Claims with PDX, where length=5	25-70	.	No	.	No	70.70	No	N/A	N/A	N/A
% Claims with a procedure code	35-70	.	No	.	No	44.55	Yes	N/A	N/A	N/A
Average Number of Procedures for claims with at least 1 procedure code	>1	.	Yes	.	Yes	5.71	Yes	N/A	N/A	N/A
% Claims with Procedures that have CPT-4 Indicator	N/A	.	N/A	.	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	.	N/A	.	N/A	86.17	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	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	.	N/A	.	N/A	99.60	N/A	N/A	N/A	N/A
% Claims with DRG	>=90	.	Yes	.	Yes	0.00	No	N/A	N/A	N/A
% Claims Maternal Delivery Indicator	N/A	.	N/A	.	N/A	11.32	N/A	N/A	N/A	N/A
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	.	N/A	.	N/A	15.90	N/A	N/A	N/A	N/A
Patient Status										
% Home	75-90	.	No	.	No	58.45	No	N/A	N/A	N/A
% Transferred	1-10	.	No	.	No	39.12	No	N/A	N/A	N/A
% Still a Patient	>0 - 2	.	No	.	No	1.19	Yes	N/A	N/A	N/A
% Died	>0 - 3	.	No	.	No	1.08	Yes	N/A	N/A	N/A
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	76,808	N/A	80,246	N/A	82,044	N/A	4.48	2.24	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	\$246	N/A	\$242	N/A	\$250	N/A	-1.90	3.70	Yes
% Claims with TPL	N/A	0.00	N/A	0.03	N/A	0.01	N/A	1,240.02	-68.56	No
Aver. TPL Paid -claims with TPL	N/A	\$8,957	N/A	\$13,654	N/A	\$10,830	N/A	52.44	-20.69	No
% Claims with UB-92 Accommodation Codes	95-100	0.33	No	0.55	No	3.31	No	68.46	504.41	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.08	Yes	1.06	Yes	1.03	Yes	-2.30	-3.04	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.41	No	0.60	No	39.60	No	48.31	6,452.36	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	5.23	Yes	5.61	Yes	3.57	Yes	7.13	-36.35	No
Average LOS	2-<8	11.43	No	11.19	No	11.08	No	-2.10	-0.98	Yes
% Begin Date = Admit Date	95-100	88.19	No	84.08	No	83.89	No	-4.67	-0.22	Yes
% Claims with IP TOS	95-100	100.00	Yes	100.00	Yes	99.97	Yes	0.00	-0.03	Yes
% Claims with DX	98-100	99.99	Yes	99.99	Yes	99.98	Yes	0.00	-0.02	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.73	No	1.72	No	1.73	No	-0.48	0.53	Yes
% Claims with PDX, where length=3	5-30	43.73	No	43.55	No	43.62	No	-0.41	0.16	Yes
% Claims with PDX, where length=4	15-75	33.09	Yes	32.67	Yes	32.87	Yes	-1.27	0.62	Yes
% Claims with PDX, where length=5	25-70	23.18	No	23.77	No	23.49	No	2.55	-1.18	Yes
% Claims with a procedure code	35-70	0.41	No	0.61	No	33.95	No	49.67	5,448.19	No
Average Number of Procedures for claims with at least 1 procedure code	>1	2.99	Yes	3.06	Yes	2.44	Yes	2.19	-20.16	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	N/A	N/A
% Claims with Procedures that have ICD-9 Indicator	N/A	0.64	N/A	2.24	N/A	0.00	N/A	251.73	-99.84	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	0.64	N/A	2.24	N/A	100.00	N/A	251.73	4,363.64	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A

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