

1999-2001 MAX IP Validation Table
State: DE

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	11,636	N/A	10,563	N/A	15,074	N/A	-9.22	42.71	No
	N/A	58.48	N/A	47.78	N/A	59.10	N/A	-18.30	23.70	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	4,831	N/A	5,516	N/A	6,165	N/A	14.18	11.77	Yes
	5-20	53.20	No	54.19	No	57.65	No	1.86	6.39	Yes
% Crossover	N/A	2.84	N/A	5.73	N/A	4.82	N/A	102.01	-15.91	No
% Adjusted Claims	> 1%	.	Yes	68.35	Yes	78.11	Yes	N/A	14.28	Yes
% Standard Adjustments	N/A	\$3,264	N/A	\$1,052	N/A	\$1,101	N/A	-67.77	4.63	Yes
Aver. Amt. Pd Adjust. (include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	2,261	N/A	2,527	N/A	2,611	N/A	11.76	3.32	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	\$6,064	Yes	\$5,295	Yes	\$5,482	Yes	-12.68	3.54	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,098	N/A	\$1,030	N/A	\$1,194	N/A	-6.16	15.87	No
% Claims with TPL	>0 - 10	1.46	Yes	1.11	Yes	1.91	Yes	-24.08	72.83	No
Aver. TPL Paid for claims with TPL	N/A	\$8,735	N/A	\$2,219	N/A	\$2,573	N/A	-74.59	15.94	No
% Claims with UB-92 Accommodation Codes	95-100	91.91	No	96.44	Yes	97.28	Yes	4.93	0.87	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.17	Yes	1.16	Yes	1.16	Yes	-0.47	-0.39	Yes
% Claims with UB-92 Ancillary Codes	95-100	91.33	No	96.04	Yes	97.17	Yes	5.16	1.17	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	6.47	Yes	6.75	Yes	6.82	Yes	4.28	1.07	Yes
Average LOS	2-<8	9.87	No	6.79	Yes	5.78	Yes	-31.21	-14.87	Yes
Average Covered Days (> 0 day)	2-<8	5.31	Yes	5.05	Yes	4.55	Yes	-4.95	-9.82	Yes
% Begin Date = Admit Date	95-100	90.89	No	96.00	Yes	96.97	Yes	5.63	1.01	Yes
% IP Claims (MAX TOS 01)	95-100	99.34	Yes	99.49	Yes	99.58	Yes	0.15	0.09	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% 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	3.41	Yes	3.56	Yes	3.66	Yes	4.48	2.84	Yes
% Claims with PDX, where length=3	5-30	7.78	Yes	7.76	Yes	6.74	Yes	-0.36	-13.09	Yes
% Claims with PDX, where length=4	15-75	19.06	Yes	15.79	Yes	15.70	Yes	-17.17	-0.55	Yes
% Claims with PDX, where length=5	25-70	73.15	No	76.45	No	77.56	No	4.51	1.44	Yes
% Claims with a procedure code	35-70	40.56	Yes	44.32	Yes	43.36	Yes	9.28	-2.18	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.29	Yes	1.34	Yes	1.21	Yes	3.33	-9.78	Yes
% Claims with Procedures that have CPT-4 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 ICD-9 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 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	0.00	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims Maternal Delivery Indicator	N/A	28.26	N/A	32.37	N/A	33.59	N/A	14.54	3.76	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	27.82	N/A	28.14	N/A	27.77	N/A	1.14	-1.31	Yes
Patient Status										
% Home	75-90	70.19	No	70.60	No	70.05	No	0.58	-0.78	Yes
% Transferred	1-10	19.81	No	24.57	No	25.81	No	24.02	5.04	Yes
% Still a Patient	>0 - 2	0.09	Yes	0.28	Yes	0.00	No	213.16	-100.00	No
% Died	>0 - 3	1.59	Yes	0.99	Yes	1.23	Yes	-37.87	23.88	No
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	2,570	N/A	2,989	N/A	3,554	N/A	16.30	18.90	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	N/A	N/A
Aver. Medicaid Amount Paid (claims with >\$0 paid)	N/A	\$770	N/A	\$832	N/A	\$854	N/A	8.07	2.64	Yes
% Claims with TPL	N/A	0.70	N/A	3.75	N/A	1.35	N/A	435.00	-63.96	No
Aver. TPL Paid -claims with TPL	N/A	\$468	N/A	\$714	N/A	\$550	N/A	52.53	-22.99	No
% Claims with UB-92 Accommodation Codes	95-100	0.19	No	0.23	No	0.34	No	20.37	44.18	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.60	Yes	1.00	No	1.25	Yes	-37.50	25.00	No
% Claims with UB-92 Ancillary Codes	95-100	0.19	No	0.23	No	0.34	No	20.37	44.18	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.20	Yes	6.71	Yes	8.33	Yes	-6.75	24.11	No
Average LOS	2-<8	6.46	Yes	7.03	Yes	6.79	Yes	8.88	-3.45	Yes
% Begin Date = Admit Date	95-100	99.77	Yes	99.73	Yes	99.80	Yes	-0.03	0.07	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.01	No	1.01	No	1.02	No	-0.63	1.05	Yes
% Claims with PDX, where length=3	5-30	9.61	Yes	9.10	Yes	9.31	Yes	-5.32	2.35	Yes
% Claims with PDX, where length=4	15-75	42.26	Yes	43.76	Yes	39.70	Yes	3.56	-9.27	Yes
% Claims with PDX, where length=5	25-70	48.13	Yes	47.14	Yes	50.98	Yes	-2.06	8.16	Yes
% Claims with a procedure code	35-70	0.12	No	0.07	No	0.11	No	-42.68	68.20	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.33	Yes	1.00	No	1.25	Yes	-25.00	25.00	No
% Claims with Procedures that have CPT-4 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 ICD-9 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 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	0.00	N/A	0.00	N/A	.	N/A	N/A	N/A	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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