

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

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	25,430	N/A	22,035	N/A	29,402	N/A	-13.40	33.43	No
	N/A	0.00	N/A	0.00	N/A	3.42	N/A	.	.	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	25,430	N/A	22,035	N/A	28,395	N/A	-13.40	28.86	No
% Crossover	5-20	11.81	Yes	13.62	Yes	22.51	No	15.33	65.26	No
% Adjusted Claims	N/A	0.97	N/A	0.73	N/A	2.16	N/A	-24.80	195.90	No
% Standard Adjustments	> 1%	79.76	Yes	88.20	Yes	88.93	Yes	10.58	0.82	Yes
Aver. Amt. Pd Adjust. ( include \$0)	N/A	\$9,372	N/A	\$13,613	N/A	\$19,968	N/A	45.25	46.68	No
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	22,426	N/A	19,033	N/A	22,002	N/A	-15.10	15.60	No
% 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	\$5,479	Yes	\$5,746	Yes	\$5,793	Yes	4.89	0.82	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$669	N/A	\$1,022	N/A	\$1,215	N/A	52.83	18.93	No
% Claims with TPL	>0 - 10	0.08	Yes	0.36	Yes	0.36	Yes	351.70	0.30	Yes
Aver. TPL Paid for claims with TPL	N/A	\$3,096	N/A	\$2,821	N/A	\$7,440	N/A	-8.87	163.70	No
% Claims with UB-92 Accommodation Codes	95-100	0.00	No	46.18	No	99.67	Yes	.	115.80	No
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	Yes	1.17	Yes	1.16	Yes	.	-1.28	Yes
% Claims with UB-92 Ancillary Codes	95-100	0.00	No	46.30	No	99.84	Yes	.	115.60	No
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	Yes	9.15	Yes	9.42	Yes	.	3.05	Yes
Average LOS	2-<8	4.99	Yes	4.61	Yes	4.87	Yes	-7.75	5.62	Yes
Average Covered Days (> 0 day)	2-<8	8.20	No	5.55	Yes	4.77	Yes	-32.30	-14.00	Yes
% Begin Date = Admit Date	95-100	100.00	Yes	99.93	Yes	99.76	Yes	-0.07	-0.16	Yes
% IP Claims (MAX TOS 01)	95-100	100.00	Yes	99.36	Yes	98.82	Yes	-0.64	-0.54	Yes
% Family Planning Claims (pgm type=2)	>0-5	0.23	Yes	0.05	Yes	0.00	No	-77.30	-100.00	No
% Claims with PDX	98-100	100.00	Yes	99.81	Yes	99.91	Yes	-0.19	0.11	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.00	No	1.93	No	3.09	Yes	92.58	60.19	No
% Claims with PDX, where length=3	5-30	6.07	Yes	6.63	Yes	6.00	Yes	9.13	-9.40	Yes
% Claims with PDX, where length=4	15-75	19.43	Yes	21.14	Yes	18.99	Yes	8.82	-10.20	Yes
% Claims with PDX, where length=5	25-70	74.50	No	72.23	No	74.99	No	-3.04	3.83	Yes
% Claims with a procedure code	35-70	100.00	No	80.16	No	58.01	Yes	-19.80	-27.60	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.10	Yes	1.35	Yes	1.86	Yes	22.49	37.93	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
% Claims with Procedures that have ICD-9 Indicator	N/A	0.00	N/A	33.11	N/A	97.08	N/A	.	193.20	No
% 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	.	N/A	99.98	N/A	99.98	N/A	.	0.00	Yes
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims Maternal Delivery Indicator	N/A	17.89	N/A	20.23	N/A	26.16	N/A	13.07	29.33	No
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	25.54	N/A	26.60	N/A	29.59	N/A	4.15	11.25	Yes
Patient Status										
% Home	75-90	92.16	No	92.06	No	90.70	No	-0.10	-1.48	Yes
% Transferred	1-10	5.17	Yes	5.52	Yes	6.73	Yes	6.65	21.93	No
% Still a Patient	>0 - 2	1.11	Yes	0.97	Yes	1.09	Yes	-12.60	12.36	Yes
% Died	>0 - 3	1.57	Yes	1.46	Yes	1.49	Yes	-7.01	2.12	Yes
<b>FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)</b>										
Total Number of Claims	N/A	3,004	N/A	3,002	N/A	6,393	N/A	-0.07	113.00	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	\$922	N/A	\$840	N/A	\$936	N/A	-8.86	11.44	Yes
% Claims with TPL	N/A	0.00	N/A	0.00	N/A	0.03	N/A	.	.	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	\$4,249	N/A	.	.	N/A
% Claims with UB-92 Accommodation Codes	95-100	0.00	No	0.00	No	0.13	No	.	.	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	Yes	.	Yes	1.38	Yes	.	.	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.00	No	0.00	No	0.13	No	.	.	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	Yes	.	Yes	12.50	Yes	.	.	N/A
Average LOS	2-<8	8.26	No	7.25	Yes	6.40	Yes	-12.30	-11.70	Yes
% Begin Date = Admit Date	95-100	100.00	Yes	98.43	Yes	98.95	Yes	-1.57	0.53	Yes
% Claims with IP TOS	95-100	100.00	Yes	99.93	Yes	100.00	Yes	-0.07	0.07	Yes
% Claims with DX	98-100	100.00	Yes	99.80	Yes	99.97	Yes	-0.20	0.17	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.00	No	1.00	No	1.01	No	0.13	0.63	Yes
% Claims with PDX, where length=3	5-30	8.26	Yes	10.45	Yes	7.53	Yes	26.55	-28.00	No
% Claims with PDX, where length=4	15-75	41.08	Yes	40.29	Yes	41.48	Yes	-1.93	2.96	Yes
% Claims with PDX, where length=5	25-70	50.67	Yes	49.10	Yes	50.76	Yes	-3.09	3.38	Yes
% Claims with a procedure code	35-70	100.00	No	85.88	No	70.14	No	-14.10	-18.30	No
Average Number of Procedures for claims with at least 1 procedure code	>1	1.00	Yes	1.01	Yes	1.01	Yes	1.25	-0.54	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	0.00	N/A	0.00	N/A	0.09	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	.	N/A	.	N/A	100.00	N/A	.	.	N/A
% Claims with DRG	>=90	0.00	No	0.00	No	0.00	No	.	.	N/A

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