

2002-2004 MAX IP Validation Table
State: NE

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	38,552	N/A	39,512	N/A	43,756	N/A	2.49	10.74	Yes
	N/A	0.76	N/A	0.12	N/A	7.14	N/A	-84.70	6,037.00	No
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	.	.	N/A
Total FFS Claims	N/A	38,258	N/A	39,466	N/A	40,630	N/A	3.16	2.95	Yes
% Crossover	5-20	21.98	No	22.01	No	22.11	No	0.16	0.46	Yes
% Adjusted Claims	N/A	5.55	N/A	5.87	N/A	7.34	N/A	5.75	25.15	No
% Standard Adjustments	> 1%	29.16	Yes	15.76	Yes	17.09	Yes	-45.90	8.45	Yes
Aver. Amt. Pd Adjust. (include \$0)	N/A	\$4,761	N/A	\$4,759	N/A	\$4,272	N/A	-0.04	-10.20	Yes
FFS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	29,850	N/A	30,779	N/A	31,646	N/A	3.11	2.82	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	\$4,042	Yes	\$4,061	Yes	\$4,033	Yes	0.48	-0.68	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$1,083	N/A	\$1,099	N/A	\$1,095	N/A	1.54	-0.37	Yes
% Claims with TPL	>0 - 10	5.40	Yes	5.16	Yes	4.26	Yes	-4.40	-17.40	No
Aver. TPL Paid for claims with TPL	N/A	\$2,184	N/A	\$2,294	N/A	\$2,030	N/A	5.05	-11.50	Yes
% Claims with UB-92 Accommodation Codes	95-100	99.76	Yes	99.90	Yes	99.43	Yes	0.14	-0.48	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.10	Yes	1.11	Yes	1.10	Yes	0.63	-0.03	Yes
% Claims with UB-92 Ancillary Codes	95-100	95.32	Yes	94.28	No	93.28	No	-1.10	-1.06	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	7.34	Yes	7.46	Yes	7.51	Yes	1.74	0.62	Yes
Average LOS	2-<8	3.75	Yes	3.74	Yes	3.74	Yes	-0.35	0.02	Yes
Average Covered Days (> 0 day)	2-<8	3.74	Yes	3.70	Yes	3.69	Yes	-1.08	-0.14	Yes
% Begin Date = Admit Date	95-100	99.77	Yes	99.88	Yes	99.86	Yes	0.11	-0.02	Yes
% IP Claims (MAX TOS 01)	95-100	98.20	Yes	98.04	Yes	98.00	Yes	-0.16	-0.04	Yes
% Family Planning Claims (pgm type=2)	>0-5	1.81	Yes	1.96	Yes	2.00	Yes	8.68	1.77	Yes
% 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	3.49	Yes	3.60	Yes	3.72	Yes	2.99	3.31	Yes
% Claims with PDX, where length=3	5-30	6.79	Yes	6.42	Yes	5.58	Yes	-5.51	-13.00	Yes
% Claims with PDX, where length=4	15-75	18.10	Yes	17.91	Yes	16.83	Yes	-1.01	-6.07	Yes
% Claims with PDX, where length=5	25-70	75.11	No	75.67	No	77.59	No	0.74	2.54	Yes
% Claims with a procedure code	35-70	52.69	Yes	53.31	Yes	53.18	Yes	1.19	-0.25	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.92	Yes	1.99	Yes	2.02	Yes	3.52	1.43	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	94.71	N/A	93.61	N/A	92.12	N/A	-1.16	-1.59	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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% 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	75.83	No	77.85	No	78.13	No	2.67	0.37	Yes
% Claims Maternal Delivery Indicator	N/A	17.04	N/A	14.39	N/A	14.87	N/A	-15.50	3.34	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	26.78	N/A	27.41	N/A	27.63	N/A	2.33	0.81	Yes
Patient Status										
% Home	75-90	88.22	Yes	88.28	Yes	85.79	Yes	0.07	-2.83	Yes
% Transferred	1-10	10.28	No	10.20	No	12.58	No	-0.77	23.32	No
% Still a Patient	>0 - 2	0.17	Yes	0.09	Yes	0.14	Yes	-49.60	54.90	No
% Died	>0 - 3	0.70	Yes	0.61	Yes	0.62	Yes	-13.20	1.40	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	8,408	N/A	8,687	N/A	8,984	N/A	3.32	3.42	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	\$853	N/A	\$893	N/A	\$973	N/A	4.68	8.89	Yes
% Claims with TPL	N/A	0.08	N/A	0.18	N/A	0.12	N/A	121.20	-33.50	No
Aver. TPL Paid -claims with TPL	N/A	\$418	N/A	\$523	N/A	\$13,576	N/A	25.26	2,495.00	No
% Claims with UB-92 Accommodation Codes	95-100	100.00	Yes	99.99	Yes	99.99	Yes	-0.01	0.00	Yes
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	1.16	Yes	1.18	Yes	1.19	Yes	1.30	1.01	Yes
% Claims with UB-92 Ancillary Codes	95-100	97.85	Yes	97.88	Yes	97.45	Yes	0.04	-0.44	Yes
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	11.52	Yes	11.38	Yes	11.40	Yes	-1.25	0.20	Yes
Average LOS	2-<8	5.28	Yes	5.37	Yes	5.60	Yes	1.74	4.32	Yes
% Begin Date = Admit Date	95-100	99.89	Yes	99.93	Yes	99.97	Yes	0.04	0.04	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	6.61	Yes	6.80	Yes	6.98	Yes	2.77	2.72	Yes
% Claims with PDX, where length=3	5-30	9.57	Yes	9.22	Yes	8.47	Yes	-3.69	-8.13	Yes
% Claims with PDX, where length=4	15-75	40.03	Yes	39.67	Yes	38.64	Yes	-0.91	-2.60	Yes
% Claims with PDX, where length=5	25-70	50.39	Yes	51.11	Yes	52.89	Yes	1.43	3.49	Yes
% Claims with a procedure code	35-70	44.74	Yes	45.82	Yes	48.13	Yes	2.40	5.05	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	2.28	Yes	2.36	Yes	2.45	Yes	3.63	3.69	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	98.22	N/A	97.99	N/A	97.62	N/A	-0.23	-0.38	Yes
% 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	0.00	No	0.01	No	0.04	No	.	286.80	No

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