

1999-2001 MAX IP Validation Table
State: NV

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	17,778	N/A	18,880	N/A	21,371	N/A	6.20	13.19	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Encounter Claims *	N/A	0	N/A	0	N/A	0	N/A	N/A	N/A	N/A
Total IP Claims	N/A	17,778	N/A	18,880	N/A	21,371	N/A	6.20	13.19	Yes
% Supplemental Claims	5-20	11.85	Yes	11.89	Yes	11.59	Yes	0.29	-2.48	Yes
% Crossover	N/A	0.54	N/A	19.57	N/A	0.42	N/A	3,524.30	-97.87	No
% Adjusted Claims	> 1%	.	Yes	86.22	Yes	75.28	Yes	N/A	-12.69	Yes
% Standard Adjustments	N/A	\$11,670	N/A	\$4,347	N/A	\$10,494	N/A	-62.75	141.38	No
Aver. Amt. Pd Adjust. (include \$PS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0)										
Total Number of Claims	N/A	15,671	N/A	16,636	N/A	18,894	N/A	6.16	13.57	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	\$4,889	Yes	\$5,243	Yes	\$4,825	Yes	7.24	-7.98	Yes
Aver. Medicaid Amt Paid per Covered Day (>\$0 paid and >0 days claims)	N/A	\$603	N/A	\$659	N/A	\$635	N/A	9.32	-3.62	Yes
% Claims with TPL	>0 - 10	0.24	Yes	0.12	Yes	0.05	Yes	-50.42	-55.98	No
Aver. TPL Paid for claims with TPL	N/A	\$1,780	N/A	\$4,776	N/A	\$2,832	N/A	168.24	-40.70	No
% Claims with UB-92 Accommodation Codes	95-100	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	Yes	.	Yes	.	Yes	N/A	N/A	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	Yes	.	Yes	.	Yes	N/A	N/A	N/A
Average LOS	2-<8	4.85	Yes	4.82	Yes	4.62	Yes	-0.77	-4.06	Yes
Average Covered Days (> 0 day)	2-<8	8.11	No	7.96	Yes	7.60	Yes	-1.89	-4.57	Yes
% Begin Date = Admit Date	95-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	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	0.41	Yes	0.23	Yes	0.17	Yes	-43.48	-27.75	No
% 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	1.00	No	1.00	No	1.00	No	-0.04	0.00	Yes
% Claims with PDX, where length=3	5-30	3.68	No	7.62	Yes	6.68	Yes	107.21	-12.30	Yes
% Claims with PDX, where length=4	15-75	10.75	No	18.83	Yes	18.15	Yes	75.20	-3.60	Yes
% Claims with PDX, where length=5	25-70	85.58	No	73.56	No	75.17	No	-14.05	2.20	Yes
% Claims with a procedure code	35-70	100.00	No	100.00	No	100.00	No	0.00	0.00	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.10	Yes	1.10	Yes	1.09	Yes	-0.47	-0.40	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	N/A	N/A
% 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	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	0.00	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	17.51	N/A	18.88	N/A	19.12	N/A	7.83	1.28	Yes
% Claims Newborn Delivery Indicator (only for separate infant delivery claims using mother's ID)	N/A	23.78	N/A	25.81	N/A	26.71	N/A	8.53	3.49	Yes
Patient Status										
% Home	75-90	93.38	No	93.37	No	93.82	No	-0.01	0.48	Yes
% Transferred	1-10	3.31	Yes	3.87	Yes	3.69	Yes	16.93	-4.42	Yes
% Still a Patient	>0 - 2	1.52	Yes	1.28	Yes	1.14	Yes	-15.70	-11.12	Yes
% Died	>0 - 3	1.80	Yes	1.48	Yes	1.35	Yes	-17.49	-9.10	Yes
FFS Crossover Claims (Type of Claim=1, Crossover Claim Indicator=1)										
Total Number of Claims	N/A	2,107	N/A	2,244	N/A	2,477	N/A	6.50	10.38	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	\$794	N/A	\$850	N/A	\$853	N/A	6.98	0.43	Yes
% Claims with TPL	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Aver. TPL Paid -claims with TPL	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with UB-92 Accommodation Codes	95-100	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
Average # UB-92 Accom. Codes (at least 1 accom code)	>1	.	Yes	.	Yes	.	Yes	N/A	N/A	N/A
% Claims with UB-92 Ancillary Codes	95-100	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
Average # UB-92 Ancillary Codes (at least 1 Ancillary code)	>3	.	Yes	.	Yes	.	Yes	N/A	N/A	N/A
Average LOS	2-<8	8.04	No	8.16	No	8.00	No	1.49	-1.95	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
Average Number of DX Codes (at least 1 DX)	>=2	1.00	No	1.00	No	1.00	No	0.00	0.00	Yes
% Claims with PDX, where length=3	5-30	3.75	No	6.86	Yes	6.86	Yes	83.04	0.01	Yes
% Claims with PDX, where length=4	15-75	22.83	Yes	42.91	Yes	41.66	Yes	87.98	-2.92	Yes
% Claims with PDX, where length=5	25-70	73.42	No	50.22	Yes	51.47	Yes	-31.60	2.49	Yes
% Claims with a procedure code	35-70	100.00	No	100.00	No	100.00	No	0.00	0.00	Yes
Average Number of Procedures for claims with at least 1 procedure code	>1	1.00	No	1.00	Yes	1.00	Yes	0.36	-0.32	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	N/A	N/A
% 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	0.00	N/A	0.00	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	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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