

1999-2001 MAX OT Validation Table
State: NE

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 OT Claims										
Total Number of Claims	N/A	6,182,079	N/A	7,195,771	N/A	7,984,829	N/A	16.40	10.97	Yes
*	N/A	2.71	N/A	10.11	N/A	10.02	N/A	272.74	-0.91	Yes
% Encounter Claims (Claim Type=3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Supplemental Claims	N/A									
% Claims (Claim Type=2, and MAX TOS	N/A	35.05	N/A	31.31	N/A	30.55	N/A	-10.67	-2.44	Yes
Total FFS Claims Excluding Capitation Payments	N/A	3,847,424	N/A	4,215,196	N/A	4,745,850	N/A	9.56	12.59	Yes
	5-20	17.06	Yes	17.21	Yes	16.69	Yes	0.91	-3.02	Yes
% Crossover	> 1%	1.87	Yes	3.17	Yes	3.78	Yes	69.46	19.31	No
% Adjusted Claims	N/A	.	N/A	34.09	N/A	44.16	N/A	N/A	29.53	No
% Standard Adjustments	N/A	\$98	N/A	\$306	N/A	\$607	N/A	211.99	98.38	No
Average Paid per HMO Cap Clms (TOS 20)	N/A	7.90	N/A	5.84	N/A	5.55	N/A	-26.12	-4.97	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	22.97	N/A	24.05	N/A	23.32	N/A	4.71	-3.03	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	5.16	N/A	4.95	N/A	5.08	N/A	-4.15	2.70	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$96	Yes	\$132	Yes	\$139	Yes	37.31	5.38	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$39	Yes	\$41	Yes	\$43	Yes	5.85	5.44	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$2	No	\$2	No	\$2	No	0.00	0.00	N/A
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 1999										
Total Number of Claims	N/A	3,191,213	N/A	3,489,729	N/A	3,953,735	N/A	9.35	13.30	Yes
% Claims with> \$0 Paid	>95%	99.97	Yes	100.00	Yes	100.00	Yes	0.03	0.00	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
% Claims with Span Bill	N/A	10.43	N/A	10.91	N/A	10.92	N/A	4.53	0.07	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	19.81	N/A	30.12	N/A	27.07	N/A	51.99	-10.12	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	93.77	N/A	92.53	N/A	93.88	N/A	-1.33	1.47	Yes
% Other Claims with Span Bills/All Other Claims	N/A	7.41	N/A	8.50	N/A	8.48	N/A	14.69	-0.25	Yes
% Claims W/ Service Place 11- Office	50-90	56.38	Yes	55.58	Yes	56.29	Yes	-1.41	1.28	Yes
% Claims W/ Service Place 12 - Home	>0-5	7.30	No	7.02	No	6.90	No	-3.73	-1.80	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.18	Yes	4.03	Yes	3.87	Yes	-3.67	-3.94	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.38	Yes	0.40	Yes	0.53	Yes	4.49	31.78	No
% Claims W/ Service Place 23 - ER	1-10	1.75	Yes	1.88	Yes	2.16	Yes	7.33	14.49	Yes
% Claims w/ Service Place 22 - OPD	>0-10	22.13	No	22.69	No	21.48	No	2.53	-5.34	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.28	Yes	0.17	Yes	0.05	Yes	-38.93	-68.40	N/A
% Claims with TPL	>0 - 15	3.76	Yes	2.18	Yes	1.79	Yes	-41.82	-18.13	No
Aver. TPL Paid -claims with TPL	N/A	\$55	N/A	\$48	N/A	\$67	N/A	-13.02	38.52	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	36.52	No	26.54	Yes	22.54	Yes	-27.33	-15.05	No
% claims MAX TOS 09: Dental	2-20	14.82	Yes	15.08	Yes	15.68	Yes	1.74	3.96	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	5.39	Yes	5.35	Yes	5.27	Yes	-0.69	-1.57	Yes
% claims MAX TOS 11: OPD	3-25	16.88	Yes	7.03	Yes	8.15	Yes	-58.35	15.96	No
% claims MAX TOS 12: Clinic	2-25	1.43	No	1.43	No	1.65	No	0.06	15.33	No
% claims MAX TOS 13: HH	>0-25	1.08	Yes	1.06	Yes	1.08	Yes	-1.82	2.10	Yes
% claims MAX TOS 15: Lab/Xray	4-20	5.61	Yes	22.70	No	22.51	No	304.65	-0.85	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	3.25	No	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	0.48	Yes	0.94	Yes	1.84	Yes	96.07	95.28	No
% claims MAX TOS 51: DME	>3	9.37	Yes	9.43	Yes	7.75	Yes	0.62	-17.87	No
% claims MAX TOS 26: Transportation	>1	0.33	No	0.31	No	0.34	No	-6.02	10.41	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.08	N/A	0.06	N/A	0.08	N/A	-19.68	18.29	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-11.74	Yes
% claims MAX TOS 30: PCS	>0	1.32	Yes	1.22	Yes	1.11	Yes	-7.44	-9.05	Yes
% claims MAX TOS 31: TCM	>0	0.60	Yes	0.86	Yes	0.99	Yes	43.99	14.24	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.09	Yes	0.27	Yes	0.28	Yes	188.09	5.93	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	2.74	Yes	3.70	Yes	3.82	Yes	35.02	3.31	N/A
% claims MAX TOS 35: Hospice	>0	0.00	No	0.00	Yes	0.02	Yes	N/A	52593.71	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.24	N/A	0.23	N/A	0.21	N/A	-7.14	-7.48	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.41	N/A	0.36	N/A	0.31	N/A	-11.25	-13.48	N/A
% claims MAX TOS 39: Religious Non-Med	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 52: Residential Care	N/A	0.46	N/A	0.53	N/A	0.62	N/A	13.75	17.99	No
% claims MAX TOS 53: Psych. Services	>1	0.16	No	1.23	Yes	1.49	Yes	682.97	20.58	No
% claims MAX TOS 54: Adult Day Care	>0	1.99	Yes	1.66	Yes	1.02	Yes	-16.46	-38.74	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$71	N/A	\$76	N/A	\$84	N/A	6.48	11.15	Yes
08: Physicians	\$20-90	\$45	Yes	\$53	Yes	\$60	Yes	16.78	13.76	Yes
09: Dental	\$10-60	\$34	Yes	\$35	Yes	\$36	Yes	1.36	3.52	Yes
10: Other Practitioner	\$10-100	\$30	Yes	\$29	Yes	\$30	Yes	-2.64	1.74	Yes
11: OPD	\$20-100	\$47	Yes	\$70	Yes	\$77	Yes	49.22	9.65	Yes
12: Clinic	\$20-100	\$65	Yes	\$85	Yes	\$93	Yes	31.07	8.87	Yes
13: HH	N/A	\$486	N/A	\$459	N/A	\$413	N/A	-5.66	-10.04	Yes
15: Lab/Xray	10-60	\$37	Yes	\$30	Yes	\$33	Yes	-18.83	9.82	Yes
16: Drugs	10-60	.	No	.	No	\$13	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$158	N/A	\$1,390	N/A	\$1,492	N/A	781.57	7.37	Yes
51: DME	N/A	\$65	N/A	\$69	N/A	\$71	N/A	5.53	2.31	Yes
26: Transportation	N/A	\$160	N/A	\$165	N/A	\$149	N/A	2.90	-9.38	Yes
30: PCS	N/A	\$140	N/A	\$144	N/A	\$149	N/A	2.64	3.16	Yes
31: Targeted Case Management	N/A	\$159	N/A	\$159	N/A	\$159	N/A	0.00	0.01	Yes
33: Rehabilitation	N/A	\$211	N/A	\$214	N/A	\$227	N/A	1.26	6.18	Yes
34: PT/OT/speech/hear	N/A	\$76	N/A	\$58	N/A	\$52	N/A	-23.43	-11.24	N/A
35: Hospice	N/A	.	N/A	\$95	N/A	\$1,869	N/A	N/A	1867.34	No
52: Residential Care	N/A	\$178	N/A	\$145	N/A	\$139	N/A	-18.69	-4.19	Yes
53: Psych. Services	N/A	\$169	N/A	\$67	N/A	\$60	N/A	-60.53	-10.36	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$855	N/A	\$505	N/A	\$78	N/A	-40.87	-84.48	No
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.75	N/A	1.39	N/A	1.34	N/A	85.28	-3.12	Yes
	N/A	1.11	N/A	0.96	N/A	0.99	N/A	-13.62	2.86	Yes

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(code 4)	N/A	0.54	N/A	0.37	N/A	0.41	N/A	-30.71	11.05	Yes
% FQHC (code 5)	N/A	0.21	N/A	0.34	N/A	0.34	N/A	62.21	0.80	N/A
% IHS Waiver (code 6,7)	N/A	0.37	N/A	0.98	N/A	1.53	N/A	163.57	56.47	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$56	N/A	\$40	N/A	\$40	N/A	-29.10	1.06	Yes
RHC (code 3)	N/A	\$33	N/A	\$45	N/A	\$50	N/A	35.72	10.07	Yes
FQHC (code 4)	N/A	\$26	N/A	\$79	N/A	\$87	N/A	202.21	9.51	Yes
IHS (code 5)	N/A	\$92	N/A	\$160	N/A	\$171	N/A	72.79	7.07	N/A
Waiver (code 6-7)	N/A	\$4,308	N/A	\$2,092	N/A	\$1,782	N/A	-51.44	-14.81	Yes
% Claims with DX	> 60	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	13.24	N/A	11.99	N/A	11.62	N/A	-9.47	-3.03	Yes
% Claims with DX, where length=3	5-25	5.77	Yes	6.83	Yes	7.40	Yes	18.23	8.36	Yes
% Claims with DX, where length=4	40-70	63.76	Yes	63.05	Yes	62.70	Yes	-1.12	-0.56	Yes
% Claims with DX, where length=5	20-55	30.46	Yes	30.12	Yes	29.90	Yes	-1.12	-0.73	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	100.00	Yes	99.92	Yes	99.74	Yes	-0.08	-0.18	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	73.87	N/A	74.31	N/A	75.52	N/A	0.60	1.62	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	18.07	N/A	19.05	N/A	19.02	N/A	5.43	-0.13	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	8.06	N/A	6.64	N/A	5.46	N/A	-17.63	-17.80	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% HCPCS Format Codes Cnnnn or Cnnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with TOS 08 with Physician Specialty	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	656,211	N/A	725,467	N/A	792,115	N/A	10.55	9.19	Yes
% Claims with> \$0 Paid	>95%	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
% Claims with Span Bill	N/A	5.07	N/A	4.66	N/A	4.34	N/A	-8.08	-6.85	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	22.61	N/A	24.96	N/A	26.68	N/A	10.42	6.89	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	82.86	N/A	88.46	N/A	89.19	N/A	6.76	0.82	N/A
% Other Claims with Span Bills/All Other Claims	N/A	2.73	N/A	2.51	N/A	3.06	N/A	-7.93	21.62	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	57.00	N/A	47.57	N/A	46.70	N/A	-16.54	-1.84	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	12.39	N/A	10.95	N/A	11.54	N/A	-11.68	5.39	Yes
% claims MAX TOS 11: OPD	N/A	11.76	N/A	9.56	N/A	5.43	N/A	-18.74	-43.22	No
% claims MAX TOS 12: Clinic	N/A	2.08	N/A	2.80	N/A	3.41	N/A	34.78	21.50	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-32.81	30.33	N/A
% claims MAX TOS 15: Lab/Xray	N/A	8.87	N/A	8.91	N/A	7.65	N/A	0.46	-14.17	Yes
% claims MAX TOS 19: Other Services	N/A	1.11	N/A	4.28	N/A	7.89	N/A	287.43	84.28	No
% claims MAX TOS 51: DME	N/A	6.60	N/A	8.83	N/A	9.75	N/A	33.71	10.37	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.17	N/A	0.27	N/A	0.34	N/A	53.66	25.81	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 52: Residential Care ^e	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	6.82	N/A	7.25	N/A	N/A	6.28	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Average Amount Paid	N/A	\$29	N/A	\$29	N/A	\$29	N/A	1.16	-0.42	Yes
% Claims with DX	N/A	74.77	N/A	98.56	N/A	99.55	N/A	31.82	1.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	75.96	No	98.84	Yes	99.64	Yes	30.11	0.81	Yes
% Claims with 1 DX that have 2 DX	N/A	9.43	N/A	7.24	N/A	7.10	N/A	-23.26	-1.82	Yes
% Claims with DX, where length=3	5-25	9.56	Yes	9.71	Yes	9.69	Yes	1.66	-0.22	Yes
% Claims with DX, where length=4	40-70	46.86	Yes	46.27	Yes	45.47	Yes	-1.26	-1.74	Yes
% Claims with DX, where length=5	20-55	43.58	Yes	44.01	Yes	44.84	Yes	1.00	1.88	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	88.57	N/A	100.00	N/A	94.59	N/A	12.90	-5.41	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	98.53	Yes	94.33	No	87.06	No	-4.26	-7.71	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	84.40	N/A	83.38	N/A	82.35	N/A	-1.22	-1.22	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	15.60	N/A	16.62	N/A	17.64	N/A	6.58	6.14	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-45.76	N/A

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