

1999-2001 MAX OT Validation Table
State: NJ

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	24,914,263	N/A	25,818,826	N/A	29,461,077	N/A	3.63	14.11	Yes
*	N/A	12.49	N/A	11.90	N/A	19.66	N/A	-4.73	65.27	No
% Encounter Claims (Claim Type=3)	N/A	0.00	N/A	0.08	N/A	0.64	N/A	N/A	752.00	No
% Supplemental Claims	N/A	19.00	N/A	19.54	N/A	20.14	N/A	2.85	3.06	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	17,069,565	N/A	17,682,701	N/A	17,546,726	N/A	3.59	-0.77	Yes
Total FFS Claims Excluding Capitation Payments	5-20	3.66	No	3.54	No	3.53	No	-3.22	-0.27	Yes
% Crossover	> 1%	9.21	Yes	3.67	Yes	4.96	Yes	-60.15	35.19	No
% Adjusted Claims	N/A	.	N/A	7.83	N/A	0.63	N/A	N/A	-91.91	No
% Standard Adjustments	N/A	\$104	N/A	\$197	N/A	\$101	N/A	90.47	-48.97	No
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	19.92	N/A	20.51	N/A	23.68	N/A	2.93	15.45	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	1.79	N/A	1.71	N/A	1.60	N/A	-4.49	-6.48	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$142	Yes	\$145	Yes	\$133	Yes	1.96	-8.24	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$17	No	\$17	No	\$17	No	0.99	-0.51	N/A
Average Paid per PCCM Cap Clms (TOS 22,	3-5	.	No	.	No	.	No	N/A	N/A	N/A
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	16,444,976	N/A	17,056,536	N/A	16,927,084	N/A	3.72	-0.76	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	10.34	N/A	8.26	N/A	8.41	N/A	-20.09	1.75	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	11.24	N/A	10.09	N/A	9.35	N/A	-10.23	-7.42	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.88	N/A	1.29	N/A	3.19	N/A	46.16	146.76	No
% Other Claims with Span Bills/All Other Claims	N/A	10.78	N/A	8.44	N/A	8.54	N/A	-21.74	1.17	Yes
% Claims W/ Service Place 11- Office	50-90	25.15	No	27.83	No	29.90	No	10.63	7.45	Yes
% Claims W/ Service Place 12 - Home	>0-5	45.63	No	40.32	No	41.12	No	-11.65	1.99	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.10	Yes	3.18	Yes	2.94	Yes	2.57	-7.49	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.91	Yes	0.98	Yes	1.16	Yes	7.61	18.29	No
% Claims W/ Service Place 23 - ER	1-10	1.16	Yes	1.38	Yes	1.31	Yes	18.89	-4.84	Yes
% Claims w/ Service Place 22 - OPD	>0-10	15.78	No	18.02	No	14.64	No	14.22	-18.78	No
% Claims W/ Service Place 99 - Unknown/Other	<5	5.69	No	5.61	No	6.44	No	-1.44	14.81	N/A
% Claims with TPL	>0 - 15	0.03	Yes	0.04	Yes	0.07	Yes	23.42	51.91	No
Aver. TPL Paid -claims with TPL	N/A	\$149	N/A	\$196	N/A	\$212	N/A	31.13	8.27	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	8.07	No	7.25	No	6.46	No	-10.13	-10.85	Yes
% claims MAX TOS 09: Dental	2-20	3.23	Yes	3.00	Yes	3.07	Yes	-7.05	2.20	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	0.79	Yes	0.62	Yes	0.50	No	-21.53	-19.16	No
% claims MAX TOS 11: OPD	3-25	14.19	Yes	6.39	Yes	5.15	Yes	-54.93	-19.41	No
% claims MAX TOS 12: Clinic	2-25	6.37	Yes	6.20	Yes	6.57	Yes	-2.60	5.92	Yes
% claims MAX TOS 13: HH	>0-25	5.13	Yes	3.95	Yes	3.22	Yes	-23.08	-18.35	No
% claims MAX TOS 15: Lab/Xray	4-20	4.87	Yes	13.73	Yes	11.05	Yes	181.96	-19.48	No

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.07	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	7.70	Yes	8.97	Yes	9.63	Yes	16.57	7.31	Yes
% claims MAX TOS 51: DME	>3	2.88	No	2.85	No	2.97	No	-0.82	4.01	Yes
% claims MAX TOS 26: Transportation	>1	11.26	Yes	11.46	Yes	11.45	Yes	1.76	-0.14	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.00	N/A	0.01	N/A	-37.28	34.70	No
% claims MAX TOS 25: Abortions	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	>0	25.03	Yes	20.30	Yes	22.51	Yes	-18.91	10.88	Yes
% claims MAX TOS 31: TCM	>0	0.01	Yes	0.01	Yes	0.01	Yes	6.27	14.76	Yes
% claims MAX TOS 33: Rehabilitation	>0	1.19	Yes	0.59	Yes	0.63	Yes	-50.02	5.58	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.05	Yes	0.06	Yes	71.51	21.26	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-14.75	17.66	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.03	N/A	0.04	N/A	0.05	N/A	35.69	37.12	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.28	N/A	0.31	N/A	0.31	N/A	10.14	-1.07	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	0.06	N/A	0.10	N/A	0.16	N/A	65.99	53.64	No
% claims MAX TOS 53: Psych. Services	>1	5.91	Yes	10.18	Yes	10.88	Yes	72.15	6.83	Yes
% claims MAX TOS 54: Adult Day Care	>0	2.94	Yes	3.96	Yes	5.23	Yes	34.66	31.96	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	\$83	N/A	\$85	N/A	\$88	N/A	3.39	2.96	Yes
08: Physicians	\$20-90	\$30	Yes	\$31	Yes	\$31	Yes	5.69	0.34	Yes
09: Dental	\$10-60	\$23	Yes	\$27	Yes	\$38	Yes	20.95	40.29	No
10: Other Practitioner	\$10-100	\$20	Yes	\$17	Yes	\$17	Yes	-14.21	1.87	Yes
11: OPD	\$20-100	\$113	No	\$170	No	\$191	No	51.32	11.93	Yes
12: Clinic	\$20-100	\$21	Yes	\$18	No	\$16	No	-14.23	-8.75	Yes
13: HH	N/A	\$76	N/A	\$75	N/A	\$86	N/A	-1.81	14.67	Yes
15: Lab/Xray	10-60	\$17	Yes	\$33	Yes	\$36	Yes	92.91	10.78	Yes
16: Drugs	10-60	.	No	.	No	\$29	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$245	N/A	\$262	N/A	\$233	N/A	7.05	-11.11	Yes
51: DME	N/A	\$87	N/A	\$94	N/A	\$96	N/A	7.99	2.79	Yes
26: Transportation	N/A	\$30	N/A	\$26	N/A	\$25	N/A	-11.06	-3.59	Yes
30: PCS	N/A	\$61	N/A	\$58	N/A	\$63	N/A	-4.66	7.33	Yes
31: Targeted Case Management	N/A	\$53	N/A	\$52	N/A	\$55	N/A	-2.42	6.54	Yes
33: Rehabilitation	N/A	\$632	N/A	\$942	N/A	\$913	N/A	49.21	-3.08	Yes
34: PT/OT/speech/hear	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
35: Hospice	N/A	\$2,148	N/A	\$1,729	N/A	\$1,871	N/A	-19.51	8.25	Yes
52: Residential Care	N/A	\$1,088	N/A	\$1,012	N/A	\$1,046	N/A	-7.02	3.41	Yes
53: Psych. Services	N/A	\$87	N/A	\$88	N/A	\$101	N/A	0.27	15.19	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$85	N/A	\$80	N/A	\$80	N/A	-6.93	0.57	Yes
% Family Planning (code 2)	N/A	0.53	N/A	0.42	N/A	0.49	N/A	-19.52	15.20	No
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A

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(code 4)	N/A	0.92	N/A	1.04	N/A	0.96	N/A	13.20	-8.27	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS Waiver (code 6,7)	N/A	6.78	N/A	7.27	N/A	7.79	N/A	7.37	7.07	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$21	N/A	\$21	N/A	\$20	N/A	2.50	-5.94	Yes
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
FQHC (code 4)	N/A	\$37	N/A	\$39	N/A	\$41	N/A	6.04	5.09	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$276	N/A	\$317	N/A	\$284	N/A	14.57	-10.27	Yes
% Claims with DX	> 60	85.22	Yes	85.33	Yes	85.24	Yes	0.13	-0.11	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.16	Yes	99.04	Yes	98.96	Yes	-0.11	-0.08	Yes
% Claims with 1 DX that have 2 DX	N/A	21.85	N/A	23.44	N/A	22.99	N/A	7.27	-1.91	Yes
% Claims with DX, where length=3	5-25	15.25	Yes	15.63	Yes	15.73	Yes	2.51	0.68	Yes
% Claims with DX, where length=4	40-70	53.80	Yes	51.51	Yes	50.03	Yes	-4.25	-2.88	Yes
% Claims with DX, where length=5	20-55	30.95	Yes	32.86	Yes	34.23	Yes	6.15	4.19	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	89.39	No	96.15	No	93.98	No	7.56	-2.25	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	32.28	N/A	31.67	N/A	27.15	N/A	-1.88	-14.28	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	64.08	N/A	65.19	N/A	69.59	N/A	1.73	6.75	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	3.65	N/A	3.14	N/A	3.26	N/A	-13.78	3.83	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	99.97	Yes	100.00	Yes	-0.03	0.03	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	624,589	N/A	626,165	N/A	619,642	N/A	0.25	-1.04	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	12.90	N/A	14.43	N/A	12.79	N/A	11.80	-11.35	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	21.21	N/A	19.76	N/A	18.71	N/A	-6.85	-5.33	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	7.25	N/A	10.50	N/A	10.68	N/A	44.79	1.71	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	28.47	N/A	24.19	N/A	22.32	N/A	-15.01	-7.73	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	4.35	N/A	2.82	N/A	2.41	N/A	-35.12	-14.63	Yes
% claims MAX TOS 11: OPD	N/A	40.49	N/A	42.42	N/A	26.30	N/A	4.75	-38.00	No
% claims MAX TOS 12: Clinic	N/A	1.40	N/A	0.50	N/A	0.32	N/A	-64.46	-35.52	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 15: Lab/Xray	N/A	4.70	N/A	4.60	N/A	17.65	N/A	-2.06	283.82	No
% claims MAX TOS 19: Other Services	N/A	20.14	N/A	25.01	N/A	25.76	N/A	24.15	2.99	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	4.89	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	0.23	N/A	0.16	N/A	0.05	N/A	-29.80	-70.15	No
% 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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	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	0.00	N/A	0.00	N/A	N/A	N/A	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	\$76	N/A	\$81	N/A	\$77	N/A	7.09	-5.75	Yes
% Claims with DX	N/A	99.77	N/A	99.84	N/A	99.95	N/A	0.07	0.11	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	45.40	N/A	47.45	N/A	50.00	N/A	4.50	5.38	Yes
% Claims with DX, where length=3	5-25	15.16	Yes	17.23	Yes	17.54	Yes	13.65	1.78	Yes
% Claims with DX, where length=4	40-70	48.05	Yes	47.88	Yes	45.91	Yes	-0.35	-4.12	Yes
% Claims with DX, where length=5	20-55	36.79	Yes	34.88	Yes	36.55	Yes	-5.18	4.78	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	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	N/A	N/A	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A

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