

**2002-2004 MAX OT 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 OT Claims										
Total Number of Claims	N/A	3,408,596	N/A	3,686,961	N/A	5,823,401	N/A	8.17	57.95	No
	N/A	0.00	N/A	0.00	N/A	3.70	N/A	.	.	N/A
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Supplemental Claims	N/A	22.96	N/A	31.44	N/A	48.19	N/A	36.94	53.25	No
Total FFS Claims Excluding Capitation Payments	N/A	2,625,973	N/A	2,527,697	N/A	2,802,210	N/A	-3.74	10.86	Yes
	5-20	17.61	Yes	17.79	Yes	22.42	No	1.00	26.06	No
% Crossover	> 1%	1.04	Yes	6.35	Yes	9.53	Yes	511.10	49.97	No
% Adjusted Claims	N/A	91.00	N/A	97.97	N/A	94.53	N/A	7.66	-3.51	Yes
% Standard Adjustments	N/A	\$257	N/A	\$67	N/A	\$124	N/A	-74.00	86.08	No
Average Paid per HMO Cap Payment	N/A	22.96	N/A	23.84	N/A	18.47	N/A	3.84	-22.50	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.00	N/A	7.60	N/A	31.57	N/A	.	315.30	No
% 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
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$149	Yes	\$141	Yes	\$127	Yes	-5.58	-9.78	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	\$2	No	\$2	No	.	0.00	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	.	.	N/A
FS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 1998										
Total Number of Claims	N/A	2,163,518	N/A	2,078,114	N/A	2,173,915	N/A	-3.95	4.61	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
% Claims with Span Bill	N/A	0.00	N/A	3.60	N/A	14.62	N/A	.	305.60	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	4.86	N/A	15.48	N/A	.	218.10	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	7.84	N/A	75.21	N/A	.	858.70	No
% Other Claims with Span Bills/All Other Claims	N/A	0.00	N/A	3.51	N/A	14.44	N/A	.	311.20	No
% Claims W/ Service Place 11- Office	50-90	31.47	No	30.12	No	36.20	No	-4.28	20.18	No
% Claims W/ Service Place 12 - Home	>0-5	4.36	Yes	5.73	No	13.56	No	31.40	136.70	No
% Claims W/ Service Place 21 - Hospital	>0-5	11.38	No	8.97	No	8.77	No	-21.20	-2.22	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.89	Yes	0.67	Yes	0.10	Yes	-24.60	-85.60	No
% Claims W/ Service Place 23 - ER	1-10	2.70	Yes	2.37	Yes	2.64	Yes	-12.20	11.68	Yes
% Claims w/ Service Place 22 - OPD	>0-10	0.03	Yes	2.07	Yes	5.54	Yes	7,289.00	168.00	No
% Claims W/ Service Place 99 - Unknown/Other	<5	19.33	No	10.79	No	2.57	Yes	-44.20	-76.20	No
% Claims with TPL	>0 - 15	0.15	Yes	0.58	Yes	0.75	Yes	279.90	29.38	No
Aver. TPL Paid -claims with TPL	N/A	\$88	N/A	\$111	N/A	\$139	N/A	25.54	25.56	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	2.91	No	8.08	No	20.15	Yes	177.30	149.30	No
% claims MAX TOS 09: Dental	2-20	10.30	Yes	9.34	Yes	10.40	Yes	-9.30	11.30	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	1.32	Yes	1.15	Yes	0.75	Yes	-12.90	-34.80	No
% claims MAX TOS 11: OPD	3-25	6.72	Yes	5.58	Yes	3.09	Yes	-16.90	-44.70	No
% claims MAX TOS 12: Clinic	2-25	4.26	Yes	3.29	Yes	2.01	Yes	-22.80	-39.00	No
% claims MAX TOS 13: HH	>0-25	0.61	Yes	0.41	Yes	0.25	Yes	-33.10	-38.90	No
% claims MAX TOS 15: Lab/Xray	4-20	49.09	No	47.50	No	32.31	No	-3.25	-32.00	No
% claims MAX TOS 16: Drugs	<3	0.16	Yes	0.34	Yes	0.38	Yes	117.20	9.34	Yes
% claims MAX TOS 19: Other Services	<25	7.11	Yes	4.16	Yes	1.85	Yes	-41.40	-55.60	No
% claims MAX TOS 51: DME	>3	0.45	No	2.24	No	5.03	Yes	397.80	124.60	No
% claims MAX TOS 26: Transportation	>1	1.65	Yes	1.53	Yes	0.84	No	-7.60	-45.10	No

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% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.09	N/A	0.23	N/A	733.80	157.70	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-58.40	-100.00	No
% claims MAX TOS 30: PCS	>0	1.51	Yes	3.06	Yes	8.51	Yes	102.60	178.00	No
% claims MAX TOS 31: TCM	>0	3.48	Yes	3.12	Yes	3.67	Yes	-10.30	17.59	No
% claims MAX TOS 33: Rehabilitation	>0	5.17	Yes	3.54	Yes	1.41	Yes	-31.60	-60.10	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.22	Yes	1.15	Yes	1.35	Yes	-5.72	17.78	No
% claims MAX TOS 35: Hospice	>0	0.09	Yes	0.09	Yes	0.12	Yes	8.82	24.10	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.03	N/A	0.01	N/A	0.01	N/A	-60.40	-30.80	No
% claims MAX TOS 37: Nurse Practitioner	N/A	1.14	N/A	0.94	N/A	0.75	N/A	-18.00	-20.30	No
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	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
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	0.05	N/A	0.50	N/A	.	946.30	No
% claims MAX TOS 53: Psych. Services	>1	2.78	Yes	4.27	Yes	6.27	Yes	53.77	46.73	No
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.06	Yes	0.16	Yes	.	145.00	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$122	N/A	\$123	N/A	\$142	N/A	0.87	15.31	No
08: Physicians	\$20-90	\$62	Yes	\$86	Yes	\$92	No	37.10	7.75	Yes
09: Dental	\$10-60	\$64	No	\$61	No	\$57	Yes	-4.17	-8.04	Yes
10: Other Practioner	\$10-100	\$41	Yes	\$45	Yes	\$72	Yes	10.86	58.43	No
11: OPD	\$20-100	\$108	No	\$139	No	\$322	No	28.95	131.40	No
12: Clinic	\$20-100	\$169	No	\$184	No	\$314	No	8.79	70.81	No
13: HH	N/A	\$421	N/A	\$460	N/A	\$617	N/A	9.12	34.14	No
15: Lab/Xray	10-60	\$67	No	\$64	No	\$61	No	-3.52	-4.74	Yes
16: Drugs	10-60	\$59	Yes	\$18	Yes	\$18	Yes	-68.90	-2.96	Yes
19: Other Services	N/A	\$287	N/A	\$335	N/A	\$343	N/A	17.02	2.12	Yes
51: DME	N/A	\$31	N/A	\$102	N/A	\$123	N/A	229.40	20.84	No
26: Transportation	N/A	\$122	N/A	\$124	N/A	\$158	N/A	1.89	27.08	No
30: PCS	N/A	\$556	N/A	\$395	N/A	\$204	N/A	-28.90	-48.30	No
31: Targeted Case Management	N/A	\$287	N/A	\$299	N/A	\$234	N/A	4.20	-21.60	No
33: Rehabilitation	N/A	\$333	N/A	\$366	N/A	\$495	N/A	10.15	35.23	No
34: PT/OT/speech/hear	N/A	\$48	N/A	\$65	N/A	\$69	N/A	35.44	5.19	Yes
35: Hospice	N/A	\$2,140	N/A	\$2,405	N/A	\$3,206	N/A	12.39	33.28	No
52: Residential Care	N/A	.	N/A	\$2,040	N/A	\$2,730	N/A	.	33.87	No
53: Pysch. Services	N/A	\$70	N/A	\$145	N/A	\$205	N/A	107.60	41.69	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	\$314	N/A	\$330	N/A	.	5.29	Yes
% Family Planning (code 2)	N/A	0.33	N/A	0.18	N/A	0.05	N/A	-45.30	-72.20	No
% RHC (code 3)	N/A	0.00	N/A	0.12	N/A	0.31	N/A	.	156.70	No
% FQHC (code 4)	N/A	0.73	N/A	0.70	N/A	0.50	N/A	-3.56	-29.00	No
% FQHC (code 5)	N/A	0.00	N/A	0.27	N/A	0.61	N/A	.	124.60	No
% IHS (code 6,7)	N/A	3.80	N/A	2.61	N/A	2.95	N/A	-31.30	12.89	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$142	N/A	\$124	N/A	\$96	N/A	-13.00	-22.40	No
RHC (code 3)	N/A	.	N/A	\$96	N/A	\$111	N/A	.	15.65	No
FQHC (code 4)	N/A	\$94	N/A	\$103	N/A	\$140	N/A	10.30	35.12	No
IHS (code 5)	N/A	.	N/A	\$201	N/A	\$209	N/A	.	3.89	Yes

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Waiver (code 6-7)	N/A	\$426	N/A	\$483	N/A	\$705	N/A	13.56	45.86	No
% Claims with DX	> 60	100.00	Yes	93.69	Yes	85.41	Yes	-6.31	-8.84	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	99.87	Yes	99.95	Yes	-0.13	0.08	Yes
% Claims with 1 DX that have 2 DX	N/A	0.00	N/A	9.13	N/A	30.19	N/A	.	230.70	No
% Claims with DX, where length=3	5-25	6.48	Yes	7.85	Yes	7.02	Yes	21.14	-10.50	Yes
% Claims with DX, where length=4	40-70	50.41	Yes	51.01	Yes	54.01	Yes	1.19	5.88	Yes
% Claims with DX, where length=5	20-55	43.10	Yes	41.12	Yes	38.96	Yes	-4.60	-5.25	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	99.89	Yes	98.56	Yes	-0.11	-1.33	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	90.55	N/A	82.46	N/A	60.76	N/A	-8.93	-26.30	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	7.24	N/A	27.18	N/A	.	275.40	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	0.12	N/A	0.11	N/A	.	-6.10	Yes
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	9.45	N/A	9.34	N/A	11.14	N/A	-1.11	19.21	No
% 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 Ccnnn /Claims with HCPCS	98-100	.	No	100.00	Yes	100.00	Yes	.	0.00	Yes
% Claims with TOS 08 with Physician Specialty	N/A	0.00	N/A	75.57	N/A	100.00	N/A	.	32.33	No
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	462,455	N/A	449,583	N/A	628,295	N/A	-2.78	39.75	No
% 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
% Claims with Span Bill	N/A	0.00	N/A	6.01	N/A	4.82	N/A	.	-19.80	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	4.98	N/A	19.58	N/A	.	293.30	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	0.00	N/A	6.05	N/A	4.18	N/A	.	-30.90	No
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	0.00	N/A	19.26	N/A	61.26	N/A	.	218.00	No
% claims MAX TOS 10: Other Practitioner	N/A	1.37	N/A	1.36	N/A	2.08	N/A	-1.17	53.08	No
% claims MAX TOS 11: OPD	N/A	6.15	N/A	4.34	N/A	4.14	N/A	-29.40	-4.59	Yes
% claims MAX TOS 12: Clinic	N/A	2.79	N/A	2.08	N/A	2.40	N/A	-25.70	15.39	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	76.92	N/A	59.53	N/A	17.23	N/A	-22.60	-71.10	No
% claims MAX TOS 19: Other Services	N/A	6.76	N/A	6.34	N/A	6.97	N/A	-6.20	9.89	Yes
% claims MAX TOS 51: DME	N/A	0.04	N/A	0.63	N/A	0.08	N/A	1,373.00	-87.20	No
% claims MAX TOS 26: Transportation	N/A	0.27	N/A	1.12	N/A	2.63	N/A	306.20	135.80	No
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	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
% claims MAX TOS 33: Rehabilitation	N/A	0.05	N/A	0.07	N/A	0.05	N/A	41.66	-33.50	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.33	N/A	0.75	N/A	1.93	N/A	127.10	156.90	No
% claims MAX TOS 36: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 53: Psych. Services	N/A	2.46	N/A	1.71	N/A	0.01	N/A	-30.40	-99.50	No
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Average Amount Paid	N/A	\$27	N/A	\$30	N/A	\$33	N/A	11.81	9.09	Yes
% Claims with DX	N/A	100.00	N/A	99.97	N/A	99.98	N/A	-0.03	0.02	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	99.98	Yes	100.00	Yes	-0.02	0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	0.00	N/A	0.00	N/A	0.09	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	13.99	Yes	13.95	Yes	11.73	Yes	-0.27	-15.90	No
% Claims with DX, where length=4	40-70	43.99	Yes	43.81	Yes	44.05	Yes	-0.42	0.55	Yes
% Claims with DX, where length=5	20-55	42.02	Yes	42.18	Yes	43.76	Yes	0.39	3.75	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	80.64	N/A	25.37	N/A	-19.40	-68.50	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	100.00	Yes	57.47	No	.	No	-42.50	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	98.24	N/A	98.92	N/A	.	N/A	0.69	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	1.76	N/A	1.08	N/A	.	N/A	-38.30	.	N/A

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