

2002-2004 MAX OT 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 OT Claims										
Total Number of Claims	N/A	7,018,010	N/A	6,937,356	N/A	7,637,407	N/A	-1.15	10.09	Yes
	N/A	5.49	N/A	5.17	N/A	5.45	N/A	-5.82	5.52	Yes
% 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	10.97	N/A	10.41	N/A	9.82	N/A	-5.07	-5.67	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	5,863,302	N/A	5,856,625	N/A	6,470,887	N/A	-0.11	10.49	Yes
Total FFS Claims Excluding Capitation Payments	5-20	14.75	Yes	15.74	Yes	15.19	Yes	6.73	-3.50	Yes
% Crossover	> 1%	2.42	Yes	3.09	Yes	4.10	Yes	27.64	32.68	No
% Adjusted Claims	N/A	28.39	N/A	18.72	N/A	13.36	N/A	-34.10	-28.60	No
% Standard Adjustments	N/A	\$175	N/A	\$106	N/A	\$91	N/A	-39.60	-14.20	Yes
Average Paid per HMO Cap Payment	N/A	5.38	N/A	5.10	N/A	4.72	N/A	-5.24	-7.45	Yes
% Claims(TOC Adj=1) TOS 20: HMO	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	6.22	N/A	5.88	N/A	5.67	N/A	-5.52	-3.59	Yes
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	\$75-\$300	\$154	Yes	\$174	Yes	\$185	Yes	12.92	6.68	Yes
Average Paid per HMO Cap Clms (TOS 20)	\$20-\$250	.	No	.	No	.	No	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	3-5	\$2	No	\$2	No	\$2	No	0.00	0.00	Yes
Average Paid per PCCM Cap Clms (TOS 22)	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	4,998,444	N/A	4,934,645	N/A	5,487,901	N/A	-1.28	11.21	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	10.16	N/A	9.36	N/A	13.23	N/A	-7.87	41.35	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	28.51	N/A	29.58	N/A	30.53	N/A	3.75	3.22	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	93.76	N/A	96.21	N/A	98.35	N/A	2.62	2.23	Yes
% Other Claims with Span Bills/All Other Claims	N/A	7.83	N/A	6.11	N/A	7.46	N/A	-22.00	22.21	No
% Claims W/ Service Place 11- Office	50-90	56.58	Yes	56.50	Yes	54.46	Yes	-0.14	-3.60	Yes
% Claims W/ Service Place 12 - Home	>0-5	8.62	No	10.02	No	12.90	No	16.14	28.83	No
% Claims W/ Service Place 21 - Hospital	>0-5	3.66	Yes	3.81	Yes	3.60	Yes	4.14	-5.48	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.51	Yes	0.61	Yes	0.60	Yes	20.42	-2.35	Yes
% Claims W/ Service Place 23 - ER	1-10	2.25	Yes	2.23	Yes	2.14	Yes	-0.54	-4.10	Yes
% Claims w/ Service Place 22 - OPD	>0-10	18.87	No	19.32	No	18.66	No	2.40	-3.41	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.07	Yes	0.19	Yes	1.94	Yes	177.40	916.70	No
% Claims with TPL	>0 - 15	1.82	Yes	1.52	Yes	1.45	Yes	-16.30	-4.63	Yes
Aver. TPL Paid -claims with TPL	N/A	\$81	N/A	\$101	N/A	\$102	N/A	24.08	1.02	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	19.74	Yes	20.49	Yes	19.38	Yes	3.78	-5.40	Yes
% claims MAX TOS 09: Dental	2-20	14.29	Yes	14.36	Yes	13.93	Yes	0.47	-2.95	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	4.77	Yes	6.09	Yes	3.55	Yes	27.68	-41.70	No
% claims MAX TOS 11: OPD	3-25	7.38	Yes	7.07	Yes	7.04	Yes	-4.19	-0.48	Yes
% claims MAX TOS 12: Clinic	2-25	2.02	Yes	2.15	Yes	2.74	Yes	6.60	27.32	No
% claims MAX TOS 13: HH	>0-25	0.94	Yes	1.77	Yes	4.56	Yes	88.67	157.60	No
% claims MAX TOS 15: Lab/Xray	4-20	20.53	No	19.04	Yes	17.45	Yes	-7.24	-8.34	Yes
% claims MAX TOS 16: Drugs	<3	2.60	Yes	2.73	Yes	2.46	Yes	4.93	-9.71	Yes
% claims MAX TOS 19: Other Services	<25	1.59	Yes	0.63	Yes	1.61	Yes	-60.10	155.30	No
% claims MAX TOS 51: DME	>3	6.95	Yes	5.97	Yes	7.36	Yes	-14.10	23.39	No
% claims MAX TOS 26: Transportation	>1	1.02	Yes	1.18	Yes	1.65	Yes	16.09	40.07	No

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% claims MAX TOS 24: Sterilizations	N/A	0.07	N/A	0.05	N/A	0.02	N/A	-28.40	-60.50	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	0.93	Yes	1.03	Yes	0.98	Yes	10.09	-4.61	Yes
% claims MAX TOS 31: TCM	>0	0.80	Yes	0.00	No	0.00	No	-100.00	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	0.26	Yes	0.22	Yes	0.00	No	-13.30	-100.00	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	4.13	Yes	4.42	Yes	4.67	Yes	7.09	5.74	Yes
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.04	Yes	0.04	Yes	26.60	1.52	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.20	N/A	0.21	N/A	0.21	N/A	2.78	-2.04	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.31	N/A	0.30	N/A	0.27	N/A	-4.47	-10.20	Yes
% 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	0.60	N/A	0.54	N/A	0.00	N/A	-10.40	-100.00	No
% claims MAX TOS 53: Psych. Services	>1	9.94	Yes	10.88	Yes	11.99	Yes	9.37	10.21	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.89	Yes	0.83	Yes	0.06	Yes	-6.89	-92.30	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	\$86	N/A	\$68	N/A	\$76	N/A	-20.70	10.83	Yes
08: Physicians	\$20-90	\$65	Yes	\$65	Yes	\$66	Yes	0.14	2.07	Yes
09: Dental	\$10-60	\$38	Yes	\$38	Yes	\$38	Yes	0.34	0.53	Yes
10: Other Practioner	\$10-100	\$31	Yes	\$29	Yes	\$32	Yes	-7.60	12.04	Yes
11: OPD	\$20-100	\$83	Yes	\$80	Yes	\$82	Yes	-3.68	1.75	Yes
12: Clinic	\$20-100	\$97	Yes	\$102	No	\$91	Yes	5.27	-10.70	Yes
13: HH	N/A	\$416	N/A	\$228	N/A	\$85	N/A	-45.20	-62.70	No
15: Lab/Xray	10-60	\$36	Yes	\$40	Yes	\$44	Yes	9.66	9.78	Yes
16: Drugs	10-60	\$14	Yes	\$15	Yes	\$14	Yes	4.79	-2.28	Yes
19: Other Services	N/A	\$1,525	N/A	\$728	N/A	\$824	N/A	-52.30	13.25	Yes
51: DME	N/A	\$69	N/A	\$91	N/A	\$77	N/A	30.89	-14.90	Yes
26: Transportation	N/A	\$91	N/A	\$89	N/A	\$91	N/A	-2.10	2.20	Yes
30: PCS	N/A	\$157	N/A	\$166	N/A	\$169	N/A	5.11	2.00	Yes
31: Targeted Case Management	N/A	\$159	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabilitation	N/A	\$236	N/A	\$233	N/A	.	N/A	-0.97	.	N/A
34: PT/OT/speech/hear	N/A	\$54	N/A	\$51	N/A	\$50	N/A	-6.40	-1.47	Yes
35: Hospice	N/A	\$2,356	N/A	\$2,457	N/A	\$2,458	N/A	4.29	0.04	Yes
52: Residential Care	N/A	\$236	N/A	\$263	N/A	.	N/A	11.62	.	N/A
53: Pysch. Services	N/A	\$74	N/A	\$77	N/A	\$83	N/A	5.07	6.80	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$78	N/A	\$70	N/A	\$24	N/A	-9.83	-66.30	No
% Family Planning (code 2)	N/A	1.21	N/A	0.97	N/A	0.86	N/A	-19.60	-11.50	Yes
% RHC (code 3)	N/A	0.84	N/A	0.83	N/A	0.85	N/A	-0.37	1.61	Yes
% FQHC (code 4)	N/A	0.38	N/A	0.36	N/A	0.41	N/A	-4.96	13.36	Yes
% FQHC (code 5)	N/A	0.28	N/A	0.23	N/A	0.23	N/A	-15.70	-0.62	Yes
% IHS (code 6,7)	N/A	1.28	N/A	0.34	N/A	1.29	N/A	-73.80	285.20	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$44	N/A	\$49	N/A	\$46	N/A	10.56	-5.92	Yes
RHC (code 3)	N/A	\$53	N/A	\$57	N/A	\$61	N/A	8.15	7.77	Yes
FQHC (code 4)	N/A	\$81	N/A	\$82	N/A	\$84	N/A	1.09	2.37	Yes
IHS (code 5)	N/A	\$188	N/A	\$191	N/A	\$211	N/A	1.48	10.49	Yes

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Waver (code 6-7)	N/A	\$1,853	N/A	\$1,271	N/A	\$1,012	N/A	-31.40	-20.30	No
% Claims with DX	> 60	100.00	Yes	100.00	Yes	99.43	Yes	0.00	-0.57	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	11.32	N/A	12.56	N/A	13.62	N/A	10.99	8.48	Yes
% Claims with DX, where length=3	5-25	6.70	Yes	5.01	Yes	4.78	No	-25.20	-4.75	Yes
% Claims with DX, where length=4	40-70	45.74	Yes	45.06	Yes	44.14	Yes	-1.48	-2.05	Yes
% Claims with DX, where length=5	20-55	47.56	Yes	49.92	Yes	51.08	Yes	4.97	2.33	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	99.68	Yes	99.58	Yes	99.58	Yes	-0.09	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	75.44	N/A	73.69	N/A	62.35	N/A	-2.32	-15.40	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	20.06	N/A	21.87	N/A	33.05	N/A	9.01	51.15	No
% 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
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	4.50	N/A	4.44	N/A	3.28	N/A	-1.28	-26.10	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	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	864,858	N/A	921,980	N/A	982,986	N/A	6.61	6.62	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	4.63	N/A	4.53	N/A	4.20	N/A	-2.28	-7.24	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	28.07	N/A	28.65	N/A	31.01	N/A	2.06	8.23	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	93.94	N/A	90.00	N/A	82.43	N/A	-4.19	-8.41	Yes
% Other Claims with Span Bills/All Other Claims	N/A	3.29	N/A	2.88	N/A	2.80	N/A	-12.40	-2.74	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	45.68	N/A	45.81	N/A	45.12	N/A	0.29	-1.52	Yes
% claims MAX TOS 10: Other Practitioner	N/A	12.34	N/A	11.49	N/A	11.74	N/A	-6.85	2.13	Yes
% claims MAX TOS 11: OPD	N/A	5.41	N/A	6.37	N/A	4.93	N/A	17.80	-22.60	No
% claims MAX TOS 12: Clinic	N/A	3.58	N/A	3.60	N/A	3.41	N/A	0.53	-5.12	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.01	N/A	13.70	73.52	No
% claims MAX TOS 15: Lab/Xray	N/A	7.62	N/A	6.17	N/A	7.57	N/A	-19.10	22.69	No
% claims MAX TOS 19: Other Services	N/A	8.00	N/A	8.09	N/A	8.31	N/A	1.11	2.73	Yes
% claims MAX TOS 51: DME	N/A	9.97	N/A	10.71	N/A	10.82	N/A	7.35	1.08	Yes
% claims MAX TOS 26: Transportation	N/A	0.00	N/A	0.00	N/A	0.00	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
% 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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.12	N/A	0.08	N/A	0.06	N/A	-29.70	-24.30	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	-100.00	.	N/A
% claims MAX TOS 53: Psych. Services	N/A	7.23	N/A	7.61	N/A	7.97	N/A	5.36	4.67	Yes
% 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	\$29	N/A	\$29	N/A	\$30	N/A	1.13	3.64	Yes
% Claims with DX	N/A	99.70	N/A	99.84	N/A	99.99	N/A	0.14	0.15	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.73	Yes	99.87	Yes	99.99	Yes	0.14	0.12	Yes
% Claims with 1 DX that have 2 DX	N/A	7.02	N/A	7.24	N/A	7.69	N/A	3.08	6.28	Yes
% Claims with DX, where length=3	5-25	9.73	Yes	9.41	Yes	8.93	Yes	-3.28	-5.12	Yes
% Claims with DX, where length=4	40-70	44.76	Yes	43.30	Yes	42.44	Yes	-3.25	-1.99	Yes
% Claims with DX, where length=5	20-55	45.51	Yes	47.29	Yes	48.63	Yes	3.90	2.85	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	90.91	N/A	100.00	N/A	98.65	N/A	10.00	-1.35	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	87.42	No	88.32	No	86.62	No	1.03	-1.93	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	82.01	N/A	81.24	N/A	81.17	N/A	-0.94	-0.08	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	17.99	N/A	18.75	N/A	18.83	N/A	4.23	0.40	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	40.69	-100.00	No

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