

**1999-2001 MAX OT 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 OT Claims										
Total Number of Claims	N/A	2,214,554	N/A	2,356,956	N/A	2,986,383	N/A	6.43	26.71	No
*	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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	N/A	N/A
% Supplemental Claims	N/A									
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	21.34	N/A	20.31	N/A	27.85	N/A	-4.83	37.15	No
Total FFS Claims Excluding Capitation Payments	N/A	1,741,993	N/A	1,878,293	N/A	2,154,560	N/A	7.82	14.71	Yes
	5-20	19.59	Yes	15.39	Yes	14.28	Yes	-21.44	-7.21	Yes
% Crossover	> 1%	0.69	No	1.54	Yes	1.83	Yes	124.15	18.62	No
% Adjusted Claims	N/A	.	N/A	72.43	N/A	74.04	N/A	N/A	2.23	Yes
% Standard Adjustments	N/A	\$148	N/A	\$212	N/A	\$140	N/A	43.64	-33.79	No
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	18.35	N/A	20.31	N/A	27.85	N/A	10.66	37.15	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	2.99	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	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	\$157	Yes	\$150	Yes	\$146	Yes	-3.94	-3.26	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$54	Yes	.	No	.	No	N/A	N/A	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 1999										
Total Number of Claims	N/A	1,400,662	N/A	1,589,178	N/A	1,846,841	N/A	13.46	16.21	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	N/A	N/A
% Claims with Span Bill	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	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	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims W/ Service Place 11- Office	50-90	34.65	No	32.26	No	33.14	No	-6.89	2.72	Yes
% Claims W/ Service Place 12 - Home	>0-5	5.02	No	5.27	No	4.15	Yes	5.02	-21.26	No
% Claims W/ Service Place 21 - Hospital	>0-5	10.25	No	9.87	No	10.45	No	-3.72	5.90	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.92	Yes	0.83	Yes	0.77	Yes	-9.29	-7.15	Yes
% Claims W/ Service Place 23 - ER	1-10	2.57	Yes	2.59	Yes	2.79	Yes	0.63	7.71	Yes
% Claims w/ Service Place 22 - OPD	>0-10	0.06	Yes	0.08	Yes	0.05	Yes	36.51	-40.58	No
% Claims W/ Service Place 99 - Unknown/Other	<5	17.95	No	16.94	No	17.25	No	-5.65	1.84	N/A
% Claims with TPL	>0 - 15	0.74	Yes	0.34	Yes	0.20	Yes	-54.80	-40.46	No
Aver. TPL Paid -claims with TPL	N/A	\$73	N/A	\$80	N/A	\$88	N/A	10.19	9.92	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	3.14	No	2.72	No	2.80	No	-13.29	2.95	Yes
% claims MAX TOS 09: Dental	2-20	16.51	Yes	15.42	Yes	16.43	Yes	-6.61	6.53	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	2.21	Yes	1.06	Yes	1.09	Yes	-52.04	2.91	Yes
% claims MAX TOS 11: OPD	3-25	13.86	Yes	6.56	Yes	6.37	Yes	-52.65	-2.97	Yes
% claims MAX TOS 12: Clinic	2-25	6.04	Yes	4.51	Yes	4.53	Yes	-25.40	0.59	Yes
% claims MAX TOS 13: HH	>0-25	1.54	Yes	1.51	Yes	0.69	Yes	-1.79	-54.30	No
% claims MAX TOS 15: Lab/Xray	4-20	36.45	No	45.04	No	44.20	No	23.59	-1.87	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.17	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	6.55	Yes	6.22	Yes	6.53	Yes	-4.96	4.88	Yes
% claims MAX TOS 51: DME	>3	1.16	No	0.40	No	0.41	No	-65.57	1.77	Yes
% claims MAX TOS 26: Transportation	>1	1.31	Yes	1.16	Yes	1.08	Yes	-11.24	-7.04	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-47.86	9.92	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-11.86	7.56	Yes
% claims MAX TOS 30: PCS	>0	1.73	Yes	1.56	Yes	1.30	Yes	-9.48	-16.95	No
% claims MAX TOS 31: TCM	>0	3.82	Yes	4.00	Yes	3.65	Yes	4.66	-8.65	Yes
% claims MAX TOS 33: Rehabilitation	>0	3.76	Yes	5.04	Yes	5.54	Yes	33.92	10.03	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.30	Yes	1.31	Yes	1.30	Yes	1.25	-0.82	N/A
% claims MAX TOS 35: Hospice	>0	0.05	Yes	0.06	Yes	0.06	Yes	24.84	10.58	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.02	N/A	19.91	81.56	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.56	N/A	0.62	N/A	0.73	N/A	11.73	18.17	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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	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	N/A	N/A
% claims MAX TOS 53: Psych. Services	>1	0.00	No	2.78	Yes	3.08	Yes	N/A	10.96	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% 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	\$111	N/A	\$115	N/A	\$119	N/A	3.71	3.48	Yes
08: Physicians	\$20-90	\$61	Yes	\$62	Yes	\$63	Yes	0.89	1.98	Yes
09: Dental	\$10-60	\$55	Yes	\$58	Yes	\$60	No	4.12	4.50	Yes
10: Other Practitioner	\$10-100	\$59	Yes	\$40	Yes	\$39	Yes	-32.70	-0.67	Yes
11: OPD	\$20-100	\$61	Yes	\$93	Yes	\$99	Yes	51.96	6.21	Yes
12: Clinic	\$20-100	\$151	No	\$176	No	\$179	No	16.94	1.33	Yes
13: HH	N/A	\$372	N/A	\$376	N/A	\$407	N/A	0.88	8.31	Yes
15: Lab/Xray	10-60	\$73	No	\$65	No	\$69	No	-11.29	6.39	Yes
16: Drugs	10-60	.	No	.	No	\$51	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$220	N/A	\$278	N/A	\$294	N/A	26.38	5.66	Yes
51: DME	N/A	\$46	N/A	\$31	N/A	\$30	N/A	-32.39	-1.59	Yes
26: Transportation	N/A	\$161	N/A	\$166	N/A	\$165	N/A	3.24	-1.01	Yes
30: PCS	N/A	\$193	N/A	\$201	N/A	\$478	N/A	4.35	137.51	No
31: Targeted Case Management	N/A	\$226	N/A	\$268	N/A	\$278	N/A	18.63	3.67	Yes
33: Rehabilitation	N/A	\$450	N/A	\$351	N/A	\$310	N/A	-21.96	-11.66	Yes
34: PT/OT/speech/hear	N/A	\$95	N/A	\$46	N/A	\$46	N/A	-51.31	-1.83	N/A
35: Hospice	N/A	\$1,910	N/A	\$1,774	N/A	\$1,909	N/A	-7.14	7.64	Yes
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
53: Psych. Services	N/A	.	N/A	\$73	N/A	\$68	N/A	N/A	-7.94	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Family Planning (code 2)	N/A	0.29	N/A	0.33	N/A	0.30	N/A	12.11	-10.34	Yes
% 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	0.58	N/A	0.52	N/A	0.63	N/A	-11.45	21.97	No
% 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	3.30	N/A	3.85	N/A	3.85	N/A	16.72	0.08	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$163	N/A	\$134	N/A	\$162	N/A	-17.89	20.91	No
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
FQHC (code 4)	N/A	\$86	N/A	\$90	N/A	\$90	N/A	4.41	0.01	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$346	N/A	\$388	N/A	\$426	N/A	12.29	9.85	Yes
% Claims with DX	> 60	80.55	Yes	99.99	Yes	99.99	Yes	24.13	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	90.22	Yes	100.00	Yes	100.00	Yes	10.84	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with DX, where length=3	5-25	2.64	No	6.92	Yes	6.63	Yes	161.59	-4.20	Yes
% Claims with DX, where length=4	40-70	21.60	No	51.87	Yes	51.08	Yes	140.18	-1.51	Yes
% Claims with DX, where length=5	20-55	75.76	No	41.21	Yes	42.29	Yes	-45.60	2.60	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	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	89.95	N/A	89.38	N/A	89.81	N/A	-0.63	0.48	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% 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	10.05	N/A	10.62	N/A	10.19	N/A	5.63	-4.05	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	.	No	.	No	.	No	N/A	N/A	N/A
% Claims with TOS 08 with Physician Specialty	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims</b>										
Total Number of Claims	N/A	341,331	N/A	289,115	N/A	307,719	N/A	-15.30	6.43	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	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	0.00	N/A	0.00	N/A	N/A	N/A	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 10: Other Practitioners <sup>r</sup>	N/A	3.23	N/A	1.49	N/A	1.17	N/A	-53.91	-21.56	No
% claims MAX TOS 11: OPD	N/A	3.63	N/A	3.01	N/A	5.30	N/A	-16.86	75.94	No
% claims MAX TOS 12: Clinic	N/A	2.71	N/A	2.87	N/A	2.56	N/A	5.91	-10.66	Yes
% claims MAX TOS 13: HH	N/A	0.16	N/A	0.18	N/A	0.03	N/A	10.82	-81.21	N/A
% claims MAX TOS 15: Lab/Xray	N/A	81.71	N/A	81.73	N/A	79.33	N/A	0.02	-2.93	Yes
% claims MAX TOS 19: Other Services	N/A	5.03	N/A	5.70	N/A	6.39	N/A	13.32	12.02	Yes
% claims MAX TOS 51: DME	N/A	1.38	N/A	0.08	N/A	0.08	N/A	-94.40	4.02	N/A
% claims MAX TOS 26: Transportation <sup>n</sup>	N/A	0.64	N/A	0.71	N/A	0.60	N/A	11.21	-14.67	Yes
% 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	0.06	N/A	0.08	N/A	0.04	N/A	32.40	-47.93	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.29	N/A	0.29	N/A	0.31	N/A	1.69	3.89	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 <sup>e</sup>	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	2.82	N/A	2.87	N/A	N/A	1.83	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	\$22	N/A	\$26	N/A	\$28	N/A	17.39	5.97	Yes
% Claims with DX	N/A	99.47	N/A	100.00	N/A	100.00	N/A	0.53	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with DX, where length=3	5-25	6.55	Yes	11.96	Yes	12.17	Yes	82.64	1.72	Yes
% Claims with DX, where length=4	40-70	25.67	No	44.02	Yes	43.94	Yes	71.48	-0.19	Yes
% Claims with DX, where length=5	20-55	67.78	No	44.02	Yes	43.89	Yes	-35.06	-0.28	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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	94.57	N/A	93.80	N/A	94.53	N/A	-0.81	0.78	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	5.43	N/A	6.20	N/A	5.47	N/A	14.14	-11.74	N/A

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