

2002-2004 MAX OT Validation Table
State: NJ

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	33,659,308	N/A	34,627,872	N/A	37,599,879	N/A	2.88	8.58	Yes	
	N/A	25.99	N/A	23.28	N/A	23.08	N/A	-10.40	-0.85	Yes	
% Encounter Claims (Claim Type=3) *	N/A	0.73	N/A	0.76	N/A	0.04	N/A	4.87	-95.30	No	
% Supplemental Claims	N/A	19.92	N/A	19.49	N/A	17.94	N/A	-2.17	-7.95	Yes	
% Claims (Claim Type=2, and MAX TOS	N/A	17,959,703	N/A	19,554,180	N/A	22,162,552	N/A	8.88	13.34	Yes	
Total FFS Claims Excluding Capitation Payments		5-20	3.99	No	4.52	No	4.70	No	13.24	3.98	Yes
% Crossover	> 1%	6.14	Yes	5.13	Yes	5.30	Yes	-16.40	3.38	Yes	
% Adjusted Claims	N/A	6.18	N/A	18.52	N/A	2.51	N/A	199.80	-86.50	No	
% Standard Adjustments	N/A	\$129	N/A	\$248	N/A	\$269	N/A	91.86	8.27	Yes	
Average Paid per HMO Cap Payment	N/A	25.82	N/A	24.41	N/A	23.06	N/A	-5.46	-5.53	Yes	
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	1.47	N/A	1.37	N/A	1.25	N/A	-6.42	-8.71	Yes	
% 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	\$159	Yes	\$157	Yes	\$150	Yes	-1.03	-4.88	Yes	
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$17	No	\$17	No	\$17	No	-0.11	-0.06	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	17,243,508	N/A	18,671,129	N/A	21,121,880	N/A	8.28	13.13	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	8.31	N/A	7.86	N/A	6.87	N/A	-5.45	-12.50	Yes	
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	7.70	N/A	5.30	N/A	4.59	N/A	-31.20	-13.30	Yes	
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	3.36	N/A	11.83	N/A	14.73	N/A	252.10	24.52	No	
% Other Claims with Span Bills/All Other Claims	N/A	8.64	N/A	7.88	N/A	6.79	N/A	-8.80	-13.80	Yes	
% Claims W/ Service Place 11- Office	50-90	28.95	No	30.83	No	29.71	No	6.47	-3.62	Yes	
% Claims W/ Service Place 12 - Home	>0-5	44.32	No	43.38	No	42.22	No	-2.11	-2.69	Yes	
% Claims W/ Service Place 21 - Hospital	>0-5	2.78	Yes	2.73	Yes	2.44	Yes	-1.71	-10.50	Yes	
% Claims W/ Service Place 32 - NF	>0-5	1.17	Yes	1.19	Yes	1.03	Yes	1.68	-13.20	Yes	
% Claims W/ Service Place 23 - ER	1-10	1.07	Yes	0.79	No	0.73	No	-26.50	-7.64	Yes	
% Claims w/ Service Place 22 - OPD	>0-10	13.40	No	12.94	No	12.40	No	-3.44	-4.18	Yes	
% Claims W/ Service Place 99 - Unknown/Other	<5	5.87	No	5.91	No	8.06	No	0.70	36.39	No	
% Claims with TPL	>0 - 15	0.08	Yes	0.09	Yes	0.10	Yes	8.09	7.99	Yes	
Aver. TPL Paid -claims with TPL	N/A	\$232	N/A	\$248	N/A	\$274	N/A	7.10	10.23	Yes	
PERCENT CLAIMS/MAX TOS											
% claims MAX TOS 08: Physicians	10-35	5.75	No	5.65	No	5.14	No	-1.71	-9.18	Yes	
% claims MAX TOS 09: Dental	2-20	2.89	Yes	2.81	Yes	2.67	Yes	-2.71	-4.95	Yes	
% claims MAX TOS 10: Other Practioner	0.5-8	0.39	No	0.64	Yes	0.38	No	63.90	-40.40	No	
% claims MAX TOS 11: OPD	3-25	4.99	Yes	5.21	Yes	4.89	Yes	4.48	-6.13	Yes	
% claims MAX TOS 12: Clinic	2-25	6.36	Yes	5.45	Yes	5.16	Yes	-14.40	-5.41	Yes	
% claims MAX TOS 13: HH	>0-25	5.32	Yes	2.90	Yes	2.40	Yes	-45.50	-17.20	No	
% claims MAX TOS 15: Lab/Xray	4-20	9.73	Yes	8.57	Yes	8.54	Yes	-11.90	-0.33	Yes	
% claims MAX TOS 16: Drugs	<3	0.06	Yes	0.07	Yes	0.05	Yes	4.16	-30.80	No	
% claims MAX TOS 19: Other Services	<25	8.99	Yes	10.56	Yes	11.39	Yes	17.43	7.84	Yes	
% claims MAX TOS 51: DME	>3	2.70	No	2.12	No	2.40	No	-21.50	13.23	Yes	
% claims MAX TOS 26: Transportation	>1	13.27	Yes	13.90	Yes	13.77	Yes	4.78	-0.90	Yes	

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-36.00	21.22	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	21.19	Yes	21.56	Yes	21.63	Yes	1.75	0.33	Yes
% claims MAX TOS 31: TCM	>0	0.01	Yes	0.02	Yes	0.09	Yes	101.80	268.10	No
% claims MAX TOS 33: Rehabilitation	>0	0.64	Yes	0.61	Yes	1.32	Yes	-5.36	117.20	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 35: Hospice	>0	0.07	Yes	0.03	Yes	0.06	Yes	-62.70	141.70	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.03	N/A	0.02	N/A	0.02	N/A	-25.20	-26.20	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.05	N/A	0.06	N/A	0.04	N/A	10.59	-21.90	No
% claims MAX TOS 38: Private Nursing	N/A	0.29	N/A	0.27	N/A	0.24	N/A	-6.88	-10.30	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	0.24	N/A	0.54	N/A	0.35	N/A	129.00	-35.00	No
% claims MAX TOS 53: Psych. Services	>1	11.57	Yes	12.39	Yes	11.94	Yes	7.06	-3.60	Yes
% claims MAX TOS 54: Adult Day Care	>0	5.45	Yes	6.62	Yes	7.51	Yes	21.33	13.53	Yes
% 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	\$96	N/A	\$100	N/A	\$94	N/A	4.43	-6.67	Yes
08: Physicians	\$20-90	\$35	Yes	\$42	Yes	\$44	Yes	18.32	5.46	Yes
09: Dental	\$10-60	\$37	Yes	\$36	Yes	\$39	Yes	-0.41	6.33	Yes
10: Other Practioner	\$10-100	\$18	Yes	\$17	Yes	\$31	Yes	-3.98	80.62	No
11: OPD	\$20-100	\$211	No	\$199	No	\$187	No	-5.43	-5.97	Yes
12: Clinic	\$20-100	\$17	No	\$20	Yes	\$25	Yes	17.19	25.80	No
13: HH	N/A	\$92	N/A	\$150	N/A	\$170	N/A	62.17	13.86	Yes
15: Lab/Xray	10-60	\$40	Yes	\$42	Yes	\$40	Yes	4.13	-3.77	Yes
16: Drugs	10-60	\$32	Yes	\$31	Yes	\$39	Yes	-2.31	25.74	No
19: Other Services	N/A	\$271	N/A	\$190	N/A	\$192	N/A	-29.90	1.20	Yes
51: DME	N/A	\$92	N/A	\$112	N/A	\$103	N/A	22.15	-8.25	Yes
26: Transportation	N/A	\$22	N/A	\$19	N/A	\$19	N/A	-11.80	0.06	Yes
30: PCS	N/A	\$66	N/A	\$65	N/A	\$63	N/A	-1.53	-2.78	Yes
31: Targeted Case Management	N/A	\$61	N/A	\$74	N/A	\$102	N/A	21.25	39.06	No
33: Rehabilitation	N/A	\$978	N/A	\$842	N/A	\$248	N/A	-13.90	-70.50	No
34: PT/OT/speech/hear	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	\$1,931	N/A	\$1,873	N/A	\$2,448	N/A	-2.98	30.70	No
52: Residential Care	N/A	\$851	N/A	\$2,472	N/A	\$2,507	N/A	190.50	1.43	Yes
53: Pysch. Services	N/A	\$110	N/A	\$102	N/A	\$104	N/A	-6.88	1.96	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$92	N/A	\$80	N/A	\$72	N/A	-13.50	-9.42	Yes
% Family Planning (code 2)	N/A	0.51	N/A	0.33	N/A	0.31	N/A	-35.20	-7.35	Yes
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% FQHC (code 4)	N/A	0.92	N/A	0.36	N/A	0.35	N/A	-61.10	-1.00	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% IHS (code 6,7)	N/A	7.95	N/A	8.54	N/A	8.28	N/A	7.42	-2.97	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$22	N/A	\$36	N/A	\$34	N/A	64.44	-4.54	Yes
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	\$45	N/A	\$117	N/A	\$123	N/A	158.70	5.49	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$305	N/A	\$370	N/A	\$347	N/A	21.31	-6.18	Yes
% Claims with DX	> 60	83.40	Yes	83.04	Yes	82.38	Yes	-0.42	-0.80	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.02	Yes	99.59	Yes	99.60	Yes	0.58	0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	25.70	N/A	26.34	N/A	26.48	N/A	2.46	0.54	Yes
% Claims with DX, where length=3	5-25	15.67	Yes	15.95	Yes	14.27	Yes	1.82	-10.60	Yes
% Claims with DX, where length=4	40-70	49.24	Yes	49.27	Yes	46.88	Yes	0.05	-4.85	Yes
% Claims with DX, where length=5	20-55	35.09	Yes	34.78	Yes	38.86	Yes	-0.89	11.73	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	97.33	No	94.92	No	92.38	No	-2.48	-2.68	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	24.51	N/A	22.76	N/A	22.06	N/A	-7.16	-3.06	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	72.49	N/A	75.86	N/A	77.94	N/A	4.65	2.74	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
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	3.00	N/A	1.38	N/A	0.00	N/A	-53.90	-100.00	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	716,195	N/A	883,051	N/A	1,040,672	N/A	23.30	17.85	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	15.06	N/A	14.88	N/A	13.28	N/A	-1.20	-10.80	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	19.95	N/A	20.50	N/A	20.79	N/A	2.75	1.45	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	13.52	N/A	13.42	N/A	12.16	N/A	-0.77	-9.33	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	23.95	N/A	22.22	N/A	19.58	N/A	-7.22	-11.90	Yes
% claims MAX TOS 10: Other Practitioner	N/A	2.19	N/A	1.85	N/A	1.59	N/A	-15.40	-13.80	Yes
% claims MAX TOS 11: OPD	N/A	23.90	N/A	20.62	N/A	12.89	N/A	-13.70	-37.50	No
% claims MAX TOS 12: Clinic	N/A	0.53	N/A	0.41	N/A	0.26	N/A	-21.60	-37.60	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	16.30	N/A	13.25	N/A	14.68	N/A	-18.70	10.79	Yes
% claims MAX TOS 19: Other Services	N/A	28.19	N/A	24.97	N/A	22.27	N/A	-11.40	-10.80	Yes
% claims MAX TOS 51: DME	N/A	4.57	N/A	3.60	N/A	3.00	N/A	-21.30	-16.60	No
% claims MAX TOS 26: Transportation	N/A	0.06	N/A	12.77	N/A	23.13	N/A	23,000.00	81.12	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	0.00	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 36: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	-100.00	No
% 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	0.00	N/A	0.00	N/A	2.33	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
Average Amount Paid	N/A	\$70	N/A	\$61	N/A	\$57	N/A	-12.20	-6.52	Yes
% Claims with DX	N/A	99.94	N/A	87.23	N/A	76.87	N/A	-12.70	-11.90	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	50.92	N/A	51.17	N/A	52.16	N/A	0.49	1.93	Yes
% Claims with DX, where length=3	5-25	16.71	Yes	14.77	Yes	14.13	Yes	-11.60	-4.39	Yes
% Claims with DX, where length=4	40-70	42.73	Yes	39.76	No	37.74	No	-6.96	-5.07	Yes
% Claims with DX, where length=5	20-55	40.56	Yes	45.47	Yes	48.13	Yes	12.10	5.86	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	.	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
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	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
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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