

1999-2001 MAX OT Validation Table
State: AL

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	10,964,909	N/A	17,511,525	N/A	23,511,083	N/A	59.71	34.26	No
	N/A	1.20	N/A	0.01	N/A	0.00	N/A	-98.87	-100.00	No
% 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										
% Capitated Claims (Claim Type=2, and MAX TOS 20, 21, 22)	N/A	7.44	N/A	28.14	N/A	34.46	N/A	278.13	22.49	No
Total FFS Claims Excluding Capitation Payments	N/A	10,017,114	N/A	12,582,198	N/A	15,408,205	N/A	25.61	22.46	No
	5-20	18.48	Yes	22.34	No	22.25	No	20.86	-0.42	Yes
% Crossover	> 1%	1.11	Yes	1.10	Yes	4.08	Yes	-1.37	271.27	No
% Adjusted Claims	N/A	.	N/A	75.11	N/A	72.71	N/A	N/A	-3.20	Yes
% Standard Adjustments	N/A	\$71	N/A	\$154	N/A	\$71	N/A	117.90	-53.76	No
Average Paid per Adjusted Claim (TOS 1,2)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.00	N/A	7.66	N/A	18.25	N/A	N/A	138.23	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	7.53	N/A	20.48	N/A	16.21	N/A	171.89	-20.84	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	.	No	.	No	.	No	N/A	N/A	N/A
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	\$63	Yes	\$63	Yes	N/A	0.26	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	0.00	0.00	N/A
FFS 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	8,165,461	N/A	9,771,166	N/A	11,980,213	N/A	19.66	22.61	No
% Claims with> \$0 Paid	>95%	99.86	Yes	100.00	Yes	100.00	Yes	0.14	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	4.19	N/A	3.40	N/A	2.76	N/A	-18.91	-18.80	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.56	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.08	N/A	0.07	N/A	0.54	N/A	-21.10	724.98	No
% Other Claims with Span Bills/All Other Claims	N/A	4.81	N/A	4.01	N/A	2.94	N/A	-16.64	-26.76	No
% Claims W/ Service Place 11- Office	50-90	37.88	No	35.93	No	35.18	No	-5.15	-2.09	Yes
% Claims W/ Service Place 12 - Home	>0-5	1.30	Yes	1.31	Yes	1.48	Yes	1.16	12.89	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	5.79	No	5.77	No	5.17	No	-0.32	-10.31	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.19	Yes	0.30	Yes	0.20	Yes	59.60	-32.22	No
% Claims W/ Service Place 23 - ER	1-10	2.44	Yes	3.14	Yes	3.29	Yes	28.59	4.51	Yes
% Claims w/ Service Place 22 - OPD	>0-10	37.91	No	39.51	No	41.84	No	4.22	5.92	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	6.38	No	6.14	No	5.25	No	-3.76	-14.54	N/A
% Claims with TPL	>0 - 15	0.43	Yes	0.44	Yes	0.57	Yes	1.92	29.26	No
Aver. TPL Paid -claims with TPL	N/A	\$38	N/A	\$25	N/A	\$29	N/A	-32.86	16.34	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	26.44	Yes	23.73	Yes	20.40	Yes	-10.24	-14.03	Yes
% claims MAX TOS 09: Dental	2-20	6.46	Yes	5.58	Yes	6.33	Yes	-13.57	13.43	Yes
% claims MAX TOS 10: Other Practitioner	0.5-8	2.19	Yes	1.72	Yes	1.67	Yes	-21.63	-2.96	Yes
% claims MAX TOS 11: OPD	3-25	12.55	Yes	13.14	Yes	4.69	Yes	4.74	-64.34	No
% claims MAX TOS 12: Clinic	2-25	10.80	Yes	8.37	Yes	8.83	Yes	-22.46	5.47	Yes
% claims MAX TOS 13: HH	>0-25	1.96	Yes	2.29	Yes	1.85	Yes	17.07	-19.09	No
% claims MAX TOS 15: Lab/Xray	4-20	16.17	Yes	20.38	No	25.65	No	26.07	25.84	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	5.03	No	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	1.89	Yes	1.48	Yes	1.37	Yes	-21.56	-7.34	Yes

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** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

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% claims MAX TOS 51: DME	>3	2.52	No	2.48	No	2.26	No	-1.48	-8.93	Yes
% claims MAX TOS 26: Transportation	>1	0.71	No	0.68	No	0.64	No	-3.87	-5.26	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.06	N/A	0.04	N/A	0.03	N/A	-38.45	-21.41	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.02	N/A	0.02	N/A	78076.88	5.06	Yes
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 31: TCM	>0	2.42	Yes	1.93	Yes	2.07	Yes	-20.12	6.98	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.08	Yes	0.08	Yes	0.07	Yes	1.99	-10.63	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.67	No	0.65	No	0.65	No	-2.30	-0.74	N/A
% claims MAX TOS 35: Hospice	>0	0.24	Yes	0.38	Yes	0.24	Yes	59.67	-35.89	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.37	N/A	0.04	N/A	0.03	N/A	-89.39	-14.91	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.06	N/A	0.11	N/A	0.07	N/A	70.04	-38.89	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	0.28	N/A	0.25	N/A	0.21	N/A	-12.83	-14.90	Yes
% claims MAX TOS 53: Pysch. Services	>1	14.00	Yes	16.53	Yes	17.80	Yes	18.09	7.68	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.03	Yes	0.02	Yes	0.02	Yes	-26.89	-7.45	Yes
% 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	\$61	N/A	\$57	N/A	\$60	N/A	-6.82	4.73	Yes
08: Physicians	\$20-90	\$65	Yes	\$49	Yes	\$61	Yes	-23.52	24.05	No
09: Dental	\$10-60	\$22	Yes	\$25	Yes	\$36	Yes	16.83	42.03	No
10: Other Practioner	\$10-100	\$23	Yes	\$23	Yes	\$30	Yes	0.08	32.01	No
11: OPD	\$20-100	\$28	Yes	\$29	Yes	\$51	Yes	2.14	77.66	No
12: Clinic	\$20-100	\$44	Yes	\$57	Yes	\$67	Yes	30.34	17.37	No
13: HH	N/A	\$56	N/A	\$62	N/A	\$59	N/A	11.06	-5.61	Yes
15: Lab/Xray	10-60	\$19	Yes	\$19	Yes	\$18	Yes	-4.05	-4.08	Yes
16: Drugs	10-60	.	No	.	No	\$8	No	N/A	N/A	N/A
19: Other Services	N/A	\$224	N/A	\$223	N/A	\$222	N/A	-0.07	-0.74	Yes
51: DME	N/A	\$49	N/A	\$56	N/A	\$63	N/A	14.72	13.63	Yes
26: Transportation	N/A	\$74	N/A	\$70	N/A	\$68	N/A	-5.05	-3.45	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	\$152	N/A	\$168	N/A	\$152	N/A	10.95	-9.42	Yes
33: Rehabilitation	N/A	\$675	N/A	\$713	N/A	\$731	N/A	5.59	2.58	Yes
34: PT/OT/speech/hear	N/A	\$24	N/A	\$26	N/A	\$30	N/A	6.41	13.94	N/A
35: Hospice	N/A	\$473	N/A	\$374	N/A	\$650	N/A	-20.91	73.68	No
52: Residential Care	N/A	\$2,596	N/A	\$2,689	N/A	\$3,006	N/A	3.58	11.78	Yes
53: Pysch. Services	N/A	\$75	N/A	\$74	N/A	\$74	N/A	-2.25	0.68	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$251	N/A	\$259	N/A	\$251	N/A	3.34	-3.37	Yes
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.76	N/A	0.73	N/A	0.75	N/A	-4.26	3.17	Yes
% FQHC (code 4)	N/A	1.31	N/A	1.10	N/A	1.22	N/A	-16.58	11.52	Yes
% FQHC (code 5)	N/A	2.61	N/A	3.47	N/A	3.40	N/A	32.64	-1.94	Yes
% IHS Waiver (code 6,7)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
%	N/A	3.03	N/A	2.32	N/A	2.11	N/A	-23.41	-9.02	Yes
AVERAGE EXPENDITURES BY PROGRAM										

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(code 2)	N/A	\$73	N/A	\$74	N/A	\$63	N/A	0.32	-14.71	Yes
Family Planning (code 3)	N/A	\$45	N/A	\$52	N/A	\$64	N/A	13.67	24.68	No
RHC (code 4)	N/A	\$50	N/A	\$66	N/A	\$80	N/A	32.26	21.05	No
FGHC (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
IHS (code 6, 7)	N/A	\$721	N/A	\$598	N/A	\$616	N/A	-17.05	2.92	Yes
Waiver (code 6, 7)	> 60	99.59	Yes	99.14	Yes	99.26	Yes	-0.45	0.12	Yes
% Claims with DX	85-100	100.00	Yes	99.99	Yes	99.92	Yes	-0.01	-0.08	Yes
% Claims with DX (MAX TOS 8, 11, 12)	N/A	23.88	N/A	25.32	N/A	27.23	N/A	6.04	7.54	Yes
% Claims with 1 DX that have 2 DX	5-25	3.18	No	5.29	Yes	5.06	Yes	66.17	-4.29	Yes
% Claims with DX, where length=3	40-70	62.51	Yes	61.14	Yes	59.79	Yes	-2.19	-2.21	Yes
% Claims with DX, where length=4	20-55	34.30	Yes	33.56	Yes	35.14	Yes	-2.15	4.70	Yes
% Claims with DX, where length=5	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	52.18	N/A	66.87	N/A	65.60	N/A	28.15	-1.90	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	98-100	100.00	Yes	100.00	Yes	91.48	No	0.00	-8.51	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	N/A	59.08	N/A	54.31	N/A	50.75	N/A	-8.08	-6.55	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	40.78	N/A	45.58	N/A	49.17	N/A	11.76	7.86	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	98-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	99.72	Yes	99.96	Yes	100.00	Yes	0.24	0.04	Yes
% HCPCS Format Codes Cnnnnn or Cnnnn /Claims with HCPCS	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with TOS 08 with Physician Specialty	FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)									
Total Number of Claims	N/A	1,851,653	N/A	2,811,032	N/A	3,427,992	N/A	51.81	21.95	No
% Claims with > \$0 Paid	>95%	99.94	Yes	100.00	Yes	100.00	Yes	0.06	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	3.10	N/A	2.55	N/A	2.06	N/A	-17.89	-19.20	No
% 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	12.28	N/A	8.62	N/A	8.60	N/A	-29.82	-0.22	N/A
% Other Claims with Span Bills/All Other Claims	N/A	2.87	N/A	2.46	N/A	1.82	N/A	-14.19	-25.88	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)	N/A	40.33	N/A	50.24	N/A	43.57	N/A	24.56	-13.28	Yes
% claims MAX TOS 08: Physicians	N/A	1.92	N/A	2.08	N/A	1.69	N/A	8.29	-19.01	No
% claims MAX TOS 10: Other Practioner	N/A	8.35	N/A	12.83	N/A	10.10	N/A	53.71	-21.27	No
% claims MAX TOS 11: OPD	N/A	6.90	N/A	4.59	N/A	4.73	N/A	-33.46	3.03	Yes
% claims MAX TOS 12: Clinic	N/A	5.04	N/A	6.54	N/A	6.18	N/A	29.76	-5.44	N/A
% claims MAX TOS 13: HH	N/A	25.85	N/A	17.64	N/A	26.21	N/A	-31.76	48.58	No
% claims MAX TOS 15: Lab/Xray										

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% claims MAX TOS 19: Other Services	N/A	4.33	N/A	1.45	N/A	1.52	N/A	-66.39	4.28	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	1.88	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation	N/A	7.07	N/A	4.49	N/A	4.03	N/A	-36.48	-10.22	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	0.00	N/A	0.00	N/A	0.01	N/A	N/A	542.90	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.03	N/A	0.05	N/A	0.04	N/A	75.22	-25.37	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	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	\$47	N/A	\$51	N/A	\$68	N/A	9.82	31.50	No
% Claims with DX	N/A	99.89	N/A	100.00	N/A	100.00	N/A	0.11	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.81	Yes	100.00	Yes	100.00	Yes	0.19	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	54.79	N/A	57.23	N/A	61.91	N/A	4.44	8.18	Yes
% Claims with DX, where length=3	5-25	11.10	Yes	10.98	Yes	10.76	Yes	-1.05	-2.01	Yes
% Claims with DX, where length=4	40-70	49.22	Yes	47.05	Yes	46.02	Yes	-4.43	-2.19	Yes
% Claims with DX, where length=5	20-55	39.68	Yes	41.97	Yes	43.22	Yes	5.78	2.98	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	99.99	N/A	100.00	N/A	100.00	N/A	0.01	0.00	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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