

2002-2004 MAX OT Validation Table

State: AL

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	25,510,572	N/A	26,698,248	N/A	22,570,268	N/A	4.66	-15.50	No
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	-46.50	No
% 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	33.21	N/A	32.85	N/A	27.01	N/A	-1.11	-17.80	No
Total FFS Claims Excluding Capitation Payments	N/A	17,037,757	N/A	17,928,910	N/A	16,474,466	N/A	5.23	-8.11	Yes
	5-20	22.21	No	21.35	No	10.64	Yes	-3.85	-50.20	No
% Crossover	> 1%	2.23	Yes	0.58	No	1.05	Yes	-74.20	81.67	No
% Adjusted Claims	N/A	89.90	N/A	63.60	N/A	64.22	N/A	-29.20	0.96	Yes
% Standard Adjustments	N/A	\$72	N/A	\$153	N/A	\$137	N/A	111.60	-10.30	Yes
Average Paid per HMO Cap Payment	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	18.48	N/A	18.28	N/A	23.27	N/A	-1.07	27.24	No
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	14.73	N/A	14.56	N/A	3.74	N/A	-1.16	-74.30	No
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	.	No	.	No	.	No	.	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$64	Yes	\$65	Yes	\$65	Yes	1.56	0.58	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	0.00	0.00	Yes
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	13,254,462	N/A	14,100,989	N/A	14,721,187	N/A	6.39	4.40	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	2.77	N/A	2.90	N/A	2.78	N/A	4.73	-4.19	Yes
% 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
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.20	N/A	0.12	N/A	0.10	N/A	-39.50	-14.50	Yes
% Other Claims with Span Bills/All Other Claims	N/A	2.96	N/A	3.11	N/A	2.98	N/A	4.91	-4.00	Yes
% Claims W/ Service Place 11- Office	50-90	35.48	No	34.96	No	35.12	No	-1.48	0.47	Yes
% Claims W/ Service Place 12 - Home	>0-5	1.53	Yes	1.70	Yes	2.52	Yes	10.82	48.54	No
% Claims W/ Service Place 21 - Hospital	>0-5	4.93	Yes	4.78	Yes	4.85	Yes	-3.13	1.45	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.14	Yes	0.13	Yes	0.11	Yes	-2.73	-13.00	Yes
% Claims W/ Service Place 23 - ER	1-10	3.51	Yes	3.73	Yes	3.64	Yes	6.05	-2.20	Yes
% Claims w/ Service Place 22 - OPD	>0-10	42.32	No	43.09	No	42.82	No	1.81	-0.64	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	5.00	Yes	4.83	Yes	4.33	Yes	-3.39	-10.30	Yes
% Claims with TPL	>0 - 15	0.60	Yes	0.60	Yes	0.52	Yes	-0.09	-13.10	Yes
Aver. TPL Paid -claims with TPL	N/A	\$31	N/A	\$31	N/A	\$33	N/A	1.18	4.46	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	20.41	Yes	21.23	Yes	20.69	Yes	4.01	-2.57	Yes
% claims MAX TOS 09: Dental	2-20	7.20	Yes	6.89	Yes	7.36	Yes	-4.26	6.81	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	1.76	Yes	1.97	Yes	1.77	Yes	11.69	-10.10	Yes
% claims MAX TOS 11: OPD	3-25	4.77	Yes	5.12	Yes	4.97	Yes	7.45	-3.07	Yes
% claims MAX TOS 12: Clinic	2-25	7.88	Yes	8.17	Yes	6.24	Yes	3.61	-23.60	No
% claims MAX TOS 13: HH	>0-25	1.64	Yes	1.39	Yes	1.75	Yes	-15.20	25.49	No
% claims MAX TOS 15: Lab/Xray	4-20	25.05	No	23.20	No	24.43	No	-7.37	5.30	Yes
% claims MAX TOS 16: Drugs	<3	4.30	No	4.30	No	3.88	No	-0.03	-9.71	Yes
% claims MAX TOS 19: Other Services	<25	1.10	Yes	2.28	Yes	2.31	Yes	107.30	1.50	Yes
% claims MAX TOS 51: DME	>3	2.64	No	1.67	No	3.11	Yes	-36.80	85.89	No
% claims MAX TOS 26: Transportation	>1	0.59	No	0.57	No	0.58	No	-3.22	1.09	Yes

*Cross-year change for encounter claims is expected to be +15%, no negative.

Produced: 01-30-2008

2002-2004 MAX OT Validation Table
State: AL

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			
% claims MAX TOS 24: Sterilizations	N/A	0.03	N/A	0.02	N/A	0.02	N/A	-6.41	-9.56	Yes
% claims MAX TOS 26: Abortions	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-0.34	-4.49	Yes
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 31: TCM	>0	2.35	Yes	2.51	Yes	2.50	Yes	6.50	-0.31	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.07	Yes	0.06	Yes	0.06	Yes	-9.59	-3.70	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.56	No	0.55	No	0.56	No	-1.56	1.09	Yes
% claims MAX TOS 35: Hospice	>0	0.15	Yes	0.04	Yes	0.11	Yes	-73.80	201.50	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.03	N/A	0.08	N/A	0.08	N/A	194.90	-1.19	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.06	N/A	0.05	N/A	0.03	N/A	-16.60	-35.80	No
% 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	0.22	N/A	0.32	N/A	0.25	N/A	45.37	-21.40	No
% claims MAX TOS 53: Psych. Services	>1	19.10	Yes	19.48	Yes	19.25	Yes	2.02	-1.20	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.02	Yes	0.01	Yes	0.01	Yes	-12.60	-9.67	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	\$62	N/A	\$64	N/A	\$66	N/A	3.95	3.11	Yes
08: Physicians	\$20-90	\$60	Yes	\$58	Yes	\$60	Yes	-4.18	3.41	Yes
09: Dental	\$10-60	\$39	Yes	\$43	Yes	\$43	Yes	11.40	-1.29	Yes
10: Other Practioner	\$10-100	\$31	Yes	\$28	Yes	\$31	Yes	-10.20	9.47	Yes
11: OPD	\$20-100	\$53	Yes	\$48	Yes	\$48	Yes	-10.10	1.60	Yes
12: Clinic	\$20-100	\$62	Yes	\$59	Yes	\$70	Yes	-4.78	18.19	No
13: HH	N/A	\$58	N/A	\$60	N/A	\$50	N/A	2.79	-17.10	No
15: Lab/Xray	10-60	\$19	Yes	\$20	Yes	\$20	Yes	5.72	2.98	Yes
16: Drugs	10-60	\$8	No	\$10	No	\$11	Yes	19.78	10.24	Yes
19: Other Services	N/A	\$236	N/A	\$119	N/A	\$317	N/A	-49.60	166.50	No
51: DME	N/A	\$62	N/A	\$100	N/A	\$55	N/A	62.66	-45.30	No
26: Transportation	N/A	\$71	N/A	\$72	N/A	\$72	N/A	1.75	-0.53	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Management	N/A	\$164	N/A	\$166	N/A	\$131	N/A	1.09	-20.70	No
33: Rehabilitation	N/A	\$729	N/A	\$937	N/A	\$975	N/A	28.47	4.08	Yes
34: PT/OT/speech/hear	N/A	\$33	N/A	\$37	N/A	\$37	N/A	13.65	-0.73	Yes
35: Hospice	N/A	\$1,289	N/A	\$1,517	N/A	\$2,414	N/A	17.67	59.15	No
52: Residential Care	N/A	\$3,157	N/A	\$2,987	N/A	\$3,469	N/A	-5.41	16.13	No
53: Pysch. Services	N/A	\$74	N/A	\$76	N/A	\$60	N/A	3.52	-21.00	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$252	N/A	\$256	N/A	\$263	N/A	1.28	2.99	Yes
% Family Planning (code 2)	N/A	0.72	N/A	0.70	N/A	0.73	N/A	-3.40	4.52	Yes
% RHC (code 3)	N/A	0.93	N/A	0.98	N/A	0.96	N/A	5.25	-2.25	Yes
% FQHC (code 4)	N/A	1.82	N/A	1.67	N/A	1.54	N/A	-8.17	-8.04	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Waiver (code 6,7)	N/A	2.23	N/A	2.37	N/A	2.42	N/A	6.40	2.13	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$58	N/A	\$58	N/A	\$59	N/A	-0.67	2.15	Yes
RHC (code 3)	N/A	\$66	N/A	\$68	N/A	\$71	N/A	2.72	4.73	Yes
FQHC (code 4)	N/A	\$102	N/A	\$100	N/A	\$105	N/A	-2.04	4.98	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

*Cross-year change for encounter claims is expected to be +15%, no negative.

Produced: 01-30-2008

2002-2004 MAX OT Validation Table
State: AL

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			
Waiver (code 6-7)	N/A	\$616	N/A	\$620	N/A	\$663	N/A	0.75	6.89	Yes
% Claims with DX	> 60	99.35	Yes	99.40	Yes	99.51	Yes	0.05	0.11	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	27.78	N/A	29.15	N/A	28.13	N/A	4.95	-3.51	Yes
% Claims with DX, where length=3	5-25	5.07	Yes	5.08	Yes	4.69	No	0.05	-7.62	Yes
% Claims with DX, where length=4	40-70	59.50	Yes	59.02	Yes	58.37	Yes	-0.82	-1.10	Yes
% Claims with DX, where length=5	20-55	35.42	Yes	35.90	Yes	36.94	Yes	1.36	2.88	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	64.03	N/A	61.32	N/A	73.60	N/A	-4.23	20.03	No
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	94.52	No	100.00	Yes	100.00	Yes	5.80	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	50.88	N/A	54.47	N/A	61.74	N/A	7.07	13.35	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	49.06	N/A	45.47	N/A	38.23	N/A	-7.32	-15.90	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	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 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	3,783,295	N/A	3,827,921	N/A	1,753,279	N/A	1.18	-54.20	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	2.57	N/A	2.52	N/A	2.99	N/A	-1.84	18.83	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
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	14.81	N/A	16.75	N/A	14.17	N/A	13.10	-15.40	No
% Other Claims with Span Bills/All Other Claims	N/A	2.01	N/A	1.98	N/A	1.78	N/A	-1.85	-10.10	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	41.83	N/A	43.36	N/A	41.69	N/A	3.65	-3.85	Yes
% claims MAX TOS 10: Other Practitioner	N/A	1.48	N/A	1.58	N/A	1.88	N/A	6.76	19.24	No
% claims MAX TOS 11: OPD	N/A	11.44	N/A	14.35	N/A	0.40	N/A	25.41	-97.20	No
% claims MAX TOS 12: Clinic	N/A	4.92	N/A	5.38	N/A	10.86	N/A	9.28	101.90	No
% claims MAX TOS 13: HH	N/A	6.11	N/A	5.58	N/A	9.86	N/A	-8.58	76.63	No
% claims MAX TOS 15: Lab/Xray	N/A	26.97	N/A	24.12	N/A	24.89	N/A	-10.50	3.17	Yes
% claims MAX TOS 19: Other Services	N/A	1.35	N/A	0.94	N/A	2.04	N/A	-30.30	116.80	No
% claims MAX TOS 51: DME	N/A	2.39	N/A	0.96	N/A	0.65	N/A	-59.60	-32.70	No
% claims MAX TOS 26: Transportation	N/A	3.41	N/A	3.61	N/A	7.40	N/A	5.86	105.00	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	.	-100.00	No

*Cross-year change for encounter claims is expected to be +15%, no negative.

Produced: 01-30-2008

2002-2004 MAX OT Validation Table
State: AL

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			
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.05	N/A	0.04	N/A	0.05	N/A	-8.53	21.15	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	0.00	N/A	0.00	N/A	0.11	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	\$71	N/A	\$67	N/A	\$45	N/A	-5.04	-32.80	No
% Claims with DX	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	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	64.10	N/A	64.83	N/A	58.56	N/A	1.13	-9.67	Yes
% Claims with DX, where length=3	5-25	10.75	Yes	10.56	Yes	12.82	Yes	-1.74	21.40	No
% Claims with DX, where length=4	40-70	45.61	Yes	45.03	Yes	42.21	Yes	-1.28	-6.26	Yes
% Claims with DX, where length=5	20-55	43.64	Yes	44.41	Yes	44.97	Yes	1.77	1.26	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	.	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

*Cross-year change for encounter claims is expected to be +15%, no negative.