

1999-2001 MAX OT Validation Table
State: AK

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	1,919,854	N/A	2,254,536	N/A	2,597,772	N/A	17.43	15.22	No
	N/A	0.28	N/A	0.20	N/A	0.16	N/A	-27.20	-17.96	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)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Total FFS Claims Excluding Capitation Payments	N/A	1,914,555	N/A	2,250,006	N/A	2,593,490	N/A	17.52	15.27	No
	5-20	7.86	Yes	8.25	Yes	7.22	Yes	4.96	-12.51	Yes
% Crossover	> 1%	1.80	Yes	3.62	Yes	3.26	Yes	100.69	-10.03	Yes
% Adjusted Claims	N/A	.	N/A	91.01	N/A	92.39	N/A	N/A	1.51	Yes
% Standard Adjustments	N/A	\$220	N/A	\$316	N/A	\$218	N/A	43.89	-31.09	No
Average Paid per Adjusted Claim	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	0.00	N/A	0.00	N/A	N/A	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	.	No	.	No	.	No	N/A	N/A	N/A
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	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
S 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	1,764,122	N/A	2,064,439	N/A	2,406,351	N/A	17.02	16.56	No
% Claims with> \$0 Paid	>95%	99.95	Yes	99.99	Yes	100.00	Yes	0.05	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	7.44	N/A	8.03	N/A	8.26	N/A	7.86	2.92	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	3.74	N/A	4.41	N/A	5.66	N/A	17.96	28.49	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	83.53	N/A	86.82	N/A	82.78	N/A	3.93	-4.65	Yes
% Other Claims with Span Bills/All Other Claims	N/A	7.66	N/A	8.23	N/A	8.33	N/A	7.52	1.25	Yes
% Claims W/ Service Place 11- Office	50-90	37.66	No	36.24	No	35.34	No	-3.79	-2.47	Yes
% Claims W/ Service Place 12 - Home	>0-5	9.33	No	9.47	No	11.00	No	1.49	16.17	No
% Claims W/ Service Place 21 - Hospital	>0-5	8.69	No	8.04	No	7.72	No	-7.46	-4.00	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.40	Yes	0.46	Yes	0.55	Yes	16.99	17.99	No
% Claims W/ Service Place 23 - ER	1-10	2.98	Yes	3.14	Yes	3.34	Yes	5.34	6.41	Yes
% Claims w/ Service Place 22 - OPD	>0-10	9.59	Yes	9.76	Yes	11.05	No	1.70	13.28	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	9.90	No	13.43	No	12.43	No	35.62	-7.43	N/A
% Claims with TPL	>0 - 15	0.64	Yes	0.75	Yes	0.74	Yes	17.67	-1.32	Yes
Aver. TPL Paid -claims with TPL	N/A	\$83	N/A	\$85	N/A	\$88	N/A	2.27	3.74	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	22.36	Yes	20.30	Yes	18.07	Yes	-9.21	-10.97	Yes
% claims MAX TOS 09: Dental	2-20	10.86	Yes	11.38	Yes	11.03	Yes	4.71	-3.06	Yes
% claims MAX TOS 10: Other Practitioner	0.5-8	0.83	Yes	0.86	Yes	0.84	Yes	3.33	-2.19	Yes
% claims MAX TOS 11: OPD	3-25	6.30	Yes	6.04	Yes	3.56	Yes	-4.15	-41.03	No
% claims MAX TOS 12: Clinic	2-25	8.12	Yes	5.75	Yes	3.29	Yes	-29.11	-42.78	No
% claims MAX TOS 13: HH	>0-25	0.04	Yes	0.03	Yes	0.03	Yes	-24.50	-13.17	Yes
% claims MAX TOS 15: Lab/Xray	4-20	8.34	Yes	9.04	Yes	9.96	Yes	8.44	10.16	Yes
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	1.93	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	0.36	Yes	0.49	Yes	0.90	Yes	36.12	82.61	No

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	>3	7.33	Yes	7.11	Yes	7.29	Yes	-2.98	2.55	Yes
% claims MAX TOS 51: DME	>1	6.90	Yes	6.77	Yes	7.46	Yes	-1.93	10.27	Yes
% claims MAX TOS 26: Transportation	N/A	0.03	N/A	0.02	N/A	0.02	N/A	-24.73	1.56	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	2.54	-100.00	No
% claims MAX TOS 25: Abortions	>0	2.58	Yes	3.00	Yes	3.23	Yes	16.51	7.53	Yes
% claims MAX TOS 30: PCS	>0	1.13	Yes	1.24	Yes	1.30	Yes	9.64	4.78	Yes
% claims MAX TOS 31: TCM	>0	0.93	Yes	0.69	Yes	0.48	Yes	-26.37	-30.75	No
% claims MAX TOS 33: Rehabilitation	>1	2.52	Yes	2.70	Yes	2.54	Yes	6.98	-5.76	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>0	0.00	Yes	0.00	Yes	0.00	Yes	107.53	-64.67	No
% claims MAX TOS 35: Hospice	N/A	0.46	N/A	0.44	N/A	0.43	N/A	-3.08	-2.66	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.67	N/A	0.81	N/A	0.75	N/A	20.81	-7.19	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.03	N/A	0.07	N/A	0.11	N/A	178.63	50.84	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	2.51	N/A	2.40	N/A	2.64	N/A	-4.26	10.19	Yes
% claims MAX TOS 52: Residential Care	>1	15.76	Yes	17.56	Yes	20.99	Yes	11.45	19.49	No
% claims MAX TOS 53: Psych. Services	>0	1.21	Yes	1.71	Yes	1.71	Yes	41.96	-0.07	Yes
% claims MAX TOS 54: Adult Day Care	<1	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
% claims MAX TOS 99: Unknown										
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$128	N/A	\$135	N/A	\$137	N/A	5.56	1.64	Yes
08: Physicians	\$20-90	\$106	No	\$105	No	\$115	No	-0.56	9.87	Yes
09: Dental	\$10-60	\$61	No	\$62	No	\$63	No	1.88	1.08	Yes
10: Other Practioner	\$10-100	\$71	Yes	\$74	Yes	\$74	Yes	5.46	-1.21	Yes
11: OPD	\$20-100	\$228	No	\$249	No	\$343	No	9.38	37.45	No
12: Clinic	\$20-100	\$175	No	\$283	No	\$275	No	61.31	-2.80	Yes
13: HH	N/A	\$860	N/A	\$1,072	N/A	\$954	N/A	24.62	-11.03	Yes
15: Lab/Xray	10-60	\$42	Yes	\$41	Yes	\$70	No	-1.93	70.25	No
16: Drugs	10-60	.	No	.	No	\$10	Yes	N/A	N/A	N/A
19: Other Services	N/A	\$189	N/A	\$252	N/A	\$488	N/A	33.13	93.82	No
51: DME	N/A	\$73	N/A	\$79	N/A	\$85	N/A	8.27	7.55	Yes
26: Transportation	N/A	\$153	N/A	\$159	N/A	\$163	N/A	3.93	2.25	Yes
30: PCS	N/A	\$261	N/A	\$255	N/A	\$295	N/A	-2.60	15.82	No
31: Targeted Case Management	N/A	\$196	N/A	\$195	N/A	\$195	N/A	-0.36	-0.29	Yes
33: Rehabilitation	N/A	\$182	N/A	\$231	N/A	\$234	N/A	26.94	1.35	Yes
34: PT/OT/speech/hear	N/A	\$71	N/A	\$76	N/A	\$76	N/A	6.25	0.88	N/A
35: Hospice	N/A	\$2,531	N/A	\$2,483	N/A	\$1,882	N/A	-1.87	-24.22	No
52: Residential Care	N/A	\$681	N/A	\$798	N/A	\$801	N/A	17.26	0.36	Yes
53: Psych. Services	N/A	\$92	N/A	\$89	N/A	\$78	N/A	-3.07	-12.07	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$227	N/A	\$160	N/A	\$168	N/A	-29.72	5.39	Yes
% Family Planning (code 2)										
% RHC (code 3)	N/A	0.28	N/A	0.28	N/A	0.24	N/A	-0.97	-13.44	Yes
% FQHC (code 4)	N/A	0.07	N/A	0.04	N/A	0.06	N/A	-44.70	40.51	No
% FQHC (code 5)	N/A	0.87	N/A	0.93	N/A	0.53	N/A	5.82	-42.35	No
% IHS Waiver (code 6,7)	N/A	3.39	N/A	4.09	N/A	4.51	N/A	20.39	10.42	N/A
AVERAGE EXPENDITURES BY PROGRAM	N/A	6.23	N/A	7.73	N/A	9.06	N/A	24.16	17.16	No

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(code 2)	N/A	\$113	N/A	\$98	N/A	\$92	N/A	-13.18	-6.10	Yes
Family Planning (code 3)	N/A	\$52	N/A	\$56	N/A	\$49	N/A	5.97	-12.21	Yes
RHC (code 4)	N/A	\$147	N/A	\$157	N/A	\$160	N/A	7.12	1.46	Yes
FGHC (code 5)	N/A	\$73	N/A	\$69	N/A	\$64	N/A	-4.51	-7.04	N/A
IHS (code 6, 7)	N/A	\$406	N/A	\$389	N/A	\$387	N/A	-4.17	-0.40	Yes
Waiver (code 6, 7)	> 60	70.23	Yes	68.45	Yes	67.62	Yes	-2.53	-1.21	Yes
% Claims with DX	85-100	99.82	Yes	99.89	Yes	99.91	Yes	0.07	0.02	Yes
% Claims with DX (MAX TOS 8, 11, 12)	N/A	30.00	N/A	29.40	N/A	31.05	N/A	-1.98	5.61	Yes
% Claims with 1 DX that have 2 DX	5-25	5.19	Yes	5.47	Yes	5.12	Yes	5.45	-6.43	Yes
% Claims with DX, where length=3	40-70	44.36	Yes	45.05	Yes	42.06	Yes	1.55	-6.63	Yes
% Claims with DX, where length=4	20-55	50.42	Yes	49.45	Yes	52.81	Yes	-1.92	6.78	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	.	N/A	46.06	N/A	100.00	N/A	N/A	117.11	No
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	98-100	99.99	Yes	99.99	Yes	97.66	No	0.00	-2.33	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	N/A	40.17	N/A	39.81	N/A	37.14	N/A	-0.88	-6.71	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	17.27	N/A	17.73	N/A	17.60	N/A	2.67	-0.72	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	0.66	N/A	0.59	N/A	0.58	N/A	-11.42	-2.21	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	38.10	N/A	37.95	N/A	40.79	N/A	-0.39	7.49	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% HCPCS Format Codes Cnnnnn or Cnnnn/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	150,433	N/A	185,567	N/A	187,139	N/A	23.36	0.85	Yes
% Claims with > \$0 Paid	>95%	99.99	Yes	100.00	Yes	100.00	Yes	0.01	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	1.81	N/A	1.74	N/A	2.03	N/A	-4.07	16.80	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.60	N/A	4.24	N/A	5.83	N/A	-24.32	37.52	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	100.00	N/A	100.00	N/A	N/A	0.00	N/A
% Other Claims with Span Bills/All Other Claims	N/A	1.10	N/A	1.06	N/A	1.35	N/A	-3.56	27.72	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	50.42	N/A	42.83	N/A	45.24	N/A	-15.06	5.63	Yes
% claims MAX TOS 10: Other Practitioner	N/A	2.46	N/A	1.63	N/A	1.79	N/A	-33.73	9.48	Yes
% claims MAX TOS 11: OPD	N/A	15.89	N/A	21.38	N/A	15.16	N/A	34.55	-29.09	No
% claims MAX TOS 12: Clinic	N/A	6.71	N/A	4.07	N/A	2.71	N/A	-39.34	-33.37	No
% claims MAX TOS 13: HH	N/A	0.04	N/A	0.00	N/A	0.00	N/A	-98.47	-0.84	N/A
% claims MAX TOS 15: Lab/Xray	N/A	13.65	N/A	14.78	N/A	17.43	N/A	8.35	17.89	No

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% claims MAX TOS 19: Other Services	N/A	1.82	N/A	0.20	N/A	0.23	N/A	-88.77	12.24	Yes
% claims MAX TOS 51: DME	N/A	5.10	N/A	6.59	N/A	8.16	N/A	29.40	23.81	N/A
% claims MAX TOS 26: Transportation	N/A	2.44	N/A	2.29	N/A	2.85	N/A	-6.48	24.69	No
% 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	0.01	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	1.31	N/A	1.82	N/A	1.67	N/A	38.84	-8.09	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	4.24	N/A	4.33	N/A	N/A	2.20	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	\$35	N/A	\$38	N/A	\$40	N/A	10.08	4.26	Yes
% Claims with DX	N/A	78.53	N/A	81.94	N/A	80.35	N/A	4.33	-1.93	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	75.42	No	81.39	No	78.55	No	7.91	-3.48	Yes
% Claims with 1 DX that have 2 DX	N/A	1.83	N/A	6.69	N/A	9.55	N/A	265.87	42.77	No
% Claims with DX, where length=3	5-25	10.33	Yes	9.57	Yes	9.50	Yes	-7.41	-0.70	Yes
% Claims with DX, where length=4	40-70	47.34	Yes	47.11	Yes	45.72	Yes	-0.47	-2.95	Yes
% Claims with DX, where length=5	20-55	42.33	Yes	43.31	Yes	44.77	Yes	2.32	3.37	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	49.85	N/A	76.06	N/A	78.92	N/A	52.57	3.77	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	98.53	Yes	98.87	Yes	95.68	No	0.35	-3.22	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	84.35	N/A	86.16	N/A	84.87	N/A	2.15	-1.50	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	12.82	N/A	12.98	N/A	14.65	N/A	1.22	12.89	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	2.83	N/A	0.86	N/A	0.48	N/A	-69.53	-44.24	N/A

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