

2002-2004 MAX OT Validation Table
State: AR

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	23,643,133	N/A	25,050,959	N/A	26,711,297	N/A	5.95	6.63	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	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
% Supplemental Claims	N/A	29.79	N/A	15.07	N/A	15.32	N/A	-49.40	1.66	Yes
Total FFS Claims Excluding Capitation Payments	N/A	16,600,936	N/A	21,275,587	N/A	22,618,944	N/A	28.16	6.31	Yes
	5-20	15.64	Yes	13.17	Yes	13.05	Yes	-15.80	-0.92	Yes
% Crossover	> 1%	0.30	No	0.28	No	0.29	No	-4.63	2.40	Yes
% Adjusted Claims	N/A	81.76	N/A	82.72	N/A	77.27	N/A	1.17	-6.59	Yes
% Standard Adjustments	N/A	\$78	N/A	\$100	N/A	\$104	N/A	27.75	3.79	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	29.79	N/A	15.07	N/A	15.32	N/A	-49.40	1.66	Yes
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	.	No	.	No	.	No	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	-6.08	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	14,004,344	N/A	18,473,411	N/A	19,667,223	N/A	31.91	6.46	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	10.42	N/A	7.88	N/A	6.72	N/A	-24.30	-14.80	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.02	N/A	0.03	N/A	0.00	N/A	16.91	-84.50	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-56.20	-41.50	No
% Other Claims with Span Bills/All Other Claims	N/A	10.98	N/A	8.23	N/A	6.99	N/A	-25.00	-15.10	No
% Claims W/ Service Place 11- Office	50-90	37.90	No	35.81	No	36.30	No	-5.50	1.35	Yes
% Claims W/ Service Place 12 - Home	>0-5	18.13	No	13.71	No	15.09	No	-24.40	10.04	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	6.28	No	9.60	No	9.77	No	52.88	1.74	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.04	Yes	0.03	Yes	0.03	Yes	-19.10	1.38	Yes
% Claims W/ Service Place 23 - ER	1-10	2.98	Yes	6.98	Yes	7.50	Yes	133.90	7.50	Yes
% Claims w/ Service Place 22 - OPD	>0-10	18.27	No	19.50	No	19.51	No	6.73	0.06	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	1.49	Yes	3.49	Yes	3.75	Yes	133.50	7.48	Yes
% Claims with TPL	>0 - 15	0.32	Yes	0.21	Yes	0.18	Yes	-35.20	-15.60	No
Aver. TPL Paid -claims with TPL	N/A	\$56	N/A	\$55	N/A	\$58	N/A	-1.84	5.05	Yes
PERCENT CLAIMS/MAX TOS										
	10-35	14.66	Yes	12.02	Yes	9.67	No	-18.00	-19.60	No
% claims MAX TOS 08: Physicians	2-20	4.63	Yes	4.06	Yes	4.25	Yes	-12.40	4.62	Yes
% claims MAX TOS 09: Dental	0.5-8	1.83	Yes	1.51	Yes	0.75	Yes	-17.70	-50.40	No
% claims MAX TOS 10: Other Practioner	3-25	4.22	Yes	3.66	Yes	3.39	Yes	-13.40	-7.25	Yes
% claims MAX TOS 11: OPD	2-25	18.54	Yes	14.76	Yes	10.70	Yes	-20.40	-27.50	No
% claims MAX TOS 12: Clinic	>0-25	0.85	Yes	0.59	Yes	0.47	Yes	-30.70	-19.70	No
% claims MAX TOS 13: HH	4-20	14.42	Yes	11.65	Yes	11.15	Yes	-19.20	-4.36	Yes
% claims MAX TOS 15: Lab/Xray	<3	0.20	Yes	0.50	Yes	1.31	Yes	145.60	163.40	No
% claims MAX TOS 16: Drugs	<25	5.47	Yes	4.57	Yes	5.50	Yes	-16.50	20.30	No
% claims MAX TOS 19: Other Services	>3	4.87	Yes	2.67	No	3.39	Yes	-45.10	26.89	No
% claims MAX TOS 51: DME	>1	4.32	Yes	24.15	Yes	25.90	Yes	459.30	7.27	Yes
% claims MAX TOS 26: Transportation										

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% claims MAX TOS 24: Sterilizations	N/A	0.04	N/A	0.03	N/A	0.03	N/A	-28.20	0.19	Yes
% 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	7.07	Yes	4.90	Yes	5.10	Yes	-30.70	4.20	Yes
% claims MAX TOS 31: TCM	>0	0.49	Yes	1.08	Yes	1.33	Yes	119.70	23.41	No
% claims MAX TOS 33: Rehabilitation	>0	0.06	Yes	0.00	Yes	0.00	Yes	-94.70	-18.90	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	4.51	Yes	3.23	Yes	3.27	Yes	-28.60	1.42	Yes
% claims MAX TOS 35: Hospice	>0	0.13	Yes	0.12	Yes	0.15	Yes	-9.57	29.57	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-25.80	-27.70	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.08	N/A	0.06	N/A	0.04	N/A	-17.80	-28.30	No
% claims MAX TOS 38: Private Nursing	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-28.00	-17.90	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	0.02	N/A	0.02	N/A	0.00	N/A	10.96	-100.00	No
% claims MAX TOS 53: Psych. Services	>1	9.34	Yes	8.29	Yes	13.38	Yes	-11.30	61.38	No
% claims MAX TOS 54: Adult Day Care	>0	3.31	Yes	2.12	Yes	0.19	Yes	-35.80	-90.90	No
% claims MAX TOS 99: Unknown	<1	0.89	Yes	0.00	Yes	0.00	Yes	-99.90	535.50	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$57	N/A	\$47	N/A	\$47	N/A	-18.20	1.39	Yes
08: Physicians	\$20-90	\$67	Yes	\$68	Yes	\$79	Yes	1.20	15.25	No
09: Dental	\$10-60	\$40	Yes	\$40	Yes	\$41	Yes	0.78	1.63	Yes
10: Other Practioner	\$10-100	\$45	Yes	\$28	Yes	\$39	Yes	-37.60	37.13	No
11: OPD	\$20-100	\$46	Yes	\$48	Yes	\$53	Yes	5.29	10.79	Yes
12: Clinic	\$20-100	\$58	Yes	\$62	Yes	\$69	Yes	6.87	11.82	Yes
13: HH	N/A	\$83	N/A	\$84	N/A	\$109	N/A	0.67	30.22	No
15: Lab/Xray	10-60	\$29	Yes	\$28	Yes	\$28	Yes	-3.94	1.94	Yes
16: Drugs	10-60	\$14	Yes	\$10	Yes	\$9	No	-25.70	-10.70	Yes
19: Other Services	N/A	\$44	N/A	\$80	N/A	\$56	N/A	79.45	-29.70	No
51: DME	N/A	\$70	N/A	\$71	N/A	\$60	N/A	1.61	-15.60	No
26: Transportation	N/A	\$25	N/A	\$7	N/A	\$7	N/A	-72.90	-2.39	Yes
30: PCS	N/A	\$69	N/A	\$58	N/A	\$51	N/A	-15.50	-12.60	Yes
31: Targeted Case Management	N/A	\$54	N/A	\$23	N/A	\$39	N/A	-56.80	69.88	No
33: Rehabilitation	N/A	\$308	N/A	\$3,656	N/A	\$3,249	N/A	1,088.00	-11.10	Yes
34: PT/OT/speech/hear	N/A	\$53	N/A	\$54	N/A	\$52	N/A	1.04	-2.41	Yes
35: Hospice	N/A	\$112	N/A	\$324	N/A	\$404	N/A	189.50	24.66	No
52: Residential Care	N/A	\$379	N/A	\$308	N/A	.	N/A	-18.80	.	N/A
53: Pysch. Services	N/A	\$101	N/A	\$91	N/A	\$88	N/A	-9.65	-3.51	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$54	N/A	\$54	N/A	\$66	N/A	-0.17	23.20	No
% Family Planning (code 2)	N/A	3.00	N/A	2.21	N/A	1.86	N/A	-26.10	-16.00	No
% RHC (code 3)	N/A	0.72	N/A	0.58	N/A	0.55	N/A	-18.50	-6.59	Yes
% FQHC (code 4)	N/A	0.32	N/A	0.26	N/A	0.26	N/A	-19.40	-0.52	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	7.97	N/A	5.71	N/A	5.96	N/A	-28.30	4.24	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$32	N/A	\$32	N/A	\$33	N/A	0.41	1.11	Yes
RHC (code 3)	N/A	\$45	N/A	\$51	N/A	\$61	N/A	13.09	19.86	No
FQHC (code 4)	N/A	\$77	N/A	\$86	N/A	\$100	N/A	12.39	16.52	No
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6, 7)	N/A	\$82	N/A	\$92	N/A	\$94	N/A	12.32	1.56	Yes
% Claims with DX	> 60	100.00	Yes	100.00	Yes	100.00	Yes	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	23.77	N/A	19.89	N/A	19.72	N/A	-16.30	-0.83	Yes
% Claims with DX, where length=3	5-25	7.22	Yes	5.76	Yes	5.87	Yes	-20.30	1.99	Yes
% Claims with DX, where length=4	40-70	54.06	Yes	42.00	Yes	38.81	No	-22.30	-7.60	Yes
% Claims with DX, where length=5	20-55	38.72	Yes	52.24	Yes	55.32	No	34.92	5.89	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	99.24	Yes	99.28	Yes	99.01	Yes	0.04	-0.27	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	34.38	N/A	31.02	N/A	38.69	N/A	-9.75	24.70	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	65.62	N/A	68.98	N/A	61.31	N/A	5.11	-11.10	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	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	2,596,592	N/A	2,802,176	N/A	2,951,721	N/A	7.92	5.34	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	4.71	N/A	4.77	N/A	4.59	N/A	1.41	-3.95	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	11.73	N/A	11.23	N/A	10.26	N/A	-4.26	-8.70	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	100.00	N/A	20.00	N/A	0.00	N/A	-80.00	-100.00	No
% Other Claims with Span Bills/All Other Claims	N/A	4.29	N/A	4.37	N/A	4.25	N/A	1.85	-2.84	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	57.45	N/A	54.54	N/A	53.65	N/A	-5.07	-1.64	Yes
% claims MAX TOS 10: Other Practitioner	N/A	4.77	N/A	3.03	N/A	3.03	N/A	-36.40	0.01	Yes
% claims MAX TOS 11: OPD	N/A	5.58	N/A	5.88	N/A	5.65	N/A	5.34	-3.99	Yes
% claims MAX TOS 12: Clinic	N/A	2.79	N/A	4.21	N/A	3.82	N/A	50.75	-9.31	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-72.70	-5.07	Yes
% claims MAX TOS 15: Lab/Xray	N/A	9.66	N/A	9.53	N/A	9.88	N/A	-1.41	3.70	Yes
% claims MAX TOS 19: Other Services	N/A	19.02	N/A	21.80	N/A	22.50	N/A	14.63	3.22	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.02	N/A	0.05	N/A	.	187.00	No
% claims MAX TOS 26: Transportation	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-27.60	-8.93	Yes
% 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	0.58	N/A	0.69	N/A	0.74	N/A	19.21	7.99	Yes
% 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	0.11	N/A	0.31	N/A	.	187.60	No
% 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	\$50	N/A	\$51	N/A	\$54	N/A	2.44	6.96	Yes
% 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	53.18	N/A	54.39	N/A	54.48	N/A	2.28	0.16	Yes
% Claims with DX, where length=3	5-25	10.30	Yes	10.70	Yes	10.94	Yes	3.87	2.25	Yes
% Claims with DX, where length=4	40-70	53.16	Yes	50.22	Yes	47.75	Yes	-5.54	-4.92	Yes
% Claims with DX, where length=5	20-55	36.53	Yes	39.03	Yes	41.23	Yes	6.83	5.65	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	8.40	N/A	89.98	N/A	100.00	N/A	970.90	11.13	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	0.00	No	2.18	No	5.15	No	5,340,000.00	136.30	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	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
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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