

1999-2001 MAX OT Validation Table
State: CA

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	175,918,181	N/A	187,810,118	N/A	204,251,312	N/A	6.76	8.75	Yes
	N/A	12.62	N/A	12.86	N/A	14.48	N/A	1.87	12.60	Yes
% 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	40.09	N/A	38.02	N/A	37.89	N/A	-5.18	-0.33	Yes
Total FFS Claims Excluding Capitation Payments	N/A	83,179,453	N/A	92,255,667	N/A	97,276,736	N/A	10.91	5.44	Yes
	5-20	4.91	No	4.31	No	4.50	No	-12.18	4.33	Yes
% Crossover	> 1%	0.97	No	7.04	Yes	7.63	Yes	623.35	8.38	Yes
% Adjusted Claims	N/A	.	N/A	47.39	N/A	89.11	N/A	N/A	88.02	No
% Standard Adjustments	N/A	\$87	N/A	\$41	N/A	\$48	N/A	-53.53	17.47	No
Average Paid per Adjusted Claim (TOS 20)	N/A	18.84	N/A	17.78	N/A	18.59	N/A	-5.67	4.61	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	26.98	N/A	25.69	N/A	25.56	N/A	-4.78	-0.52	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.06	N/A	0.16	N/A	0.16	N/A	176.05	-2.83	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$99	Yes	\$107	Yes	\$116	Yes	8.05	7.64	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$12	No	\$12	No	\$13	No	-2.53	6.46	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$8	No	\$2	No	\$2	No	-76.32	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	79,092,571	N/A	88,275,075	N/A	92,897,738	N/A	11.61	5.24	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	N/A	N/A
% Claims with Span Bill	N/A	9.65	N/A	10.47	N/A	10.94	N/A	8.46	4.53	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.06	N/A	0.05	N/A	0.05	N/A	-23.14	12.99	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	7.91	N/A	7.26	N/A	6.01	N/A	-8.25	-17.26	No
% Other Claims with Span Bills/All Other Claims	N/A	11.10	N/A	11.15	N/A	11.55	N/A	0.45	3.59	Yes
% Claims W/ Service Place 11- Office	50-90	22.64	No	26.43	No	26.00	No	16.78	-1.66	Yes
% Claims W/ Service Place 12 - Home	>0-5	12.01	No	9.96	No	9.96	No	-17.05	0.03	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	5.77	No	5.42	No	5.52	No	-6.17	1.93	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.16	Yes	0.16	Yes	0.17	Yes	-5.64	10.43	Yes
% Claims W/ Service Place 23 - ER	1-10	5.77	Yes	5.32	Yes	5.43	Yes	-7.78	2.04	Yes
% Claims w/ Service Place 22 - OPD	>0-10	10.98	No	9.87	Yes	9.33	Yes	-10.12	-5.49	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	22.50	No	23.23	No	24.25	No	3.26	4.39	N/A
% Claims with TPL	>0 - 15	0.03	Yes	0.03	Yes	0.03	Yes	-4.17	3.07	Yes
Aver. TPL Paid -claims with TPL	N/A	\$134	N/A	\$174	N/A	\$202	N/A	30.20	15.82	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	16.33	Yes	14.04	Yes	12.35	Yes	-14.01	-12.00	Yes
% claims MAX TOS 09: Dental	2-20	0.89	No	0.72	No	0.56	No	-19.08	-21.77	No
% claims MAX TOS 10: Other Practitioner	0.5-8	1.38	Yes	1.15	Yes	1.16	Yes	-16.96	1.30	Yes
% claims MAX TOS 11: OPD	3-25	12.93	Yes	5.91	Yes	4.97	Yes	-54.27	-15.94	No
% claims MAX TOS 12: Clinic	2-25	7.03	Yes	8.16	Yes	8.49	Yes	16.05	3.98	Yes
% claims MAX TOS 13: HH	>0-25	0.70	Yes	0.69	Yes	0.69	Yes	-1.86	-0.59	Yes
% claims MAX TOS 15: Lab/Xray	4-20	20.12	No	26.41	No	25.42	No	31.28	-3.74	Yes
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	10.86	Yes	8.77	Yes	4.06	Yes	-19.24	-53.75	No

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% claims MAX TOS 51: DME	>3	3.88	Yes	4.50	Yes	7.49	Yes	15.94	66.35	No
% claims MAX TOS 26: Transportation	>1	3.14	Yes	2.83	Yes	2.75	Yes	-10.15	-2.57	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.04	N/A	0.02	N/A	0.02	N/A	-39.82	2.94	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 30: PCS	>0	4.91	Yes	5.18	Yes	0.00	Yes	5.48	-99.91	No
% claims MAX TOS 31: TCM	>0	2.43	Yes	3.05	Yes	5.24	Yes	25.32	71.81	No
% claims MAX TOS 33: Rehabilitation	>0	6.46	Yes	0.66	Yes	0.68	Yes	-89.81	2.71	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.45	No	0.42	No	0.41	No	-7.71	-2.61	N/A
% claims MAX TOS 35: Hospice	>0	0.06	Yes	0.06	Yes	0.00	No	-5.02	-100.00	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.09	N/A	0.07	N/A	0.06	N/A	-17.26	-14.65	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.05	N/A	0.06	N/A	0.07	N/A	25.44	21.75	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.13	N/A	0.12	N/A	0.11	N/A	-7.08	-9.74	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	0.22	N/A	0.18	N/A	6.27	N/A	-18.32	3404.70	No
% claims MAX TOS 53: Psych. Services	>1	4.33	Yes	13.16	Yes	14.10	Yes	204.08	7.14	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.50	Yes	1.10	Yes	2.20	Yes	121.29	99.58	No
% 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	\$65	N/A	\$75	N/A	6.38	15.39	No
08: Physicians	\$20-90	\$50	Yes	\$55	Yes	\$61	Yes	10.52	11.44	Yes
09: Dental	\$10-60	\$31	Yes	\$31	Yes	\$32	Yes	2.57	2.91	Yes
10: Other Practioner	\$10-100	\$24	Yes	\$25	Yes	\$25	Yes	3.17	0.23	Yes
11: OPD	\$20-100	\$25	Yes	\$30	Yes	\$38	Yes	21.78	25.18	No
12: Clinic	\$20-100	\$75	Yes	\$71	Yes	\$79	Yes	-5.26	11.67	Yes
13: HH	N/A	\$234	N/A	\$246	N/A	\$263	N/A	4.90	6.98	Yes
15: Lab/Xray	10-60	\$14	Yes	\$16	Yes	\$18	Yes	12.94	13.44	Yes
16: Drugs	10-60	.	No	.	No	\$10	Yes	N/A	N/A	N/A
19: Other Services	N/A	\$45	N/A	\$47	N/A	\$47	N/A	4.04	-1.37	Yes
51: DME	N/A	\$62	N/A	\$51	N/A	\$42	N/A	-18.43	-16.30	No
26: Transportation	N/A	\$46	N/A	\$48	N/A	\$53	N/A	4.43	12.14	Yes
30: PCS	N/A	\$246	N/A	\$272	N/A	\$72	N/A	10.47	-73.51	No
31: Targeted Case Management	N/A	\$61	N/A	\$57	N/A	\$68	N/A	-6.42	20.61	No
33: Rehabilitation	N/A	\$87	N/A	\$70	N/A	\$75	N/A	-20.00	7.51	Yes
34: PT/OT/speech/hear	N/A	\$31	N/A	\$43	N/A	\$53	N/A	39.15	23.03	N/A
35: Hospice	N/A	\$704	N/A	\$881	N/A	.	N/A	25.23	N/A	N/A
52: Residential Care	N/A	\$1,302	N/A	\$1,660	N/A	\$362	N/A	27.44	-78.17	No
53: Psych. Services	N/A	\$82	N/A	\$82	N/A	\$88	N/A	-0.01	6.99	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$430	N/A	\$229	N/A	\$151	N/A	-46.77	-34.19	No
% Family Planning (code 2)	N/A	0.87	N/A	7.68	N/A	8.62	N/A	785.04	12.21	Yes
% RHC (code 3)	N/A	1.13	N/A	1.11	N/A	1.13	N/A	-1.69	1.29	Yes
% FQHC (code 4)	N/A	2.53	N/A	2.90	N/A	3.43	N/A	14.27	18.42	No
% FQHC (code 5)	N/A	0.11	N/A	0.11	N/A	0.10	N/A	-7.35	-3.54	N/A
% IHS Waiver (code 6,7)	N/A	1.43	N/A	1.42	N/A	1.53	N/A	-0.23	7.69	Yes
AVERAGE EXPENDITURES BY PROGRAM										

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(code 2)	N/A	\$34	N/A	\$25	N/A	\$27	N/A	-27.57	8.31	Yes
Family Planning (code 3)	N/A	\$65	N/A	\$63	N/A	\$67	N/A	-2.91	6.07	Yes
RHC (code 4)	N/A	\$95	N/A	\$101	N/A	\$109	N/A	6.45	7.97	Yes
FGHC (code 5)	N/A	\$159	N/A	\$159	N/A	\$167	N/A	-0.06	5.18	N/A
IHS (code 6, 7)	N/A	\$500	N/A	\$497	N/A	\$601	N/A	-0.57	20.92	No
Waiver (code 6, 7)	N/A	\$500	N/A	\$497	N/A	\$601	N/A	-0.57	20.92	No
% Claims with DX	> 60	80.99	Yes	83.55	Yes	84.53	Yes	3.16	1.17	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.89	Yes	99.92	Yes	99.83	Yes	0.03	-0.08	Yes
% Claims with 1 DX that have 2 DX	N/A	32.81	N/A	29.54	N/A	28.95	N/A	-9.97	-1.99	Yes
% Claims with DX, where length=3	5-25	9.56	Yes	8.38	Yes	8.25	Yes	-12.34	-1.57	Yes
% Claims with DX, where length=4	40-70	68.20	Yes	72.14	No	72.47	No	5.77	0.46	Yes
% Claims with DX, where length=5	20-55	22.22	Yes	19.46	No	19.27	No	-12.44	-0.97	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	99.89	N/A	100.00	N/A	-0.11	0.11	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	99.74	Yes	99.78	Yes	99.79	Yes	0.04	0.01	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	42.13	N/A	40.98	N/A	38.79	N/A	-2.74	-5.35	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	33.66	N/A	37.37	N/A	38.58	N/A	11.01	3.24	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	N/A	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	20.95	N/A	18.86	N/A	19.74	N/A	-9.99	4.68	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 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	4,086,882	N/A	3,980,592	N/A	4,378,998	N/A	-2.60	10.01	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	N/A	N/A
% Claims with Span Bill	N/A	8.98	N/A	9.04	N/A	8.15	N/A	0.64	-9.88	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.11	N/A	10.35	N/A	5.54	N/A	2.32	-46.49	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	47.99	N/A	73.68	N/A	54.90	N/A	53.53	-25.49	N/A
% Other Claims with Span Bills/All Other Claims	N/A	8.80	N/A	8.83	N/A	8.50	N/A	0.44	-3.76	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	37.78	N/A	37.26	N/A	37.93	N/A	-1.38	1.80	Yes
% claims MAX TOS 10: Other Practitioner	N/A	4.25	N/A	4.02	N/A	3.96	N/A	-5.31	-1.55	Yes
% claims MAX TOS 11: OPD	N/A	13.52	N/A	13.47	N/A	12.06	N/A	-0.40	-10.45	Yes
% claims MAX TOS 12: Clinic	N/A	3.27	N/A	3.62	N/A	3.54	N/A	10.83	-2.32	Yes
% claims MAX TOS 13: HH	N/A	0.02	N/A	0.00	N/A	0.00	N/A	-94.95	22.00	N/A
% claims MAX TOS 15: Lab/Xray	N/A	0.51	N/A	0.63	N/A	0.52	N/A	22.99	-16.70	No

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% claims MAX TOS 19: Other Services	N/A	14.74	N/A	15.40	N/A	14.72	N/A	4.47	-4.41	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation	N/A	0.10	N/A	0.19	N/A	3.89	N/A	89.05	1897.87	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	5.76	N/A	5.90	N/A	5.64	N/A	2.42	-4.44	N/A
% claims MAX TOS 33: Rehabilitation	N/A	19.99	N/A	19.43	N/A	17.63	N/A	-2.77	-9.27	Yes
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.05	N/A	0.05	N/A	0.07	N/A	0.03	54.91	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.01	N/A	0.00	N/A	20.05	-17.87	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	\$66	N/A	\$67	N/A	\$65	N/A	2.20	-2.84	Yes
% Claims with DX	N/A	94.87	N/A	93.63	N/A	93.81	N/A	-1.30	0.19	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	94.74	Yes	93.64	Yes	94.42	Yes	-1.16	0.84	Yes
% Claims with 1 DX that have 2 DX	N/A	32.47	N/A	33.30	N/A	36.49	N/A	2.54	9.58	Yes
% Claims with DX, where length=3	5-25	14.30	Yes	13.83	Yes	13.20	Yes	-3.26	-4.57	Yes
% Claims with DX, where length=4	40-70	59.40	Yes	58.76	Yes	56.86	Yes	-1.08	-3.23	Yes
% Claims with DX, where length=5	20-55	26.30	Yes	27.40	Yes	29.93	Yes	4.22	9.22	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	60.53	N/A	100.00	N/A	N/A	65.22	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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