

1999-2001 MAX OT Validation Table
State: FL

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	47,605,938	N/A	51,851,463	N/A	57,598,538	N/A	8.92	11.08	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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	N/A	N/A
% Supplemental Claims										
% Cap Claims (Claim Type=2, and MAX TOS 20, 21, 22)	N/A	23.24	N/A	24.54	N/A	25.90	N/A	5.60	5.54	Yes
Total FFS Claims Excluding Capitation Payments	N/A	36,541,154	N/A	39,125,153	N/A	42,660,676	N/A	7.07	9.04	Yes
	5-20	4.72	No	3.97	No	4.03	No	-15.90	1.53	Yes
% Crossover	> 1%	1.47	Yes	9.55	Yes	2.54	Yes	549.26	-73.40	No
% Adjusted Claims	N/A	.	N/A	91.82	N/A	93.25	N/A	N/A	1.55	Yes
% Standard Adjustments	N/A	\$155	N/A	\$58	N/A	\$144	N/A	-62.84	150.17	No
Average Paid Adjusted (TOS 10) Cap Payment	N/A	10.11	N/A	9.73	N/A	11.13	N/A	-3.78	14.40	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.97	N/A	1.12	N/A	1.27	N/A	15.72	13.53	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	12.16	N/A	13.69	N/A	13.50	N/A	12.60	-1.41	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$145	Yes	\$152	Yes	\$150	Yes	4.89	-1.88	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$30	Yes	\$26	Yes	\$26	Yes	-13.05	-2.15	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	0.00	0.00	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	34,814,971	N/A	37,570,824	N/A	40,939,889	N/A	7.92	8.97	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	0.28	N/A	0.28	N/A	0.40	N/A	0.82	41.39	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.24	N/A	0.36	N/A	0.64	N/A	49.99	76.92	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	61.22	No
% Other Claims with Span Bills/All Other Claims	N/A	0.29	N/A	0.29	N/A	0.41	N/A	-0.95	41.70	No
% Claims W/ Service Place 11- Office	50-90	28.37	No	28.31	No	27.21	No	-0.20	-3.92	Yes
% Claims W/ Service Place 12 - Home	>0-5	14.13	No	14.52	No	14.96	No	2.75	3.02	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	9.97	No	9.82	No	10.14	No	-1.52	3.29	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.05	Yes	0.07	Yes	0.07	Yes	40.36	4.16	Yes
% Claims W/ Service Place 23 - ER	1-10	1.50	Yes	1.55	Yes	1.60	Yes	3.21	3.39	Yes
% Claims w/ Service Place 22 - OPD	>0-10	9.01	Yes	9.25	Yes	9.33	Yes	2.66	0.95	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	23.99	No	21.12	No	21.13	No	-11.95	0.04	N/A
% Claims with TPL	>0 - 15	0.18	Yes	0.12	Yes	0.10	Yes	-30.55	-15.17	No
Aver. TPL Paid -claims with TPL	N/A	\$119	N/A	\$245	N/A	\$322	N/A	105.03	31.48	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	18.69	Yes	17.96	Yes	16.02	Yes	-3.92	-10.76	Yes
% claims MAX TOS 09: Dental	2-20	9.81	Yes	8.88	Yes	7.53	Yes	-9.45	-15.25	No
% claims MAX TOS 10: Other Practitioner	0.5-8	1.52	Yes	1.63	Yes	1.70	Yes	7.31	4.27	Yes
% claims MAX TOS 11: OPD	3-25	4.29	Yes	4.38	Yes	2.56	No	2.22	-41.52	No
% claims MAX TOS 12: Clinic	2-25	7.49	Yes	7.15	Yes	7.06	Yes	-4.56	-1.30	Yes
% claims MAX TOS 13: HH	>0-25	3.86	Yes	4.00	Yes	4.56	Yes	3.65	13.85	Yes
% claims MAX TOS 15: Lab/Xray	4-20	19.18	Yes	19.58	Yes	20.89	No	2.06	6.69	Yes
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	1.97	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	11.31	Yes	11.50	Yes	12.12	Yes	1.70	5.38	Yes

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	>3	2.95	No	3.60	Yes	3.95	Yes	22.03	9.67	Yes
% claims MAX TOS 51: DME	>1	5.74	Yes	5.56	Yes	5.30	Yes	-3.24	-4.58	Yes
% claims MAX TOS 26: Transportation	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-2.51	-1.06	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-29.14	-15.29	No
% claims MAX TOS 25: Abortions	>0	0.25	Yes	0.27	Yes	0.27	Yes	9.16	-0.35	Yes
% claims MAX TOS 30: PCS	>0	5.15	Yes	4.91	Yes	4.67	Yes	-4.70	-4.77	Yes
% claims MAX TOS 31: TCM	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 33: Rehabilitation	>1	3.11	Yes	3.62	Yes	4.11	Yes	16.32	13.45	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>0	0.08	Yes	0.09	Yes	0.10	Yes	6.15	13.61	Yes
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.01	N/A	0.01	N/A	36.26	-1.70	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.70	N/A	0.70	N/A	0.70	N/A	-0.31	1.07	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	0.00	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	0.36	N/A	0.43	N/A	0.66	N/A	20.76	52.66	No
% claims MAX TOS 52: Residential Care	>1	5.24	Yes	5.45	Yes	5.51	Yes	4.04	1.15	Yes
% claims MAX TOS 53: Psych. Services	>0	0.25	Yes	0.27	Yes	0.30	Yes	9.52	8.96	Yes
% claims MAX TOS 54: Adult Day Care	<1	0.00	Yes	0.00	Yes	0.00	Yes	N/A	-100.00	N/A
% claims MAX TOS 99: Unknown										
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
	N/A	\$48	N/A	\$54	N/A	\$59	N/A	11.82	8.71	Yes
Total	\$20-90	\$52	Yes	\$56	Yes	\$61	Yes	6.53	9.61	Yes
08: Physicians	\$10-60	\$26	Yes	\$27	Yes	\$28	Yes	3.42	4.74	Yes
09: Dental	\$10-100	\$18	Yes	\$21	Yes	\$23	Yes	12.85	9.77	Yes
10: Other Practioner	\$20-100	\$155	No	\$166	No	\$213	No	6.94	27.91	No
11: OPD	\$20-100	\$52	Yes	\$54	Yes	\$58	Yes	5.30	5.77	Yes
12: Clinic	N/A	\$87	N/A	\$87	N/A	\$83	N/A	-0.10	-3.94	Yes
13: HH	10-60	\$9	No	\$10	Yes	\$15	Yes	15.52	48.45	No
15: Lab/Xray	10-60	.	No	.	No	\$11	Yes	N/A	N/A	N/A
16: Drugs	N/A	\$44	N/A	\$56	N/A	\$66	N/A	27.96	17.79	No
19: Other Services	N/A	\$47	N/A	\$58	N/A	\$78	N/A	21.79	35.03	No
51: DME	N/A	\$35	N/A	\$38	N/A	\$40	N/A	6.23	7.94	Yes
26: Transportation	N/A	\$187	N/A	\$182	N/A	\$181	N/A	-2.64	-0.43	Yes
30: PCS	N/A	\$35	N/A	\$40	N/A	\$41	N/A	12.10	4.47	Yes
31: Targeted Case Management	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
33: Rehabilitation	N/A	\$26	N/A	\$29	N/A	\$31	N/A	11.08	6.56	N/A
34: PT/OT/speech/hear	N/A	\$2,133	N/A	\$2,316	N/A	\$2,421	N/A	8.60	4.52	Yes
35: Hospice	N/A	\$929	N/A	\$1,046	N/A	\$931	N/A	12.66	-11.05	Yes
52: Residential Care	N/A	\$36	N/A	\$40	N/A	\$40	N/A	9.98	-0.19	Yes
53: Psych. Services	N/A	\$461	N/A	\$469	N/A	\$493	N/A	1.81	5.06	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.14	N/A	0.01	N/A	0.01	N/A	-91.45	-21.80	No
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% FQHC (code 4)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS Waiver (code 6,7)	N/A	10.60	N/A	10.97	N/A	11.53	N/A	3.50	5.08	Yes
AVERAGE EXPENDITURES BY PROGRAM										

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(code 2)	N/A	\$90	N/A	\$91	N/A	\$116	N/A	1.37	26.81	No
Family Planning (code 3)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
RHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
FGHC (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
IHS (code 6, 7)	N/A	\$83	N/A	\$107	N/A	\$125	N/A	28.24	17.43	No
Waiver (code 6, 7)	> 60	63.73	Yes	67.17	Yes	68.86	Yes	5.40	2.52	Yes
% Claims with DX	85-100	99.95	Yes	99.97	Yes	100.00	Yes	0.02	0.03	Yes
% Claims with DX (MAX TOS 8, 11, 12)	N/A	2.43	N/A	2.69	N/A	2.80	N/A	10.29	4.42	Yes
% Claims with 1 DX that have 2 DX	5-25	7.46	Yes	7.23	Yes	6.82	Yes	-3.09	-5.61	Yes
% Claims with DX, where length=3	40-70	54.98	Yes	55.47	Yes	54.55	Yes	0.88	-1.65	Yes
% Claims with DX, where length=4	20-55	37.56	Yes	37.30	Yes	38.63	Yes	-0.68	3.55	Yes
% Claims with DX, where length=5										
% 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	99.91	Yes	99.91	Yes	98.02	Yes	-0.01	-1.89	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	45.34	N/A	45.44	N/A	45.14	N/A	0.22	-0.66	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	54.28	N/A	54.14	N/A	54.43	N/A	-0.25	0.52	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.38	N/A	0.42	N/A	0.43	N/A	9.68	4.19	Yes
% 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	N/A	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	99.96	Yes	99.96	Yes	99.96	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	95.89	N/A	96.51	N/A	96.78	N/A	0.65	0.27	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	1,726,183	N/A	1,554,329	N/A	1,720,787	N/A	-9.96	10.71	Yes
% Claims with > \$0 Paid	>95%	98.57	Yes	100.00	Yes	100.00	Yes	1.45	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	6.66	N/A	7.35	N/A	7.06	N/A	10.46	-4.02	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	12.87	N/A	12.26	N/A	13.59	N/A	-4.75	10.80	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	4.66	N/A	5.48	N/A	5.58	N/A	17.54	1.74	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	25.19	N/A	19.64	N/A	20.13	N/A	-22.03	2.48	Yes
% claims MAX TOS 10: Other Practitioner	N/A	1.90	N/A	2.27	N/A	2.67	N/A	19.55	17.46	No
% claims MAX TOS 11: OPD	N/A	24.27	N/A	27.59	N/A	18.48	N/A	13.67	-33.02	No
% claims MAX TOS 12: Clinic	N/A	5.56	N/A	6.73	N/A	6.42	N/A	21.05	-4.56	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 15: Lab/Xray	N/A	6.62	N/A	8.26	N/A	15.31	N/A	24.67	85.46	No

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% claims MAX TOS 19: Other Services	N/A	21.63	N/A	18.37	N/A	15.10	N/A	-15.07	-17.81	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	3.54	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation	N/A	12.70	N/A	14.98	N/A	15.56	N/A	17.88	3.93	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	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.52	N/A	0.60	N/A	1.19	N/A	15.79	97.64	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	0.36	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	5.24	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.25	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
Average Amount Paid	N/A	\$88	N/A	\$82	N/A	\$52	N/A	-7.07	-36.35	No
% Claims with DX	N/A	53.40	N/A	61.65	N/A	81.09	N/A	15.45	31.53	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	60.90	No	60.29	No	73.64	No	-1.01	22.14	No
% Claims with 1 DX that have 2 DX	N/A	20.24	N/A	26.80	N/A	25.37	N/A	32.38	-5.33	Yes
% Claims with DX, where length=3	5-25	20.70	Yes	20.45	Yes	18.53	Yes	-1.20	-9.37	Yes
% Claims with DX, where length=4	40-70	42.60	Yes	43.16	Yes	42.64	Yes	1.31	-1.21	Yes
% Claims with DX, where length=5	20-55	36.67	Yes	36.31	Yes	38.70	Yes	-0.98	6.58	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	99.86	N/A	99.90	N/A	99.99	N/A	0.04	0.09	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	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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