

1999-2001 MAX OT Validation Table
State: GA

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	28,774,404	N/A	29,987,908	N/A	36,019,556	N/A	4.22	20.11	No
	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 20 Claims (Claim Type=2, and MAX TOS 20)	N/A	27.38	N/A	24.99	N/A	26.63	N/A	-8.72	6.57	Yes
Total FFS Claims Excluding Capitation Payments	N/A	20,895,465	N/A	22,493,085	N/A	26,425,905	N/A	7.65	17.48	No
	5-20	15.51	Yes	14.75	Yes	12.78	Yes	-4.93	-13.32	Yes
% Crossover	> 1%	0.90	No	3.93	Yes	1.02	Yes	337.21	-74.01	No
% Adjusted Claims	N/A	.	N/A	67.10	N/A	81.33	N/A	N/A	21.20	No
% Standard Adjustments	N/A	\$113	N/A	\$70	N/A	\$80	N/A	-38.17	14.43	Yes
Average Paid per Adjusted Claim (TOS 20)	N/A	0.89	N/A	0.00	N/A	0.00	N/A	-100.00	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	N/A	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	26.49	N/A	24.99	N/A	26.63	N/A	-5.66	6.57	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$116	Yes	.	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	\$3	Yes	\$3	Yes	\$3	Yes	1.64	2.12	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	17,653,933	N/A	19,175,629	N/A	23,047,407	N/A	8.62	20.19	No
% Claims with> \$0 Paid	>95%	99.98	Yes	100.00	Yes	100.00	Yes	0.02	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	4.91	N/A	4.23	N/A	4.05	N/A	-13.86	-4.28	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.57	N/A	4.62	N/A	3.94	N/A	-16.94	-14.73	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	57.82	N/A	43.28	N/A	35.81	N/A	-25.14	-17.26	No
% Other Claims with Span Bills/All Other Claims	N/A	3.16	N/A	2.99	N/A	3.20	N/A	-5.27	7.01	Yes
% Claims W/ Service Place 11- Office	50-90	31.97	No	32.07	No	32.75	No	0.30	2.13	Yes
% Claims W/ Service Place 12 - Home	>0-5	5.11	No	6.22	No	6.64	No	21.74	6.77	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.90	Yes	4.83	Yes	4.63	Yes	-1.57	-4.06	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.03	Yes	0.03	Yes	0.03	Yes	11.01	-9.66	Yes
% Claims W/ Service Place 23 - ER	1-10	2.83	Yes	2.62	Yes	2.93	Yes	-7.46	11.78	Yes
% Claims w/ Service Place 22 - OPD	>0-10	25.88	No	25.29	No	24.94	No	-2.28	-1.40	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	28.74	No	28.42	No	27.60	No	-1.11	-2.89	N/A
% Claims with TPL	>0 - 15	0.02	Yes	0.01	Yes	0.01	Yes	-15.43	-19.68	No
Aver. TPL Paid -claims with TPL	N/A	\$9	N/A	\$21	N/A	\$24	N/A	133.68	12.01	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	33.97	Yes	23.74	Yes	22.80	Yes	-30.12	-3.95	Yes
% claims MAX TOS 09: Dental	2-20	8.81	Yes	9.41	Yes	10.74	Yes	6.71	14.18	Yes
% claims MAX TOS 10: Other Practitioner	0.5-8	0.88	Yes	0.83	Yes	0.86	Yes	-5.19	3.11	Yes
% claims MAX TOS 11: OPD	3-25	21.46	Yes	15.96	Yes	8.85	Yes	-25.63	-44.57	No
% claims MAX TOS 12: Clinic	2-25	9.36	Yes	7.54	Yes	2.74	Yes	-19.36	-63.65	No
% claims MAX TOS 13: HH	>0-25	2.26	Yes	2.43	Yes	2.40	Yes	7.38	-1.15	Yes
% claims MAX TOS 15: Lab/Xray	4-20	6.17	Yes	20.27	No	24.24	No	228.60	19.57	No
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	5.21	No	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	1.06	Yes	1.06	Yes	1.32	Yes	0.23	24.51	No

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	>3	1.85	No	1.89	No	4.10	Yes	2.24	116.86	No
% claims MAX TOS 51: DME	>1	0.47	No	0.45	No	0.41	No	-3.84	-8.66	Yes
% claims MAX TOS 26: Transportation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 25: Abortions	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 30: PCS	>0	2.02	Yes	1.88	Yes	1.93	Yes	-6.55	2.49	Yes
% claims MAX TOS 31: TCM	>0	0.78	Yes	0.47	Yes	0.36	Yes	-39.66	-23.90	No
% claims MAX TOS 33: Rehabilitation	>1	5.02	Yes	6.43	Yes	6.26	Yes	28.21	-2.75	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>0	0.07	Yes	0.07	Yes	0.07	Yes	10.59	2.02	Yes
% claims MAX TOS 35: Hospice	N/A	0.19	N/A	0.14	N/A	0.15	N/A	-28.96	7.07	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.66	N/A	0.68	N/A	0.73	N/A	2.51	8.04	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	0.26	N/A	0.79	N/A	0.94	N/A	202.92	19.10	No
% claims MAX TOS 52: Residential Care	>1	3.73	Yes	3.47	Yes	3.76	Yes	-7.02	8.52	Yes
% claims MAX TOS 53: Psych. Services	>0	0.99	Yes	2.48	Yes	2.13	Yes	150.79	-14.14	Yes
% claims MAX TOS 54: Adult Day Care	<1	0.00	Yes	0.00	Yes	0.00	Yes	-8.95	23.78	N/A
% claims MAX TOS 99: Unknown										
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$66	N/A	\$67	N/A	\$71	N/A	2.18	5.86	Yes
08: Physicians	\$20-90	\$58	Yes	\$75	Yes	\$78	Yes	28.01	4.24	Yes
09: Dental	\$10-60	\$27	Yes	\$36	Yes	\$45	Yes	31.48	25.35	No
10: Other Practioner	\$10-100	\$37	Yes	\$38	Yes	\$39	Yes	3.39	3.86	Yes
11: OPD	\$20-100	\$71	Yes	\$85	Yes	\$117	No	20.60	37.18	No
12: Clinic	\$20-100	\$48	Yes	\$39	Yes	\$79	Yes	-19.15	102.13	No
13: HH	N/A	\$149	N/A	\$125	N/A	\$122	N/A	-16.06	-2.05	Yes
15: Lab/Xray	10-60	\$14	Yes	\$28	Yes	\$33	Yes	103.96	18.31	No
16: Drugs	10-60	.	No	.	No	\$10	No	N/A	N/A	N/A
19: Other Services	N/A	\$409	N/A	\$435	N/A	\$397	N/A	6.35	-8.73	Yes
51: DME	N/A	\$73	N/A	\$81	N/A	\$76	N/A	10.41	-5.34	Yes
26: Transportation	N/A	\$138	N/A	\$142	N/A	\$158	N/A	3.14	11.15	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	\$87	N/A	\$88	N/A	\$93	N/A	1.96	5.09	Yes
33: Rehabilitation	N/A	\$14	N/A	\$19	N/A	\$21	N/A	32.38	10.84	Yes
34: PT/OT/speech/hear	N/A	\$29	N/A	\$27	N/A	\$37	N/A	-7.54	35.54	N/A
35: Hospice	N/A	\$1,653	N/A	\$1,546	N/A	\$1,486	N/A	-6.46	-3.89	Yes
52: Residential Care	N/A	\$654	N/A	\$226	N/A	\$196	N/A	-65.41	-13.61	Yes
53: Psych. Services	N/A	\$101	N/A	\$106	N/A	\$115	N/A	4.73	9.09	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$215	N/A	\$108	N/A	\$128	N/A	-50.01	18.68	No
% Family Planning (code 2)										
% RHC (code 3)	N/A	0.35	N/A	0.33	N/A	0.33	N/A	-7.42	1.98	Yes
% 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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
AVERAGE EXPENDITURES BY PROGRAM	N/A	4.20	N/A	4.47	N/A	4.84	N/A	6.49	8.25	Yes

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(code 2)	N/A	\$24	N/A	\$30	N/A	\$37	N/A	21.90	24.09	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	\$238	N/A	\$223	N/A	\$230	N/A	-6.15	3.24	Yes
Waiver (code 6, 7)	> 60	88.96	Yes	88.50	Yes	87.18	Yes	-0.52	-1.49	Yes
% Claims with DX	85-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	N/A	10.71	N/A	11.70	N/A	12.58	N/A	9.21	7.58	Yes
% Claims with 1 DX that have 2 DX	5-25	12.13	Yes	12.18	Yes	12.37	Yes	0.45	1.50	Yes
% Claims with DX, where length=3	40-70	53.40	Yes	51.92	Yes	50.94	Yes	-2.77	-1.90	Yes
% Claims with DX, where length=4	20-55	34.17	Yes	35.69	Yes	36.48	Yes	4.44	2.21	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	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	100.00	Yes	100.00	Yes	93.35	No	0.00	-6.65	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	66.38	N/A	63.36	N/A	64.37	N/A	-4.54	1.59	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	13.99	N/A	15.82	N/A	17.03	N/A	13.13	7.65	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	19.64	N/A	20.81	N/A	18.60	N/A	6.00	-10.65	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	3,241,532	N/A	3,317,456	N/A	3,378,498	N/A	2.34	1.84	Yes
% Claims with > \$0 Paid	>95%	99.96	Yes	100.00	Yes	100.00	Yes	0.04	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	13.35	N/A	12.77	N/A	12.43	N/A	-4.36	-2.69	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	21.88	N/A	21.94	N/A	22.89	N/A	0.28	4.34	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	66.67	N/A	48.39	N/A	24.49	N/A	-27.42	-49.39	N/A
% Other Claims with Span Bills/All Other Claims	N/A	12.14	N/A	11.40	N/A	10.80	N/A	-6.11	-5.22	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	70.93	N/A	69.99	N/A	67.94	N/A	-1.33	-2.94	Yes
% claims MAX TOS 10: Other Practitioner	N/A	2.87	N/A	2.79	N/A	2.99	N/A	-2.73	6.87	Yes
% claims MAX TOS 11: OPD	N/A	12.47	N/A	13.03	N/A	13.45	N/A	4.48	3.20	Yes
% claims MAX TOS 12: Clinic	N/A	2.22	N/A	2.23	N/A	2.20	N/A	0.37	-0.99	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	188.48	55.21	N/A
% claims MAX TOS 15: Lab/Xray	N/A	0.16	N/A	0.18	N/A	0.15	N/A	12.49	-16.92	No

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% claims MAX TOS 19: Other Services	N/A	8.52	N/A	8.63	N/A	8.93	N/A	1.36	3.38	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	2.26	N/A	2.26	N/A	2.17	N/A	0.14	-4.14	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	0.01	N/A	0.00	N/A	0.00	N/A	-60.78	-82.82	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-100.00	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.08	N/A	0.08	N/A	0.15	N/A	-0.12	82.62	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	0.26	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	3.73	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	0.99	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
Average Amount Paid	N/A	\$39	N/A	\$38	N/A	\$34	N/A	-3.26	-9.53	Yes
% Claims with DX	N/A	2.09	N/A	11.22	N/A	12.46	N/A	438.07	11.07	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	2.43	No	13.16	No	14.85	No	440.51	12.87	Yes
% Claims with 1 DX that have 2 DX	N/A	57.96	N/A	58.45	N/A	63.40	N/A	0.86	8.47	Yes
% Claims with DX, where length=3	5-25	12.22	Yes	12.04	Yes	12.97	Yes	-1.48	7.70	Yes
% Claims with DX, where length=4	40-70	48.02	Yes	46.70	Yes	44.21	Yes	-2.73	-5.34	Yes
% Claims with DX, where length=5	20-55	39.76	Yes	41.25	Yes	42.82	Yes	3.76	3.80	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	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	.	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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