

**2002-2004 MAX OT Validation Table**  
**State: HI**

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	5,251,722	N/A	5,785,918	N/A	6,284,374	N/A	10.17	8.62	Yes
	N/A	36.33	N/A	39.26	N/A	40.31	N/A	8.07	2.67	Yes
% 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	29.97	N/A	29.22	N/A	28.21	N/A	-2.51	-3.46	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	1,770,045	N/A	1,824,119	N/A	1,978,793	N/A	3.06	8.48	Yes
Total FFS Claims Excluding Capitation Payments	5-20	26.24	No	32.39	No	31.13	No	23.46	-3.90	Yes
% Crossover	> 1%	8.59	Yes	11.56	Yes	2.22	Yes	34.62	-80.80	No
% Adjusted Claims	N/A	71.60	N/A	77.97	N/A	59.02	N/A	8.89	-24.30	No
% Standard Adjustments	N/A	\$75	N/A	\$130	N/A	\$442	N/A	73.26	239.60	No
Average Paid per HMO Cap Payment	N/A	45.02	N/A	44.74	N/A	44.74	N/A	-0.61	-0.01	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	2.05	N/A	3.36	N/A	2.52	N/A	63.62	-25.10	No
% 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
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$152	Yes	\$169	Yes	\$176	Yes	11.29	4.29	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$119	Yes	\$73	Yes	\$79	Yes	-38.80	8.90	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	.	.	N/A
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	1,305,665	N/A	1,233,283	N/A	1,362,858	N/A	-5.54	10.51	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	3.52	N/A	6.91	N/A	7.43	N/A	95.99	7.53	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.83	N/A	7.00	N/A	7.07	N/A	-28.80	1.08	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	25.39	N/A	94.89	N/A	91.96	N/A	273.70	-3.09	Yes
% Other Claims with Span Bills/All Other Claims	N/A	2.34	N/A	1.68	N/A	3.18	N/A	-28.10	88.55	No
% Claims W/ Service Place 11- Office	50-90	63.98	Yes	53.13	Yes	53.44	Yes	-17.00	0.58	Yes
% Claims W/ Service Place 12 - Home	>0-5	5.39	No	8.09	No	8.51	No	50.14	5.24	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	6.95	No	7.19	No	6.76	No	3.52	-5.94	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.10	Yes	0.14	Yes	0.13	Yes	38.82	-3.22	Yes
% Claims W/ Service Place 23 - ER	1-10	2.37	Yes	2.55	Yes	2.70	Yes	7.61	5.88	Yes
% Claims w/ Service Place 22 - OPD	>0-10	4.38	Yes	6.54	Yes	6.31	Yes	49.27	-3.46	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	5.48	No	7.62	No	8.40	No	38.89	10.28	Yes
% Claims with TPL	>0 - 15	0.28	Yes	0.34	Yes	0.36	Yes	20.91	5.74	Yes
Aver. TPL Paid -claims with TPL	N/A	\$66	N/A	\$76	N/A	\$73	N/A	15.56	-4.65	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	17.70	Yes	18.41	Yes	16.45	Yes	3.98	-10.60	Yes
% claims MAX TOS 09: Dental	2-20	30.97	No	31.79	No	30.26	No	2.65	-4.81	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.64	Yes	0.99	Yes	0.48	No	55.09	-51.10	No
% claims MAX TOS 11: OPD	3-25	2.06	No	2.50	No	2.44	No	21.15	-2.63	Yes
% claims MAX TOS 12: Clinic	2-25	3.94	Yes	4.58	Yes	4.38	Yes	16.16	-4.36	Yes
% claims MAX TOS 13: HH	>0-25	4.46	Yes	5.46	Yes	4.68	Yes	22.55	-14.30	Yes
% claims MAX TOS 16: Lab/Xray	4-20	13.05	Yes	16.17	Yes	15.22	Yes	23.89	-5.87	Yes
% claims MAX TOS 16: Drugs	<3	0.21	Yes	0.29	Yes	0.17	Yes	38.10	-43.80	No
% claims MAX TOS 19: Other Services	<25	10.58	Yes	1.21	Yes	0.98	Yes	-88.50	-19.20	No
% claims MAX TOS 51: DME	>3	6.48	Yes	7.41	Yes	8.67	Yes	14.25	17.08	No
% claims MAX TOS 26: Transportation	>1	4.68	Yes	6.09	Yes	5.68	Yes	30.27	-6.72	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	38.09	1.05	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	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 31: TCM	>0	0.74	Yes	0.66	Yes	0.67	Yes	-10.70	1.22	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.49	No	0.53	No	0.37	No	8.07	-28.90	No
% claims MAX TOS 35: Hospice	>0	0.01	Yes	0.02	Yes	0.02	Yes	45.15	26.19	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-91.90	-100.00	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.02	N/A	0.07	N/A	0.06	N/A	191.90	-20.20	No
% claims MAX TOS 38: Private Nursing	N/A	0.02	N/A	0.07	N/A	0.02	N/A	284.70	-70.00	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	0.00	N/A	0.00	N/A	0.14	N/A	.	.	N/A
% claims MAX TOS 53: Psych. Services	>1	3.15	Yes	3.75	Yes	8.23	Yes	19.20	119.40	No
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.00	No	1.07	Yes	.	.	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$99	N/A	\$126	N/A	\$150	N/A	27.62	19.18	No
08: Physicians	\$20-90	\$58	Yes	\$60	Yes	\$61	Yes	3.46	1.73	Yes
09: Dental	\$10-60	\$37	Yes	\$40	Yes	\$42	Yes	8.07	3.55	Yes
10: Other Practioner	\$10-100	\$33	Yes	\$36	Yes	\$44	Yes	9.70	20.63	No
11: OPD	\$20-100	\$318	No	\$318	No	\$328	No	0.03	3.14	Yes
12: Clinic	\$20-100	\$84	Yes	\$114	No	\$119	No	35.02	4.36	Yes
13: HH	N/A	\$362	N/A	\$1,291	N/A	\$1,415	N/A	256.40	9.61	Yes
15: Lab/Xray	10-60	\$22	Yes	\$21	Yes	\$22	Yes	-3.24	1.27	Yes
16: Drugs	10-60	\$3	No	\$4	No	\$4	No	28.93	-0.62	Yes
19: Other Services	N/A	\$315	N/A	\$75	N/A	\$63	N/A	-76.20	-15.80	No
51: DME	N/A	\$63	N/A	\$57	N/A	\$75	N/A	-8.67	29.66	No
26: Transportation	N/A	\$45	N/A	\$49	N/A	\$55	N/A	8.75	13.35	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Management	N/A	\$693	N/A	\$93	N/A	\$80	N/A	-86.50	-14.00	Yes
33: Rehabilitation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	\$34	N/A	\$31	N/A	\$36	N/A	-8.22	15.82	No
35: Hospice	N/A	\$2,739	N/A	\$3,686	N/A	\$3,215	N/A	34.59	-12.80	Yes
52: Residential Care	N/A	.	N/A	.	N/A	\$965	N/A	.	.	N/A
53: Pysch. Services	N/A	\$59	N/A	\$67	N/A	\$217	N/A	13.21	226.30	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	.	N/A	\$1,255	N/A	.	.	N/A
% Family Planning (code 2)	N/A	0.07	N/A	0.08	N/A	0.07	N/A	16.46	-12.60	Yes
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% FQHC (code 4)	N/A	1.32	N/A	1.85	N/A	1.89	N/A	39.75	2.18	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	1.74	N/A	5.38	N/A	5.74	N/A	208.80	6.64	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$47	N/A	\$55	N/A	\$62	N/A	16.32	12.11	Yes
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	\$116	N/A	\$141	N/A	\$144	N/A	20.94	2.48	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$741	N/A	\$1,296	N/A	\$1,410	N/A	74.99	8.75	Yes
% Claims with DX	> 60	91.84	Yes	72.15	Yes	73.57	Yes	-21.40	1.96	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.13	Yes	100.00	Yes	99.97	Yes	0.88	-0.03	Yes
% Claims with 1 DX that have 2 DX	N/A	17.25	N/A	31.92	N/A	30.63	N/A	85.09	-4.06	Yes
% Claims with DX, where length=3	5-25	29.47	No	6.94	Yes	6.25	Yes	-76.50	-9.95	Yes
% Claims with DX, where length=4	40-70	47.71	Yes	58.42	Yes	59.80	Yes	22.46	2.35	Yes
% Claims with DX, where length=5	20-55	22.83	Yes	34.64	Yes	33.96	Yes	51.77	-1.98	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	95.37	N/A	98.36	N/A	98.10	N/A	3.13	-0.27	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	99.35	Yes	97.81	No	97.79	No	-1.55	-0.02	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	36.24	N/A	39.56	N/A	37.10	N/A	9.18	-6.22	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	53.86	N/A	51.82	N/A	62.89	N/A	-3.78	21.36	No
% 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	8.91	N/A	8.61	N/A	0.01	N/A	-3.31	-99.90	No
% 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	1.60	N/A	0.32	N/A	0.06	N/A	-79.80	-81.50	No
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	464,380	N/A	590,836	N/A	615,935	N/A	27.23	4.25	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	2.78	N/A	4.17	N/A	4.46	N/A	49.74	6.91	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	11.64	N/A	8.38	N/A	8.00	N/A	-28.00	-4.54	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	73.70	N/A	98.39	N/A	100.00	N/A	33.49	1.64	Yes
% Other Claims with Span Bills/All Other Claims	N/A	2.49	N/A	3.86	N/A	4.23	N/A	55.21	9.60	Yes
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	61.32	N/A	54.74	N/A	54.68	N/A	-10.70	-0.10	Yes
% claims MAX TOS 10: Other Practitioner	N/A	1.69	N/A	1.37	N/A	1.40	N/A	-18.70	2.29	Yes
% claims MAX TOS 11: OPD	N/A	2.27	N/A	5.93	N/A	5.98	N/A	161.30	0.72	Yes
% claims MAX TOS 12: Clinic	N/A	3.55	N/A	4.92	N/A	3.20	N/A	38.43	-34.90	No
% claims MAX TOS 13: HH	N/A	0.12	N/A	0.04	N/A	0.00	N/A	-66.30	-99.60	No
% claims MAX TOS 15: Lab/Xray	N/A	12.65	N/A	14.16	N/A	15.24	N/A	11.91	7.67	Yes
% claims MAX TOS 19: Other Services	N/A	3.24	N/A	2.08	N/A	1.03	N/A	-35.70	-50.20	No
% claims MAX TOS 51: DME	N/A	8.01	N/A	7.98	N/A	9.85	N/A	-0.37	23.42	No
% claims MAX TOS 26: Transportation	N/A	1.33	N/A	1.61	N/A	0.72	N/A	20.56	-55.30	No
% 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	-60.70	-100.00	No
% claims MAX TOS 33: Rehabilitation	N/A	0.01	N/A	0.01	N/A	0.00	N/A	33.38	-96.60	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	1.31	N/A	1.71	N/A	2.34	N/A	30.57	36.64	No
% 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	4.29	N/A	5.25	N/A	5.17	N/A	22.32	-1.62	Yes
% 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	\$36	N/A	\$32	N/A	\$32	N/A	-10.50	-1.55	Yes
% Claims with DX	N/A	94.96	N/A	100.00	N/A	100.00	N/A	5.31	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	94.31	Yes	100.00	Yes	100.00	Yes	6.03	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	10.16	N/A	18.01	N/A	16.13	N/A	77.17	-10.40	Yes
% Claims with DX, where length=3	5-25	9.13	Yes	8.47	Yes	7.74	Yes	-7.24	-8.59	Yes
% Claims with DX, where length=4	40-70	46.99	Yes	46.42	Yes	45.57	Yes	-1.21	-1.83	Yes
% Claims with DX, where length=5	20-55	43.88	Yes	45.11	Yes	46.69	Yes	2.80	3.50	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	98.44	N/A	100.00	N/A	.	N/A	1.58	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	98.51	Yes	96.99	No	96.85	No	-1.54	-0.14	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	83.00	N/A	87.47	N/A	85.54	N/A	5.39	-2.21	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	11.36	N/A	12.47	N/A	14.45	N/A	9.80	15.90	No
% Other Codes Indicator /Claims with Service Codes	N/A	5.64	N/A	0.05	N/A	0.00	N/A	-99.00	-93.70	No

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