

1999-2001 MAX OT Validation Table
State: ID

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	4,223,484	N/A	5,012,782	N/A	5,803,587	N/A	18.69	15.78	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										
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	8.58	N/A	7.83	N/A	8.07	N/A	-8.76	3.09	Yes
Total FFS Claims Excluding Capitation Payments	N/A	3,861,024	N/A	4,620,289	N/A	5,335,150	N/A	19.66	15.47	No
	5-20	6.53	Yes	6.02	Yes	6.10	Yes	-7.70	1.19	Yes
% Crossover	> 1%	0.57	No	0.51	No	0.53	No	-12.01	4.61	Yes
% Adjusted Claims	N/A	.	N/A	64.10	N/A	78.48	N/A	N/A	22.43	No
% Standard Adjustments	N/A	\$72	N/A	\$90	N/A	\$106	N/A	24.22	17.35	No
% Claims(TOC 1,2) TOS 20: PHP Cap Payment	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 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	8.58	N/A	7.83	N/A	8.07	N/A	-8.76	3.09	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	.	No	.	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	\$4	Yes	\$4	Yes	\$4	Yes	0.00	0.00	N/A
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 1999										
Total Number of Claims	N/A	3,609,020	N/A	4,341,954	N/A	5,009,917	N/A	20.31	15.38	No
% Claims with> \$0 Paid	>95%	99.87	Yes	100.00	Yes	100.00	Yes	0.13	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	8.10	N/A	9.86	N/A	11.76	N/A	21.81	19.23	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	23.91	-100.00	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	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	8.83	N/A	10.46	N/A	12.48	N/A	18.35	19.32	No
% Claims W/ Service Place 11- Office	50-90	43.68	No	41.15	No	40.53	No	-5.79	-1.51	Yes
% Claims W/ Service Place 12 - Home	>0-5	15.50	No	16.21	No	17.24	No	4.56	6.35	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.78	Yes	2.76	Yes	2.57	Yes	-0.53	-7.02	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.01	Yes	0.01	Yes	0.01	Yes	-6.91	-33.45	No
% Claims W/ Service Place 23 - ER	1-10	1.69	Yes	1.81	Yes	1.98	Yes	7.02	9.14	Yes
% Claims w/ Service Place 22 - OPD	>0-10	13.61	No	13.73	No	14.23	No	0.87	3.66	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	17.73	No	18.28	No	16.78	No	3.15	-8.21	N/A
% Claims with TPL	>0 - 15	0.41	Yes	0.44	Yes	0.45	Yes	7.49	0.14	Yes
Aver. TPL Paid -claims with TPL	N/A	\$46	N/A	\$48	N/A	\$48	N/A	3.15	0.18	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	14.63	Yes	13.12	Yes	13.12	Yes	-10.32	0.04	Yes
% claims MAX TOS 09: Dental	2-20	8.95	Yes	8.95	Yes	9.15	Yes	-0.05	2.21	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	1.03	Yes	1.01	Yes	1.08	Yes	-1.89	6.77	Yes
% claims MAX TOS 11: OPD	3-25	7.18	Yes	4.82	Yes	5.07	Yes	-32.92	5.21	Yes
% claims MAX TOS 12: Clinic	2-25	1.83	No	2.02	Yes	2.20	Yes	10.69	8.45	Yes
% claims MAX TOS 13: HH	>0-25	1.15	Yes	0.84	Yes	0.66	Yes	-27.01	-21.03	No
% claims MAX TOS 15: Lab/Xray	4-20	7.61	Yes	13.21	Yes	13.51	Yes	73.59	2.23	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.21	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	18.04	Yes	18.91	Yes	17.29	Yes	4.77	-8.54	Yes
% claims MAX TOS 51: DME	>3	4.56	Yes	3.37	Yes	3.58	Yes	-26.15	6.15	Yes
% claims MAX TOS 26: Transportation	>1	8.75	Yes	7.15	Yes	6.20	Yes	-18.34	-13.27	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.07	N/A	0.04	N/A	0.04	N/A	-37.23	-6.76	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	398.72	116.67	No
% claims MAX TOS 30: PCS	>0	6.39	Yes	6.42	Yes	6.88	Yes	0.37	7.26	Yes
% claims MAX TOS 31: TCM	>0	1.45	Yes	1.24	Yes	1.13	Yes	-14.24	-8.99	Yes
% claims MAX TOS 33: Rehabilitation	>0	1.67	Yes	1.75	Yes	1.72	Yes	5.19	-1.95	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.69	Yes	1.58	Yes	1.47	Yes	-6.40	-7.31	N/A
% claims MAX TOS 35: Hospice	>0	0.05	Yes	0.02	Yes	0.03	Yes	-48.42	24.08	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.99	N/A	0.95	N/A	1.06	N/A	-4.40	11.16	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.15	N/A	0.17	N/A	0.15	N/A	18.83	-12.60	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	0.35	N/A	1.58	N/A	2.33	N/A	356.58	47.57	No
% claims MAX TOS 53: Psych. Services	>1	13.18	Yes	12.56	Yes	12.69	Yes	-4.72	1.04	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.01	Yes	0.13	Yes	N/A	769.86	No
% claims MAX TOS 99: Unknown	<1	0.26	Yes	0.25	Yes	0.30	Yes	-3.06	19.42	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$56	N/A	\$60	N/A	\$64	N/A	7.33	5.32	Yes
08: Physicians	\$20-90	\$66	Yes	\$71	Yes	\$70	Yes	6.13	-0.31	Yes
09: Dental	\$10-100	\$40	Yes	\$44	Yes	\$46	Yes	10.28	3.02	Yes
10: Other Practitioner	\$10-100	\$63	Yes	\$66	Yes	\$68	Yes	5.16	2.18	Yes
11: OPD	\$20-100	\$65	Yes	\$86	Yes	\$92	Yes	31.38	7.19	Yes
12: Clinic	\$20-100	\$106	No	\$109	No	\$107	No	2.30	-1.43	Yes
13: HH	N/A	\$95	N/A	\$101	N/A	\$106	N/A	7.20	4.99	Yes
15: Lab/Xray	10-60	\$17	Yes	\$23	Yes	\$23	Yes	32.47	2.26	Yes
16: Drugs	10-60	.	No	.	No	\$17	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$55	N/A	\$59	N/A	\$66	N/A	6.66	12.20	Yes
51: DME	N/A	\$40	N/A	\$61	N/A	\$56	N/A	52.45	-8.50	Yes
26: Transportation	N/A	\$24	N/A	\$29	N/A	\$37	N/A	21.78	25.76	No
30: PCS	N/A	\$113	N/A	\$108	N/A	\$108	N/A	-4.54	-0.08	Yes
31: Targeted Case Management	N/A	\$113	N/A	\$126	N/A	\$130	N/A	11.36	3.53	Yes
33: Rehabilitation	N/A	\$35	N/A	\$36	N/A	\$35	N/A	4.53	-2.70	Yes
34: PT/OT/speech/hear	N/A	\$41	N/A	\$47	N/A	\$53	N/A	14.44	13.46	N/A
35: Hospice	N/A	\$329	N/A	\$428	N/A	\$343	N/A	29.90	-19.87	No
52: Residential Care	N/A	\$233	N/A	\$159	N/A	\$149	N/A	-31.73	-6.46	Yes
53: Psych. Services	N/A	\$53	N/A	\$55	N/A	\$58	N/A	4.64	5.48	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	\$32	N/A	\$30	N/A	N/A	-6.72	Yes
% Family Planning (code 2)	N/A	0.24	N/A	0.23	N/A	0.25	N/A	-3.29	5.16	Yes
% RHC (code 3)	N/A	0.82	N/A	0.97	N/A	1.05	N/A	17.68	8.26	Yes

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(code 4)	N/A	0.36	N/A	0.41	N/A	0.43	N/A	13.35	4.66	Yes
% FQHC (code 5)	N/A	0.20	N/A	0.20	N/A	0.18	N/A	2.22	-12.30	N/A
% IHS (code 6,7)	N/A	2.67	N/A	4.20	N/A	5.19	N/A	57.55	23.66	No
AVERAGE EXPENDITURES BY PROGRAM										
(code 2)	N/A	\$35	N/A	\$35	N/A	\$35	N/A	-0.07	0.39	Yes
Family Planning (code 3)	N/A	\$57	N/A	\$59	N/A	\$65	N/A	3.12	10.16	Yes
RHC (code 4)	N/A	\$72	N/A	\$74	N/A	\$76	N/A	3.06	3.20	Yes
FQHC (code 5)	N/A	\$172	N/A	\$172	N/A	\$183	N/A	-0.02	6.37	N/A
IHS (code 6, 7)	N/A	\$146	N/A	\$153	N/A	\$159	N/A	5.19	3.53	Yes
Waiver (code 6, 7)	N/A	\$146	N/A	\$153	N/A	\$159	N/A	5.19	3.53	Yes
% Claims with DX	> 60	100.00	Yes	100.00	Yes	99.99	Yes	0.00	-0.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	99.93	Yes	0.00	-0.07	Yes
% Claims with 1 DX that have 2 DX	N/A	17.00	N/A	17.21	N/A	18.03	N/A	1.22	4.80	Yes
% Claims with DX, where length=3	5-25	15.24	Yes	15.45	Yes	14.99	Yes	1.41	-2.97	Yes
% Claims with DX, where length=4	40-70	61.05	Yes	61.09	Yes	60.83	Yes	0.07	-0.42	Yes
% Claims with DX, where length=5	20-55	23.72	Yes	23.46	Yes	24.17	Yes	-1.09	3.05	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	99.44	Yes	99.27	Yes	99.22	Yes	-0.16	-0.05	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	30.25	N/A	30.10	N/A	30.82	N/A	-0.50	2.41	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	18.11	N/A	18.57	N/A	18.53	N/A	2.55	-0.25	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.01	N/A	0.02	N/A	0.02	N/A	15.58	-2.88	Yes
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	51.62	N/A	51.31	N/A	50.63	N/A	-0.60	-1.32	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 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	252,004	N/A	278,335	N/A	325,233	N/A	10.45	16.85	No
% Claims with> \$0 Paid	>95%	97.02	Yes	100.00	Yes	100.00	Yes	3.07	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	9.74	N/A	9.56	N/A	9.07	N/A	-1.77	-5.16	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	19.56	N/A	19.45	N/A	18.66	N/A	-0.55	-4.05	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	8.49	N/A	8.32	N/A	7.80	N/A	-1.99	-6.26	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	53.26	N/A	53.17	N/A	51.68	N/A	-0.16	-2.81	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	4.32	N/A	4.31	N/A	4.69	N/A	-0.15	8.73	Yes
% claims MAX TOS 11: OPD	N/A	11.30	N/A	11.20	N/A	11.73	N/A	-0.88	4.70	Yes
% claims MAX TOS 12: Clinic	N/A	7.01	N/A	5.72	N/A	4.94	N/A	-18.44	-13.60	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	10.97	N/A	10.98	N/A	11.12	N/A	0.06	1.28	Yes
% claims MAX TOS 19: Other Services	N/A	9.60	N/A	10.23	N/A	10.69	N/A	6.49	4.57	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	N/A	1.38	N/A	1.33	N/A	1.42	N/A	-3.01	6.69	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	0.08	N/A	0.09	N/A	0.15	N/A	18.54	63.07	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	1.41	N/A	2.06	N/A	2.47	N/A	46.52	19.92	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 ^e	N/A	0.35	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	13.18	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Average Amount Paid	N/A	\$38	N/A	\$39	N/A	\$42	N/A	3.50	5.99	Yes
% Claims with DX	N/A	76.38	N/A	75.91	N/A	76.57	N/A	-0.62	0.87	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	80.72	No	81.50	No	82.08	No	0.97	0.71	Yes
% Claims with 1 DX that have 2 DX	N/A	42.75	N/A	43.24	N/A	45.63	N/A	1.13	5.53	Yes
% Claims with DX, where length=3	5-25	10.44	Yes	10.11	Yes	9.89	Yes	-3.20	-2.20	Yes
% Claims with DX, where length=4	40-70	48.13	Yes	47.87	Yes	46.40	Yes	-0.55	-3.07	Yes
% Claims with DX, where length=5	20-55	41.43	Yes	42.02	Yes	43.71	Yes	1.44	4.03	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	0.10	N/A	N/A	N/A	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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