

2002-2004 MAX OT Validation Table
State: IA

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	11,678,053	N/A	13,004,775	N/A	14,410,019	N/A	11.36	10.81	Yes
	N/A	5.61	N/A	4.01	N/A	2.33	N/A	-28.60	-41.80	No
% 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	35.82	N/A	34.56	N/A	33.47	N/A	-3.52	-3.15	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	6,839,657	N/A	7,989,434	N/A	9,244,083	N/A	16.81	15.70	No
Total FFS Claims Excluding Capitation Payments	5-20	21.40	No	24.28	No	24.81	No	13.46	2.19	Yes
% Crossover	> 1%	7.13	Yes	10.54	Yes	3.21	Yes	47.79	-69.60	No
% Adjusted Claims	N/A	88.15	N/A	85.95	N/A	73.43	N/A	-2.50	-14.60	Yes
% Standard Adjustments	N/A	\$133	N/A	\$138	N/A	\$232	N/A	4.17	67.89	No
Average Paid per HMO Cap Payment	N/A	6.05	N/A	5.35	N/A	3.74	N/A	-11.50	-30.10	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	25.47	N/A	23.93	N/A	22.69	N/A	-6.08	-5.18	Yes
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	6.43	N/A	6.72	N/A	7.84	N/A	4.54	16.68	No
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$142	Yes	\$142	Yes	\$143	Yes	-0.21	1.14	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$31	Yes	\$30	Yes	\$30	Yes	-0.64	-1.02	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$2	No	\$2	No	\$2	No	0.00	0.00	Yes
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	5,376,148	N/A	6,049,864	N/A	6,950,741	N/A	12.53	14.89	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	17.55	N/A	18.72	N/A	19.11	N/A	6.67	2.08	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	23.58	N/A	25.65	N/A	28.70	N/A	8.80	11.88	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	96.57	N/A	96.55	N/A	96.22	N/A	-0.02	-0.34	Yes
% Other Claims with Span Bills/All Other Claims	N/A	11.87	N/A	12.91	N/A	13.63	N/A	8.74	5.55	Yes
% Claims W/ Service Place 11- Office	50-90	38.67	No	37.73	No	39.32	No	-2.41	4.21	Yes
% Claims W/ Service Place 12 - Home	>0-5	13.78	No	13.94	No	13.33	No	1.11	-4.35	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.01	Yes	3.83	Yes	3.89	Yes	-4.58	1.52	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.80	Yes	0.70	Yes	0.59	Yes	-12.50	-15.40	No
% Claims W/ Service Place 23 - ER	1-10	2.51	Yes	2.53	Yes	2.57	Yes	0.71	1.54	Yes
% Claims w/ Service Place 22 - OPD	>0-10	25.15	No	25.77	No	26.25	No	2.45	1.86	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	10.58	No	10.96	No	9.39	No	3.59	-14.40	Yes
% Claims with TPL	>0 - 15	1.25	Yes	1.09	Yes	0.99	Yes	-12.90	-8.79	Yes
Aver. TPL Paid -claims with TPL	N/A	\$65	N/A	\$66	N/A	\$73	N/A	1.56	11.52	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	19.00	Yes	19.47	Yes	19.42	Yes	2.49	-0.28	Yes
% claims MAX TOS 09: Dental	2-20	11.68	Yes	11.19	Yes	10.70	Yes	-4.16	-4.43	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	3.17	Yes	3.97	Yes	3.04	Yes	25.42	-23.60	No
% claims MAX TOS 11: OPD	3-25	9.08	Yes	10.02	Yes	9.21	Yes	10.39	-8.11	Yes
% claims MAX TOS 12: Clinic	2-25	7.00	Yes	7.00	Yes	5.93	Yes	0.02	-15.30	No
% claims MAX TOS 13: HH	>0-25	5.44	Yes	5.41	Yes	4.95	Yes	-0.54	-8.55	Yes
% claims MAX TOS 15: Lab/Xray	4-20	23.74	No	21.66	No	22.08	No	-8.77	1.92	Yes
% claims MAX TOS 16: Drugs	<3	0.47	Yes	0.53	Yes	0.51	Yes	12.84	-3.38	Yes
% claims MAX TOS 19: Other Services	<25	7.89	Yes	9.51	Yes	9.21	Yes	20.45	-3.10	Yes
% claims MAX TOS 51: DME	>3	7.90	Yes	6.07	Yes	8.48	Yes	-23.20	39.67	No
% claims MAX TOS 26: Transportation	>1	0.27	No	0.28	No	0.27	No	4.82	-2.78	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% 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	1.74	Yes	1.59	Yes	1.50	Yes	-8.46	-5.51	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.31	Yes	0.78	Yes	0.63	Yes	149.50	-18.70	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.27	No	0.28	No	0.27	No	0.85	-3.04	Yes
% claims MAX TOS 35: Hospice	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.03	N/A	16.65	296.80	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.04	N/A	0.07	N/A	0.39	N/A	94.26	470.50	No
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	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
% claims MAX TOS 52: Residential Care	N/A	1.27	N/A	1.25	N/A	1.44	N/A	-1.70	15.50	No
% claims MAX TOS 53: Psych. Services	>1	0.35	No	0.61	No	1.59	Yes	73.24	159.90	No
% claims MAX TOS 54: Adult Day Care	>0	0.35	Yes	0.27	Yes	0.33	Yes	-23.20	20.55	No
% claims MAX TOS 99: Unknown	<1	0.02	Yes	0.02	Yes	0.03	Yes	37.65	5.51	Yes
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$105	N/A	\$107	N/A	\$111	N/A	1.67	4.35	Yes
08: Physicians	\$20-90	\$75	Yes	\$72	Yes	\$74	Yes	-3.39	3.05	Yes
09: Dental	\$10-60	\$45	Yes	\$46	Yes	\$49	Yes	1.50	7.27	Yes
10: Other Practioner	\$10-100	\$41	Yes	\$36	Yes	\$45	Yes	-11.30	22.96	No
11: OPD	\$20-100	\$95	Yes	\$84	Yes	\$90	Yes	-10.80	6.21	Yes
12: Clinic	\$20-100	\$153	No	\$146	No	\$86	Yes	-4.56	-40.80	No
13: HH	N/A	\$209	N/A	\$215	N/A	\$214	N/A	2.62	-0.25	Yes
15: Lab/Xray	10-60	\$32	Yes	\$31	Yes	\$33	Yes	-2.22	7.21	Yes
16: Drugs	10-60	\$26	Yes	\$25	Yes	\$26	Yes	-5.45	6.24	Yes
19: Other Services	N/A	\$165	N/A	\$168	N/A	\$203	N/A	2.06	20.94	No
51: DME	N/A	\$57	N/A	\$71	N/A	\$62	N/A	24.81	-13.80	Yes
26: Transportation	N/A	\$63	N/A	\$64	N/A	\$69	N/A	2.44	6.94	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Management	N/A	\$196	N/A	\$205	N/A	\$212	N/A	4.62	3.33	Yes
33: Rehabilitation	N/A	\$172	N/A	\$80	N/A	\$94	N/A	-53.20	17.49	No
34: PT/OT/speech/hear	N/A	\$31	N/A	\$31	N/A	\$27	N/A	0.42	-11.40	Yes
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	\$1,751	N/A	\$1,762	N/A	\$1,791	N/A	0.64	1.64	Yes
53: Pysch. Services	N/A	\$77	N/A	\$119	N/A	\$178	N/A	54.62	48.70	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$403	N/A	\$542	N/A	\$549	N/A	34.45	1.26	Yes
% Family Planning (code 2)	N/A	1.11	N/A	1.02	N/A	1.14	N/A	-7.73	11.27	Yes
% RHC (code 3)	N/A	1.22	N/A	1.18	N/A	1.11	N/A	-3.24	-5.86	Yes
% FQHC (code 4)	N/A	0.87	N/A	0.99	N/A	1.05	N/A	13.80	6.24	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	4.94	N/A	5.34	N/A	5.85	N/A	8.18	9.61	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$28	N/A	\$33	N/A	\$47	N/A	15.55	43.29	No
RHC (code 3)	N/A	\$77	N/A	\$84	N/A	\$92	N/A	9.47	9.00	Yes
FQHC (code 4)	N/A	\$135	N/A	\$137	N/A	\$140	N/A	1.73	2.30	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$628	N/A	\$608	N/A	\$611	N/A	-3.23	0.56	Yes
% Claims with DX	> 60	83.13	Yes	83.43	Yes	83.51	Yes	0.37	0.09	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.49	Yes	99.99	Yes	100.00	Yes	0.50	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	37.42	N/A	38.41	N/A	38.14	N/A	2.64	-0.68	Yes
% Claims with DX, where length=3	5-25	5.73	Yes	5.55	Yes	5.01	Yes	-3.16	-9.76	Yes
% Claims with DX, where length=4	40-70	53.02	Yes	52.34	Yes	52.51	Yes	-1.28	0.33	Yes
% Claims with DX, where length=5	20-55	41.25	Yes	42.11	Yes	42.48	Yes	2.08	0.88	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	100.00	Yes	0.00	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	57.90	N/A	52.43	N/A	56.11	N/A	-9.44	7.02	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	32.08	N/A	37.91	N/A	34.70	N/A	18.15	-8.45	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
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	10.02	N/A	9.66	N/A	9.18	N/A	-3.54	-4.94	Yes
% 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	99.96	N/A	99.91	N/A	99.94	N/A	-0.05	0.04	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	1,463,509	N/A	1,939,570	N/A	2,293,342	N/A	32.53	18.24	No
% 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	4.66	N/A	12.24	N/A	15.26	N/A	162.50	24.65	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.53	N/A	31.20	N/A	39.06	N/A	130.70	25.17	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	15.73	N/A	44.37	N/A	50.20	N/A	182.00	13.14	Yes
% Other Claims with Span Bills/All Other Claims	N/A	3.57	N/A	7.07	N/A	10.59	N/A	97.98	49.76	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	42.80	N/A	35.07	N/A	31.17	N/A	-18.10	-11.10	Yes
% claims MAX TOS 10: Other Practitioner	N/A	6.95	N/A	5.46	N/A	4.89	N/A	-21.50	-10.50	Yes
% claims MAX TOS 11: OPD	N/A	10.09	N/A	19.96	N/A	14.92	N/A	97.74	-25.30	No
% claims MAX TOS 12: Clinic	N/A	2.73	N/A	2.17	N/A	1.87	N/A	-20.70	-13.70	Yes
% claims MAX TOS 13: HH	N/A	0.71	N/A	0.95	N/A	1.07	N/A	33.49	12.86	Yes
% claims MAX TOS 15: Lab/Xray	N/A	16.76	N/A	16.45	N/A	25.20	N/A	-1.84	53.18	No
% claims MAX TOS 19: Other Services	N/A	2.20	N/A	3.18	N/A	3.75	N/A	44.34	18.03	No
% claims MAX TOS 51: DME	N/A	8.00	N/A	8.57	N/A	8.56	N/A	7.17	-0.15	Yes
% claims MAX TOS 26: Transportation	N/A	1.77	N/A	1.40	N/A	1.28	N/A	-21.10	-8.29	Yes
% 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	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-3.02	-12.90	Yes

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.42	N/A	0.39	N/A	0.54	N/A	-7.06	39.12	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	7.10	N/A	6.09	N/A	6.54	N/A	-14.20	7.29	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	\$29	N/A	\$24	N/A	\$21	N/A	-16.10	-11.90	Yes
% Claims with DX	N/A	78.77	N/A	81.03	N/A	84.53	N/A	2.88	4.31	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	76.88	No	80.05	No	81.16	No	4.12	1.39	Yes
% Claims with 1 DX that have 2 DX	N/A	0.18	N/A	23.65	N/A	33.04	N/A	12,741.00	39.71	No
% Claims with DX, where length=3	5-25	0.95	No	3.80	No	4.44	No	298.30	16.86	No
% Claims with DX, where length=4	40-70	49.95	Yes	46.77	Yes	45.65	Yes	-6.37	-2.39	Yes
% Claims with DX, where length=5	20-55	49.09	Yes	49.43	Yes	49.91	Yes	0.69	0.97	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	14.70	N/A	86.23	N/A	100.00	N/A	486.70	15.97	No
% 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	96.28	No	89.04	No	75.59	No	-7.52	-15.10	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	82.52	N/A	81.70	N/A	81.52	N/A	-1.00	-0.23	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	17.47	N/A	18.29	N/A	18.48	N/A	4.70	1.02	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-11.50	-8.09	Yes

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