

1999-2001 MAX OT Validation Table
State: MS

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	9,646,367	N/A	12,941,344	N/A	16,274,279	N/A	34.16	25.75	No
*	N/A	1.46	N/A	0.00	N/A	0.00	N/A	-99.99	-100.00	No
% 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	N/A	6.69	N/A	19.73	N/A	20.59	N/A	195.08	4.32	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	8,860,945	N/A	10,387,729	N/A	12,924,189	N/A	17.23	24.42	No
Total FFS Claims Excluding Capitation Payments	5-20	31.12	No	29.19	No	27.77	No	-6.22	-4.85	Yes
% Crossover	> 1%	4.73	Yes	3.65	Yes	3.42	Yes	-22.71	-6.33	Yes
% Adjusted Claims	N/A	.	N/A	98.67	N/A	90.37	N/A	N/A	-8.41	Yes
% Standard Adjustments	N/A	\$99	N/A	\$113	N/A	\$98	N/A	14.09	-13.47	Yes
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	0.86	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	5.93	N/A	19.73	N/A	20.59	N/A	233.00	4.32	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$214	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	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	6,103,058	N/A	7,355,700	N/A	9,334,741	N/A	20.52	26.90	No
% 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	6.21	N/A	6.00	N/A	6.06	N/A	-3.37	1.00	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	7.78	N/A	6.95	N/A	6.28	N/A	-10.75	-9.57	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	96.30	N/A	96.99	N/A	97.18	N/A	0.72	0.19	Yes
% Other Claims with Span Bills/All Other Claims	N/A	5.78	N/A	5.58	N/A	5.67	N/A	-3.50	1.67	Yes
% Claims W/ Service Place 11- Office	50-90	47.46	No	48.09	No	48.97	No	1.31	1.84	Yes
% Claims W/ Service Place 12 - Home	>0-5	2.99	Yes	3.58	Yes	4.89	Yes	19.87	36.33	No
% Claims W/ Service Place 21 - Hospital	>0-5	7.94	No	7.57	No	7.02	No	-4.68	-7.30	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.13	Yes	0.10	Yes	0.09	Yes	-25.81	-14.52	Yes
% Claims W/ Service Place 23 - ER	1-10	1.04	Yes	0.98	No	0.99	No	-5.11	0.64	Yes
% Claims w/ Service Place 22 - OPD	>0-10	17.10	No	16.41	No	16.46	No	-4.01	0.33	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.41	Yes	0.61	Yes	1.46	Yes	49.32	140.65	N/A
% Claims with TPL	>0 - 15	0.22	Yes	0.27	Yes	0.33	Yes	24.80	19.68	No
Aver. TPL Paid -claims with TPL	N/A	\$51	N/A	\$49	N/A	\$46	N/A	-4.09	-4.34	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	36.33	No	25.18	Yes	23.82	Yes	-30.70	-5.42	Yes
% claims MAX TOS 09: Dental	2-20	9.87	Yes	10.09	Yes	10.36	Yes	2.30	2.61	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	4.96	Yes	5.58	Yes	4.89	Yes	12.54	-12.35	Yes
% claims MAX TOS 11: OPD	3-25	8.92	Yes	8.37	Yes	7.30	Yes	-6.20	-12.73	Yes
% claims MAX TOS 12: Clinic	2-25	7.92	Yes	6.90	Yes	7.25	Yes	-12.86	5.08	Yes
% claims MAX TOS 13: HH	>0-25	0.28	Yes	0.34	Yes	0.37	Yes	21.59	11.86	Yes
% claims MAX TOS 15: Lab/Xray	4-20	5.44	Yes	16.38	Yes	16.43	Yes	201.08	0.31	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1999-2001 MAX OT Validation Table
State: MS

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			
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.55	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	2.54	Yes	2.44	Yes	3.41	Yes	-4.23	40.16	No
% claims MAX TOS 51: DME	>3	3.08	Yes	6.11	Yes	8.71	Yes	98.29	42.56	No
% claims MAX TOS 26: Transportation	>1	2.02	Yes	2.24	Yes	2.70	Yes	11.30	20.12	No
% 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	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% 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	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.04	Yes	0.04	Yes	17.59	11.97	Yes
% 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	2.75	N/A	2.34	N/A	2.51	N/A	-14.64	7.03	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	0.01	N/A	0.01	N/A	23.01	96.18	No
% claims MAX TOS 53: Psych. Services	>1	15.83	Yes	13.93	Yes	11.58	Yes	-11.99	-16.87	No
% claims MAX TOS 54: Adult Day Care	>0	0.02	Yes	0.03	Yes	0.03	Yes	62.36	28.24	No
% claims MAX TOS 99: Unknown	<1	0.01	Yes	0.00	Yes	0.01	Yes	-66.30	574.41	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$65	N/A	\$68	N/A	\$71	N/A	4.75	4.93	Yes
08: Physicians	\$20-90	\$54	Yes	\$71	Yes	\$72	Yes	31.55	0.92	Yes
09: Dental	\$10-60	\$32	Yes	\$39	Yes	\$39	Yes	20.78	0.98	Yes
10: Other Practitioner	\$10-100	\$28	Yes	\$29	Yes	\$33	Yes	2.91	14.59	Yes
11: OPD	\$20-100	\$152	No	\$162	No	\$173	No	6.86	6.53	Yes
12: Clinic	\$20-100	\$79	Yes	\$86	Yes	\$82	Yes	8.91	-4.06	Yes
13: HH	N/A	\$407	N/A	\$393	N/A	\$378	N/A	-3.35	-4.03	Yes
15: Lab/Xray	10-60	\$15	Yes	\$21	Yes	\$22	Yes	41.42	4.45	Yes
16: Drugs	10-60	.	No	.	No	\$10	No	N/A	N/A	N/A
19: Other Service	N/A	\$136	N/A	\$159	N/A	\$188	N/A	17.11	18.31	No
51: DME	N/A	\$51	N/A	\$43	N/A	\$47	N/A	-15.40	8.71	Yes
26: Transportation	N/A	\$153	N/A	\$135	N/A	\$113	N/A	-11.96	-15.89	No
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
33: Rehabilitation	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
34: PT/OT/speech/hear	N/A	\$2,270	N/A	\$2,137	N/A	\$2,264	N/A	-5.89	5.98	Yes
35: Hospice	N/A	\$1,028	N/A	\$412	N/A	\$356	N/A	-59.90	-13.55	Yes
52: Residential Care	N/A	\$56	N/A	\$60	N/A	\$75	N/A	8.36	23.79	No
53: Psych. Services	N/A	\$717	N/A	\$821	N/A	\$878	N/A	14.61	6.86	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.21	N/A	0.18	N/A	0.18	N/A	-13.18	-0.73	Yes
% RHC (code 3)	N/A	5.04	N/A	4.48	N/A	4.57	N/A	-11.01	2.06	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1999-2001 MAX OT Validation Table
State: MS

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			
(code 4)	N/A	2.80	N/A	2.55	N/A	2.66	N/A	-8.96	4.35	Yes
% FQHC (code 5)	N/A	0.21	N/A	0.20	N/A	0.19	N/A	-4.18	-7.15	N/A
% IHS Waiver (code 6,7)	N/A	1.21	N/A	1.61	N/A	2.39	N/A	32.35	48.70	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$87	N/A	\$110	N/A	\$132	N/A	26.28	20.22	No
RHC (code 3)	N/A	\$48	N/A	\$54	N/A	\$51	N/A	12.61	-6.27	Yes
FQHC (code 4)	N/A	\$91	N/A	\$93	N/A	\$84	N/A	3.04	-10.45	Yes
IHS (code 5)	N/A	\$164	N/A	\$165	N/A	\$177	N/A	0.71	7.43	N/A
Waiver (code 6-7)	N/A	\$170	N/A	\$182	N/A	\$207	N/A	6.82	13.84	Yes
% Claims with DX	> 60	97.63	Yes	97.73	Yes	97.29	Yes	0.10	-0.45	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.96	Yes	100.00	Yes	100.00	Yes	0.04	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	36.40	N/A	36.16	N/A	36.43	N/A	-0.66	0.76	Yes
% Claims with DX, where length=3	5-25	6.31	Yes	5.93	Yes	6.03	Yes	-6.03	1.57	Yes
% Claims with DX, where length=4	40-70	57.61	Yes	60.06	Yes	59.99	Yes	4.26	-0.12	Yes
% Claims with DX, where length=5	20-55	36.08	Yes	34.01	Yes	33.98	Yes	-5.74	-0.07	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	99.75	Yes	99.75	Yes	98.84	Yes	0.00	-0.92	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	48.10	N/A	49.65	N/A	49.61	N/A	3.22	-0.09	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	51.88	N/A	50.32	N/A	50.37	N/A	-3.02	0.11	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	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	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	93.69	N/A	93.45	N/A	94.04	N/A	-0.26	0.63	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	2,757,887	N/A	3,032,029	N/A	3,589,448	N/A	9.94	18.38	No
% Claims with > \$0 Paid	>95%	99.13	Yes	100.00	Yes	100.00	Yes	0.88	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	5.43	N/A	4.92	N/A	4.72	N/A	-9.40	-4.02	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.57	N/A	10.96	N/A	12.23	N/A	3.66	11.56	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	96.08	N/A	97.52	N/A	97.36	N/A	1.50	-0.16	N/A
% Other Claims with Span Bills/All Other Claims	N/A	5.01	N/A	4.44	N/A	4.10	N/A	-11.50	-7.61	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1999-2001 MAX OT Validation Table
State: MS

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			
% claims MAX TOS 08: Physicians	N/A	65.38	N/A	49.08	N/A	48.77	N/A	-24.93	-0.63	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	0.77	N/A	0.83	N/A	0.91	N/A	7.67	9.39	Yes
% claims MAX TOS 11: OPD	N/A	7.19	N/A	7.24	N/A	7.56	N/A	0.80	4.35	Yes
% claims MAX TOS 12: Clinic	N/A	6.74	N/A	5.71	N/A	5.69	N/A	-15.27	-0.41	Yes
% claims MAX TOS 13: HH	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-44.12	-20.62	N/A
% claims MAX TOS 15: Lab/Xray	N/A	0.37	N/A	15.75	N/A	15.30	N/A	4174.03	-2.83	Yes
% claims MAX TOS 19: Other Services	N/A	4.35	N/A	2.26	N/A	2.55	N/A	-48.05	12.87	Yes
% claims MAX TOS 51: DME	N/A	10.90	N/A	13.39	N/A	13.52	N/A	22.91	0.96	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	3.07	N/A	2.92	N/A	3.06	N/A	-4.95	4.88	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	0.19	N/A	0.29	N/A	0.23	N/A	52.07	-21.33	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	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	15.83	N/A	1.91	N/A	1.91	N/A	-87.93	-0.17	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.02	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
Average Amount Paid	N/A	\$30	N/A	\$26	N/A	\$26	N/A	-11.08	-0.60	Yes
% Claims with DX	N/A	34.13	N/A	33.81	N/A	37.48	N/A	-0.92	10.86	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	22.80	No	26.99	No	30.55	No	18.34	13.18	Yes
% Claims with 1 DX that have 2 DX	N/A	50.92	N/A	51.35	N/A	50.86	N/A	0.85	-0.95	Yes
% Claims with DX, where length=3	5-25	20.54	Yes	20.48	Yes	19.18	Yes	-0.26	-6.36	Yes
% Claims with DX, where length=4	40-70	44.02	Yes	42.25	Yes	40.93	Yes	-4.02	-3.14	Yes
% Claims with DX, where length=5	20-55	35.44	Yes	37.26	Yes	39.88	Yes	5.15	7.03	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	93.08	No	94.14	No	93.95	No	1.14	-0.19	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	77.40	N/A	77.11	N/A	75.60	N/A	-0.38	-1.96	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	22.59	N/A	22.88	N/A	24.36	N/A	1.30	6.45	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.