

1999-2001 MAX OT Validation Table
State: UT

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	3,444,256	N/A	4,224,451	N/A	4,666,332	N/A	22.65	10.46	Yes
*	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	41.95	N/A	51.23	N/A	54.16	N/A	22.13	5.70	Yes
Total FFS Claims Excluding Capitation Payments	N/A	1,999,380	N/A	2,060,120	N/A	2,139,243	N/A	3.04	3.84	Yes
	5-20	10.13	Yes	9.98	Yes	8.99	Yes	-1.54	-9.92	Yes
% Crossover	> 1%	6.86	Yes	6.73	Yes	7.26	Yes	-1.84	7.95	Yes
% Adjusted Claims	N/A	.	N/A	27.39	N/A	27.80	N/A	N/A	1.52	Yes
% Standard Adjustments	N/A	\$136	N/A	\$95	N/A	\$93	N/A	-30.52	-1.85	Yes
% Claims (TOS 1,2) TOS 20: HMO Cap Payment	N/A	1.60	N/A	17.34	N/A	21.68	N/A	982.60	25.03	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	40.35	N/A	33.90	N/A	32.48	N/A	-15.99	-4.18	N/A
% 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	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$117	Yes	\$140	Yes	\$144	Yes	19.87	2.49	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$42	Yes	\$44	Yes	\$45	Yes	4.43	2.77	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	N/A	N/A	N/A
FS Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	1,796,814	N/A	1,854,619	N/A	1,947,014	N/A	3.22	4.98	Yes
% 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	12.91	N/A	13.39	N/A	13.44	N/A	3.78	0.32	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	11.05	N/A	13.60	N/A	11.99	N/A	23.16	-11.88	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	9.93	N/A	9.24	N/A	8.45	N/A	-7.00	-8.55	Yes
% Other Claims with Span Bills/All Other Claims	N/A	13.27	N/A	13.45	N/A	13.59	N/A	1.37	1.03	Yes
% Claims W/ Service Place 11- Office	50-90	46.52	No	46.62	No	47.10	No	0.22	1.03	Yes
% Claims W/ Service Place 12 - Home	>0-5	5.34	No	6.00	No	4.94	Yes	12.25	-17.63	No
% Claims W/ Service Place 21 - Hospital	>0-5	6.86	No	7.21	No	6.15	No	5.03	-14.69	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.10	Yes	0.14	Yes	0.13	Yes	41.09	-11.55	Yes
% Claims W/ Service Place 23 - ER	1-10	1.81	Yes	1.72	Yes	1.75	Yes	-4.98	1.43	Yes
% Claims w/ Service Place 22 - OPD	>0-10	16.50	No	16.22	No	17.26	No	-1.70	6.44	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	19.12	No	17.88	No	18.94	No	-6.47	5.96	N/A
% Claims with TPL	>0 - 15	0.97	Yes	1.08	Yes	1.12	Yes	11.47	3.25	Yes
Aver. TPL Paid -claims with TPL	N/A	\$63	N/A	\$63	N/A	\$89	N/A	0.69	40.57	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	20.65	Yes	17.94	Yes	17.32	Yes	-13.08	-3.46	Yes
% claims MAX TOS 09: Dental	2-20	23.05	No	23.87	No	25.36	No	3.58	6.24	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	0.78	Yes	0.70	Yes	0.69	Yes	-10.32	-0.44	Yes
% claims MAX TOS 11: OPD	3-25	14.16	Yes	5.37	Yes	5.05	Yes	-62.05	-6.10	Yes
% claims MAX TOS 12: Clinic	2-25	2.52	Yes	1.44	No	2.05	Yes	-42.72	42.14	No
% claims MAX TOS 13: HH	>0-25	1.44	Yes	1.54	Yes	1.39	Yes	7.01	-9.47	Yes
% claims MAX TOS 15: Lab/Xray	4-20	7.50	Yes	16.68	Yes	16.99	Yes	122.29	1.86	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.19	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	7.56	Yes	8.34	Yes	8.04	Yes	10.29	-3.66	Yes
% claims MAX TOS 51: DME	>3	3.31	Yes	3.41	Yes	3.92	Yes	2.92	15.00	Yes
% claims MAX TOS 26: Transportation	>1	3.03	Yes	3.49	Yes	2.13	Yes	15.41	-39.12	No
% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-29.74	-16.65	No
% 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	0.70	Yes	0.80	Yes	1.02	Yes	14.24	27.06	No
% claims MAX TOS 31: TCM	>0	2.51	Yes	2.39	Yes	2.19	Yes	-4.79	-8.18	Yes
% claims MAX TOS 33: Rehabilitation	>0	2.50	Yes	2.13	Yes	2.27	Yes	-14.95	6.71	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.11	No	0.25	No	0.24	No	125.01	-3.88	N/A
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.04	Yes	0.08	Yes	40.63	69.91	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	0.43	N/A	0.33	N/A	0.43	N/A	-23.44	31.97	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.01	N/A	0.02	N/A	N/A	121.05	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	1.05	N/A	1.85	N/A	1.74	N/A	76.25	-5.92	Yes
% claims MAX TOS 53: Psych. Services	>1	4.66	Yes	4.81	Yes	4.75	Yes	3.29	-1.18	Yes
% claims MAX TOS 54: Adult Day Care	>0	4.01	Yes	4.60	Yes	4.12	Yes	14.71	-10.28	Yes
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$117	N/A	\$122	N/A	\$127	N/A	4.97	4.12	Yes
08: Physicians	\$20-90	\$59	Yes	\$65	Yes	\$70	Yes	9.89	8.19	Yes
09: Dental	\$10-100	\$30	Yes	\$30	Yes	\$30	Yes	0.76	0.48	Yes
10: Other Practitioner	\$10-100	\$40	Yes	\$41	Yes	\$43	Yes	3.59	4.10	Yes
11: OPD	\$20-100	\$71	Yes	\$165	No	\$187	No	131.71	12.95	Yes
12: Clinic	\$20-100	\$796	No	\$238	No	\$209	No	-70.03	-12.41	Yes
13: HH	N/A	\$120	N/A	\$113	N/A	\$128	N/A	-5.54	12.70	Yes
15: Lab/Xray	10-60	\$17	Yes	\$18	Yes	\$21	Yes	6.32	16.03	No
16: Drugs	10-60	.	No	.	No	\$45	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$175	N/A	\$198	N/A	\$229	N/A	12.84	15.72	No
51: DME	N/A	\$86	N/A	\$86	N/A	\$82	N/A	-0.25	-5.20	Yes
26: Transportation	N/A	\$37	N/A	\$38	N/A	\$45	N/A	0.61	19.60	No
30: PCS	N/A	\$33	N/A	\$34	N/A	\$28	N/A	2.40	-18.15	No
31: Targeted Case Management	N/A	\$253	N/A	\$307	N/A	\$352	N/A	21.48	14.55	Yes
33: Rehabilitation	N/A	\$60	N/A	\$63	N/A	\$58	N/A	5.47	-7.38	Yes
34: PT/OT/speech/hear	N/A	\$35	N/A	\$26	N/A	\$26	N/A	-26.50	0.29	N/A
35: Hospice	N/A	\$1,532	N/A	\$1,562	N/A	\$1,561	N/A	1.96	-0.12	Yes
52: Residential Care	N/A	\$2,582	N/A	\$2,363	N/A	\$2,449	N/A	-8.49	3.66	Yes
53: Psych. Services	N/A	\$80	N/A	\$80	N/A	\$83	N/A	-0.25	4.51	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$173	N/A	\$169	N/A	\$192	N/A	-2.62	13.98	Yes
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.06	N/A	0.05	N/A	0.05	N/A	-13.74	-7.93	Yes
	N/A	0.38	N/A	0.46	N/A	0.56	N/A	21.70	21.91	No

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(code 4)	N/A	0.27	N/A	0.25	N/A	0.32	N/A	-6.92	23.86	No
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS (code 6,7)	N/A	7.72	N/A	8.48	N/A	8.22	N/A	9.91	-3.16	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$186	N/A	\$148	N/A	\$151	N/A	-20.69	2.30	Yes
RHC (code 3)	N/A	\$53	N/A	\$56	N/A	\$55	N/A	4.94	-1.13	Yes
FQHC (code 4)	N/A	\$261	N/A	\$295	N/A	\$302	N/A	12.99	2.40	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$541	N/A	\$549	N/A	\$597	N/A	1.45	8.80	Yes
% Claims with DX	> 60	72.80	Yes	71.80	Yes	71.87	Yes	-1.38	0.10	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	26.44	N/A	28.05	N/A	30.17	N/A	6.08	7.55	Yes
% Claims with DX, where length=3	5-25	10.70	Yes	11.05	Yes	10.50	Yes	3.25	-5.01	Yes
% Claims with DX, where length=4	40-70	55.04	Yes	53.26	Yes	52.26	Yes	-3.23	-1.87	Yes
% Claims with DX, where length=5	20-55	34.26	Yes	35.69	Yes	37.24	Yes	4.17	4.34	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	99.96	Yes	99.96	Yes	99.39	Yes	0.00	-0.57	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	37.84	N/A	35.30	N/A	35.38	N/A	-6.72	0.25	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	29.66	N/A	30.58	N/A	31.00	N/A	3.10	1.35	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	2.13	N/A	2.05	N/A	2.17	N/A	-3.84	5.79	Yes
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	30.36	N/A	32.07	N/A	31.45	N/A	5.62	-1.92	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	99.98	Yes	100.00	Yes	100.00	Yes	0.01	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	39.41	N/A	38.54	N/A	40.58	N/A	-2.20	5.29	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	202,566	N/A	205,501	N/A	192,229	N/A	1.45	-6.46	Yes
% Claims with> \$0 Paid	>95%	99.60	Yes	100.00	Yes	100.00	Yes	0.40	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	5.65	N/A	5.45	N/A	3.61	N/A	-3.47	-33.84	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	23.43	N/A	26.98	N/A	16.81	N/A	15.14	-37.67	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	83.33	N/A	51.43	N/A	48.48	N/A	-38.29	-5.72	N/A
% Other Claims with Span Bills/All Other Claims	N/A	2.21	N/A	2.37	N/A	2.61	N/A	7.16	10.41	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	40.69	N/A	38.77	N/A	39.52	N/A	-4.72	1.95	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	11.97	N/A	6.43	N/A	6.27	N/A	-46.27	-2.49	Yes
% claims MAX TOS 11: OPD	N/A	16.20	N/A	12.52	N/A	6.97	N/A	-22.74	-44.35	No
% claims MAX TOS 12: Clinic	N/A	9.00	N/A	2.13	N/A	2.32	N/A	-76.34	9.13	Yes
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.02	N/A	0.02	N/A	187.50	0.80	N/A
% claims MAX TOS 15: Lab/Xray	N/A	11.54	N/A	15.79	N/A	17.24	N/A	36.79	9.21	Yes
% claims MAX TOS 19: Other Services	N/A	3.26	N/A	0.29	N/A	0.37	N/A	-90.99	25.49	No
% claims MAX TOS 51: DME	N/A	3.34	N/A	6.67	N/A	8.04	N/A	99.59	20.56	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	2.23	N/A	2.46	N/A	2.97	N/A	10.20	20.81	No
% 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	0.31	N/A	0.05	N/A	0.08	N/A	-83.60	53.30	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	1.02	N/A	1.43	N/A	2.13	N/A	40.75	48.68	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	1.05	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	4.66	N/A	13.01	N/A	13.42	N/A	179.20	3.19	N/A
% claims MAX TOS 54: Adult Day Care	N/A	4.01	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
Average Amount Paid	N/A	\$33	N/A	\$34	N/A	\$36	N/A	4.72	5.78	Yes
% Claims with DX	N/A	99.97	N/A	99.98	N/A	99.97	N/A	0.02	-0.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.99	Yes	99.99	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	11.87	N/A	11.10	N/A	8.92	N/A	-6.45	-19.69	No
% Claims with DX, where length=3	5-25	9.85	Yes	9.55	Yes	9.65	Yes	-3.02	1.06	Yes
% Claims with DX, where length=4	40-70	44.41	Yes	44.30	Yes	43.74	Yes	-0.26	-1.26	Yes
% Claims with DX, where length=5	20-55	45.74	Yes	46.15	Yes	46.61	Yes	0.90	0.98	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	100.00	N/A	99.92	N/A	0.00	-0.08	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	40.00	N/A	54.55	N/A	N/A	36.36	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	97.27	No	97.73	No	94.56	No	0.47	-3.24	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	82.30	N/A	81.02	N/A	81.56	N/A	-1.55	0.67	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	12.97	N/A	13.97	N/A	15.31	N/A	7.68	9.60	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	4.73	N/A	5.01	N/A	3.13	N/A	6.00	-37.56	N/A

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