

1999-2001 MAX OT Validation Table
State: WA

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	18,391,572	N/A	19,609,305	N/A	19,736,267	N/A	6.62	0.65	Yes
*	N/A	11.45	N/A	7.79	N/A	0.41	N/A	-31.94	-94.72	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	33.40	N/A	33.45	N/A	33.17	N/A	0.14	-0.83	Yes
Total FFS Claims Excluding Capitation Payments	N/A	10,141,861	N/A	11,521,411	N/A	13,107,609	N/A	13.60	13.77	Yes
	5-20	4.89	No	4.44	No	3.97	No	-9.16	-10.63	Yes
% Crossover	> 1%	1.71	Yes	8.02	Yes	3.58	Yes	368.94	-55.41	No
% Adjusted Claims	N/A	.	N/A	39.96	N/A	58.77	N/A	N/A	47.08	No
% Standard Adjustments	N/A	\$74	N/A	\$70	N/A	\$78	N/A	-5.59	11.48	Yes
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	37.72	N/A	36.28	N/A	33.08	N/A	-3.83	-8.80	Yes
% 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	0.00	N/A	0.00	N/A	0.23	N/A	N/A	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$95	Yes	\$104	Yes	\$106	Yes	9.64	1.31	Yes
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	.	No	.	No	\$3	Yes	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 1999										
Total Number of Claims	N/A	9,645,719	N/A	11,009,410	N/A	12,587,027	N/A	14.14	14.33	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	2.62	N/A	2.67	N/A	2.33	N/A	1.89	-12.90	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.25	N/A	8.49	N/A	10.74	N/A	61.67	26.56	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	32.80	N/A	27.01	N/A	25.98	N/A	-17.65	-3.84	Yes
% Other Claims with Span Bills/All Other Claims	N/A	2.03	N/A	2.15	N/A	1.70	N/A	6.08	-21.15	No
% Claims W/ Service Place 11- Office	50-90	67.02	Yes	66.66	Yes	65.83	Yes	-0.55	-1.24	Yes
% Claims W/ Service Place 12 - Home	>0-5	8.21	No	7.64	No	7.34	No	-6.90	-3.93	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.36	Yes	4.42	Yes	4.58	Yes	1.39	3.49	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.66	Yes	0.59	Yes	0.51	Yes	-10.49	-13.93	Yes
% Claims W/ Service Place 23 - ER	1-10	4.41	Yes	4.47	Yes	4.76	Yes	1.53	6.38	Yes
% Claims w/ Service Place 22 - OPD	>0-10	14.03	No	14.93	No	15.81	No	6.36	5.92	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	0.01	Yes	425.68	18413.72	N/A
% Claims with TPL	>0 - 15	0.47	Yes	0.52	Yes	0.56	Yes	11.40	6.73	Yes
Aver. TPL Paid -claims with TPL	N/A	\$49	N/A	\$53	N/A	\$58	N/A	8.17	9.28	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	25.70	Yes	18.15	Yes	17.96	Yes	-29.36	-1.05	Yes
% claims MAX TOS 09: Dental	2-20	22.75	No	22.31	No	20.98	No	-1.92	-5.95	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	1.62	Yes	1.72	Yes	1.69	Yes	5.96	-1.53	Yes
% claims MAX TOS 11: OPD	3-25	14.10	Yes	6.72	Yes	6.11	Yes	-52.35	-9.06	Yes
% claims MAX TOS 12: Clinic	2-25	1.84	No	4.88	Yes	5.34	Yes	165.31	9.62	Yes
% claims MAX TOS 13: HH	>0-25	0.45	Yes	0.38	Yes	0.32	Yes	-16.42	-15.78	No
% claims MAX TOS 15: Lab/Xray	4-20	6.66	Yes	22.98	No	22.93	No	244.95	-0.23	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	1.85	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	14.06	Yes	10.72	Yes	9.98	Yes	-23.78	-6.87	Yes
% claims MAX TOS 51: DME	>3	5.52	Yes	8.07	Yes	9.01	Yes	46.35	11.58	Yes
% claims MAX TOS 26: Transportation	>1	0.73	No	0.81	No	0.76	No	11.14	-5.84	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.03	N/A	0.02	N/A	0.04	N/A	-17.57	50.32	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	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	0.18	Yes	0.17	Yes	0.15	Yes	-6.01	-9.20	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.09	Yes	1.15	Yes	1.23	Yes	5.64	7.02	N/A
% claims MAX TOS 35: Hospice	>0	0.03	Yes	0.04	Yes	0.04	Yes	19.97	12.07	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.05	N/A	0.05	N/A	0.05	N/A	5.18	5.59	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.10	N/A	0.08	N/A	0.11	N/A	-19.89	36.35	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.33	N/A	0.29	N/A	0.24	N/A	-13.12	-16.42	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	0.01	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	>1	3.41	Yes	1.44	Yes	1.17	Yes	-57.74	-18.93	No
% claims MAX TOS 54: Adult Day Care	>0	1.33	Yes	0.01	Yes	0.02	Yes	-99.05	29.97	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	-2.08	-56.27	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$50	N/A	\$51	N/A	\$53	N/A	3.08	2.85	Yes
08: Physicians	\$20-90	\$46	Yes	\$60	Yes	\$65	Yes	29.73	7.65	Yes
09: Dental	\$10-60	\$35	Yes	\$34	Yes	\$35	Yes	-1.27	1.08	Yes
10: Other Practitioner	\$10-100	\$30	Yes	\$33	Yes	\$36	Yes	9.28	8.87	Yes
11: OPD	\$20-100	\$66	Yes	\$123	No	\$130	No	85.00	6.32	Yes
12: Clinic	\$20-100	\$76	Yes	\$64	Yes	\$66	Yes	-15.76	2.52	Yes
13: HH	N/A	\$120	N/A	\$112	N/A	\$110	N/A	-6.60	-1.89	Yes
15: Lab/Xray	10-60	\$9	No	\$19	Yes	\$20	Yes	102.03	6.41	Yes
16: Drugs	10-60	.	No	.	No	\$8	No	N/A	N/A	N/A
19: Other Service	N/A	\$42	N/A	\$53	N/A	\$55	N/A	25.58	5.25	Yes
51: DME	N/A	\$99	N/A	\$77	N/A	\$78	N/A	-21.95	1.85	Yes
26: Transportation	N/A	\$67	N/A	\$64	N/A	\$69	N/A	-4.40	8.07	Yes
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	\$45	N/A	\$50	N/A	\$52	N/A	10.78	4.13	Yes
34: PT/OT/speech/hear	N/A	\$20	N/A	\$22	N/A	\$24	N/A	8.96	11.53	N/A
35: Hospice	N/A	\$1,809	N/A	\$1,767	N/A	\$1,743	N/A	-2.32	-1.32	Yes
52: Residential Care	N/A	\$15	N/A	.	N/A	.	N/A	N/A	N/A	N/A
53: Psych. Services	N/A	\$62	N/A	\$52	N/A	\$52	N/A	-16.89	1.07	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$50	N/A	\$38	N/A	\$39	N/A	-23.25	3.29	Yes
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.55	N/A	0.55	N/A	1.21	N/A	0.47	118.84	No
	N/A	0.21	N/A	0.24	N/A	0.36	N/A	9.75	52.58	No

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(code 4)	N/A	7.86	N/A	8.12	N/A	7.51	N/A	3.27	-7.56	Yes
% FQHC (code 5)	N/A	1.04	N/A	1.07	N/A	0.68	N/A	3.02	-36.56	N/A
% IHS (code 6,7)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$22	N/A	\$23	N/A	\$32	N/A	4.04	38.59	No
RHC (code 3)	N/A	\$58	N/A	\$59	N/A	\$66	N/A	1.60	11.83	Yes
FQHC (code 4)	N/A	\$36	N/A	\$36	N/A	\$37	N/A	0.25	3.47	Yes
IHS (code 5)	N/A	\$110	N/A	\$112	N/A	\$185	N/A	1.93	64.31	N/A
Waiver (code 6-7)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with DX	> 60	77.13	Yes	77.68	Yes	79.01	Yes	0.72	1.71	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	61.72	N/A	61.13	N/A	60.53	N/A	-0.96	-0.98	Yes
% Claims with DX, where length=3	5-25	5.06	Yes	4.73	No	4.51	No	-6.48	-4.82	Yes
% Claims with DX, where length=4	40-70	65.96	Yes	64.74	Yes	62.89	Yes	-1.84	-2.86	Yes
% Claims with DX, where length=5	20-55	28.98	Yes	30.52	Yes	32.60	Yes	5.32	6.82	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	99.98	N/A	99.98	N/A	99.99	N/A	0.00	0.01	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	99.94	Yes	99.94	Yes	98.73	Yes	0.00	-1.21	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	69.39	N/A	70.76	N/A	51.07	N/A	1.96	-27.82	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	3.57	N/A	3.37	N/A	23.27	N/A	-5.65	589.92	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	N/A	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	27.03	N/A	25.87	N/A	25.66	N/A	-4.29	-0.81	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	496,142	N/A	512,001	N/A	520,582	N/A	3.20	1.68	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	N/A	N/A
% Claims with Span Bill	N/A	13.77	N/A	12.25	N/A	11.21	N/A	-11.04	-8.49	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.77	N/A	13.75	N/A	12.88	N/A	-0.11	-6.33	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	4.40	N/A	4.55	N/A	12.77	N/A	3.41	180.85	N/A
% Other Claims with Span Bills/All Other Claims	N/A	13.77	N/A	11.45	N/A	10.33	N/A	-16.85	-9.74	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	30.06	N/A	29.89	N/A	28.64	N/A	-0.54	-4.21	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	4.37	N/A	4.68	N/A	4.69	N/A	7.09	0.24	Yes
% claims MAX TOS 11: OPD	N/A	36.66	N/A	34.67	N/A	34.20	N/A	-5.42	-1.37	Yes
% claims MAX TOS 12: Clinic	N/A	7.46	N/A	6.71	N/A	5.57	N/A	-10.11	-17.02	No
% claims MAX TOS 13: HH	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-6.29	5.06	N/A
% claims MAX TOS 15: Lab/Xray	N/A	0.36	N/A	0.56	N/A	0.78	N/A	54.11	41.19	No
% claims MAX TOS 19: Other Services	N/A	19.75	N/A	21.77	N/A	23.95	N/A	10.24	10.05	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	0.80	N/A	0.95	N/A	1.06	N/A	19.18	11.12	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	0.15	N/A	0.15	N/A	0.13	N/A	1.73	-12.38	Yes
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.16	N/A	0.21	N/A	0.24	N/A	31.81	15.96	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-100.00	N/A
% claims MAX TOS 52: Residential Care ^e	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	3.41	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	1.33	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
Average Amount Paid	N/A	\$63	N/A	\$62	N/A	\$63	N/A	-2.14	1.87	Yes
% Claims with DX	N/A	99.81	N/A	99.79	N/A	99.89	N/A	-0.02	0.10	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.91	Yes	99.92	Yes	99.97	Yes	0.01	0.05	Yes
% Claims with 1 DX that have 2 DX	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with DX, where length=3	5-25	15.38	Yes	16.46	Yes	17.00	Yes	7.00	3.28	Yes
% Claims with DX, where length=4	40-70	43.86	Yes	42.85	Yes	41.85	Yes	-2.30	-2.35	Yes
% Claims with DX, where length=5	20-55	40.75	Yes	40.68	Yes	41.15	Yes	-0.16	1.15	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	37.50	N/A	100.00	N/A	N/A	166.67	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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