

2002-2004 MAX OT Validation Table
State: WA

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	22,598,407	N/A	22,444,747	N/A	23,383,910	N/A	-0.68	4.18	Yes
	N/A	12.47	N/A	8.38	N/A	1.69	N/A	-32.80	-79.80	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	22.19	N/A	21.22	N/A	28.12	N/A	-4.40	32.51	No
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	14,763,943	N/A	15,801,360	N/A	16,413,965	N/A	7.03	3.88	Yes
Total FFS Claims Excluding Capitation Payments	5-20	3.99	No	4.19	No	4.50	No	5.26	7.20	Yes
% Crossover	> 1%	2.59	Yes	3.00	Yes	4.99	Yes	15.71	66.30	No
% Adjusted Claims	N/A	57.08	N/A	62.03	N/A	55.25	N/A	8.68	-10.90	Yes
% Standard Adjustments	N/A	\$91	N/A	\$105	N/A	\$76	N/A	15.33	-27.70	No
Average Paid per HMO Cap Payment	N/A	25.15	N/A	23.03	N/A	28.43	N/A	-8.44	23.45	No
% 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
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.20	N/A	0.14	N/A	0.17	N/A	-33.50	25.25	No
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$134	Yes	\$151	Yes	\$141	Yes	12.09	-6.70	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	No	.	No	.	.	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	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	14,175,599	N/A	15,138,568	N/A	15,675,884	N/A	6.79	3.55	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	2.57	N/A	6.21	N/A	9.62	N/A	141.90	54.94	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.27	N/A	14.87	N/A	23.70	N/A	12.01	59.40	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	25.50	N/A	23.79	N/A	.	N/A	-6.70	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	1.75	N/A	5.44	N/A	8.41	N/A	211.40	54.61	No
% Claims W/ Service Place 11- Office	50-90	65.34	Yes	61.76	Yes	59.64	Yes	-5.49	-3.42	Yes
% Claims W/ Service Place 12 - Home	>0-5	7.11	No	6.76	No	6.75	No	-4.86	-0.21	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.35	Yes	4.43	Yes	4.78	Yes	1.91	7.88	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.59	Yes	0.49	Yes	0.46	Yes	-16.80	-7.47	Yes
% Claims W/ Service Place 23 - ER	1-10	4.70	Yes	4.66	Yes	4.79	Yes	-0.68	2.73	Yes
% Claims w/ Service Place 22 - OPD	>0-10	16.46	No	16.47	No	16.38	No	0.10	-0.59	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.01	Yes	0.00	Yes	0.00	Yes	-100.00	.	N/A
% Claims with TPL	>0 - 15	0.64	Yes	0.64	Yes	0.64	Yes	-0.10	0.16	Yes
Aver. TPL Paid -claims with TPL	N/A	\$59	N/A	\$59	N/A	\$65	N/A	0.42	9.80	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	16.50	Yes	16.17	Yes	15.37	Yes	-1.96	-5.00	Yes
% claims MAX TOS 09: Dental	2-20	21.14	No	21.33	No	20.24	No	0.90	-5.10	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	1.71	Yes	1.59	Yes	1.63	Yes	-6.53	2.03	Yes
% claims MAX TOS 11: OPD	3-25	6.57	Yes	7.86	Yes	7.93	Yes	19.68	0.93	Yes
% claims MAX TOS 12: Clinic	2-25	6.41	Yes	7.00	Yes	5.43	Yes	9.33	-22.40	No
% claims MAX TOS 13: HH	>0-25	0.27	Yes	0.17	Yes	0.00	No	-38.00	-100.00	No
% claims MAX TOS 16: Lab/Xray	4-20	23.11	No	20.66	No	20.98	No	-10.60	1.55	Yes
% claims MAX TOS 16: Drugs	<3	1.61	Yes	1.63	Yes	1.31	Yes	0.99	-19.70	No
% claims MAX TOS 19: Other Services	<25	9.79	Yes	8.51	Yes	6.58	Yes	-13.10	-22.60	No
% claims MAX TOS 51: DME	>3	9.14	Yes	8.54	Yes	10.29	Yes	-6.65	20.49	No
% claims MAX TOS 26: Transportation	>1	0.76	No	0.83	No	0.87	No	9.42	4.32	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.04	N/A	0.04	N/A	0.03	N/A	-11.40	-12.60	Yes
% 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	Yes	2.33	Yes	3.20	Yes	1,180,000.00	37.15	No
% claims MAX TOS 31: TCM	>0	0.00	Yes	0.07	Yes	0.13	Yes	342,000.00	73.39	No
% claims MAX TOS 33: Rehabilitation	>0	0.14	Yes	0.16	Yes	0.15	Yes	15.18	-6.91	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.28	Yes	1.24	Yes	1.29	Yes	-3.26	3.80	Yes
% claims MAX TOS 35: Hospice	>0	0.06	Yes	0.06	Yes	0.08	Yes	9.58	31.46	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.06	N/A	0.05	N/A	0.04	N/A	-14.90	-20.80	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.14	N/A	0.18	N/A	0.14	N/A	26.82	-22.20	No
% claims MAX TOS 38: Private Nursing	N/A	0.23	N/A	0.23	N/A	0.26	N/A	-2.69	14.34	Yes
% 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	0.00	N/A	0.00	N/A	1.08	N/A	.	22,519.00	No
% claims MAX TOS 53: Psych. Services	>1	1.04	Yes	1.32	Yes	2.91	Yes	27.77	119.80	No
% claims MAX TOS 54: Adult Day Care	>0	0.01	Yes	0.01	Yes	0.07	Yes	10.05	409.10	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	-62.20	-16.00	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$53	N/A	\$82	N/A	\$105	N/A	54.62	27.89	No
08: Physicians	\$20-90	\$66	Yes	\$66	Yes	\$70	Yes	0.17	5.87	Yes
09: Dental	\$10-60	\$34	Yes	\$33	Yes	\$33	Yes	-2.41	0.12	Yes
10: Other Practioner	\$10-100	\$39	Yes	\$43	Yes	\$43	Yes	11.00	0.74	Yes
11: OPD	\$20-100	\$122	No	\$92	Yes	\$92	Yes	-24.40	-0.52	Yes
12: Clinic	\$20-100	\$65	Yes	\$71	Yes	\$81	Yes	8.53	14.79	Yes
13: HH	N/A	\$113	N/A	\$112	N/A	.	N/A	-0.45	.	N/A
15: Lab/Xray	10-60	\$21	Yes	\$24	Yes	\$26	Yes	13.88	6.04	Yes
16: Drugs	10-60	\$8	No	\$9	No	\$10	No	5.22	11.04	Yes
19: Other Services	N/A	\$58	N/A	\$201	N/A	\$80	N/A	248.30	-60.10	No
51: DME	N/A	\$80	N/A	\$83	N/A	\$77	N/A	4.53	-8.12	Yes
26: Transportation	N/A	\$69	N/A	\$81	N/A	\$79	N/A	17.39	-1.59	Yes
30: PCS	N/A	\$269	N/A	\$685	N/A	\$836	N/A	154.40	22.08	No
31: Targeted Case Management	N/A	\$116	N/A	\$113	N/A	\$145	N/A	-2.67	28.76	No
33: Rehabilitation	N/A	\$52	N/A	\$621	N/A	\$320	N/A	1,093.00	-48.40	No
34: PT/OT/speech/hear	N/A	\$28	N/A	\$30	N/A	\$31	N/A	8.58	5.01	Yes
35: Hospice	N/A	\$1,417	N/A	\$1,419	N/A	\$1,165	N/A	0.12	-17.90	No
52: Residential Care	N/A	.	N/A	\$125	N/A	\$1,998	N/A	.	1,499.00	No
53: Pysch. Services	N/A	\$60	N/A	\$69	N/A	\$107	N/A	15.74	55.83	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$40	N/A	\$41	N/A	\$740	N/A	1.30	1,704.00	No
% Family Planning (code 2)	N/A	2.24	N/A	2.53	N/A	2.80	N/A	12.66	10.86	Yes
% RHC (code 3)	N/A	0.52	N/A	0.63	N/A	0.67	N/A	20.83	5.72	Yes
% FQHC (code 4)	N/A	7.66	N/A	7.75	N/A	7.70	N/A	1.20	-0.68	Yes
% FQHC (code 5)	N/A	0.67	N/A	0.87	N/A	0.65	N/A	28.95	-25.50	No
% IHS Waiver (code 6,7)	N/A	0.00	N/A	1.98	N/A	3.59	N/A	826,000.00	81.08	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$33	N/A	\$36	N/A	\$40	N/A	7.63	10.90	Yes
RHC (code 3)	N/A	\$69	N/A	\$85	N/A	\$93	N/A	22.88	10.16	Yes
FQHC (code 4)	N/A	\$36	N/A	\$36	N/A	\$37	N/A	-1.00	3.43	Yes
IHS (code 5)	N/A	\$196	N/A	\$195	N/A	\$215	N/A	-0.60	10.56	Yes

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Waiver (code 6-7)	N/A	\$197	N/A	\$995	N/A	\$1,030	N/A	405.00	3.51	Yes
% Claims with DX	> 60	78.86	Yes	75.25	Yes	74.19	Yes	-4.58	-1.40	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	43.20	N/A	25.56	N/A	19.63	N/A	-40.80	-23.20	No
% Claims with DX, where length=3	5-25	4.34	No	4.41	No	4.74	No	1.53	7.55	Yes
% Claims with DX, where length=4	40-70	61.08	Yes	60.05	Yes	55.58	Yes	-1.69	-7.44	Yes
% Claims with DX, where length=5	20-55	34.58	Yes	35.55	Yes	39.68	Yes	2.79	11.63	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	99.92	N/A	.	N/A	-0.08	.	N/A
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	98.69	Yes	98.82	Yes	98.98	Yes	0.12	0.17	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	50.63	N/A	49.81	N/A	48.89	N/A	-1.63	-1.84	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	23.70	N/A	26.37	N/A	31.44	N/A	11.24	19.26	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	485.50	-91.30	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	25.67	N/A	23.83	N/A	19.67	N/A	-7.16	-17.50	No
% 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	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	588,344	N/A	662,792	N/A	738,081	N/A	12.65	11.36	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	11.60	N/A	12.91	N/A	16.01	N/A	11.28	23.98	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.67	N/A	14.06	N/A	13.68	N/A	2.81	-2.68	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	16.38	N/A	8.93	N/A	12.50	N/A	-45.50	40.00	No
% Other Claims with Span Bills/All Other Claims	N/A	10.45	N/A	12.35	N/A	17.17	N/A	18.26	39.01	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	27.68	N/A	28.68	N/A	24.91	N/A	3.61	-13.10	Yes
% claims MAX TOS 10: Other Practioner	N/A	4.13	N/A	5.01	N/A	4.89	N/A	21.33	-2.32	Yes
% claims MAX TOS 11: OPD	N/A	35.79	N/A	32.74	N/A	33.35	N/A	-8.50	1.85	Yes
% claims MAX TOS 12: Clinic	N/A	5.35	N/A	4.33	N/A	4.47	N/A	-19.00	3.07	Yes
% claims MAX TOS 13: HH	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-14.30	2.63	Yes
% claims MAX TOS 15: Lab/Xray	N/A	0.63	N/A	0.41	N/A	0.58	N/A	-34.60	41.47	No
% claims MAX TOS 19: Other Services	N/A	24.28	N/A	25.59	N/A	28.65	N/A	5.40	11.94	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	0.84	N/A	1.31	N/A	1.43	N/A	56.17	9.07	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	0.12	N/A	0.10	N/A	0.11	N/A	-12.40	5.89	Yes

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.27	N/A	0.67	N/A	0.50	N/A	152.30	-26.00	No
% claims MAX TOS 36: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	210.70	-100.00	No
% 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	0.00	N/A	0.00	N/A	0.00	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
Average Amount Paid	N/A	\$63	N/A	\$59	N/A	\$62	N/A	-6.11	3.61	Yes
% Claims with DX	N/A	99.86	N/A	99.78	N/A	99.93	N/A	-0.09	0.16	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.90	Yes	99.85	Yes	99.94	Yes	-0.05	0.09	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
% Claims with DX, where length=3	5-25	16.47	Yes	15.37	Yes	15.80	Yes	-6.65	2.77	Yes
% Claims with DX, where length=4	40-70	40.68	Yes	38.80	No	35.75	No	-4.63	-7.85	Yes
% Claims with DX, where length=5	20-55	42.85	Yes	45.83	Yes	48.45	Yes	6.96	5.72	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	.	N/A	.	.	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	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	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
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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