

1999-2001 MAX OT Validation Table
State: WY

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	1,011,680	N/A	1,089,198	N/A	1,240,547	N/A	7.66	13.90	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	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims (Claim Type=2, and MAX TOS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Total FFS Claims Excluding Capitation Payments	N/A	1,011,680	N/A	1,089,198	N/A	1,240,547	N/A	7.66	13.90	Yes
	5-20	13.98	Yes	14.53	Yes	13.85	Yes	3.94	-4.69	Yes
% Crossover	> 1%	1.65	Yes	2.18	Yes	5.43	Yes	32.11	149.42	No
% Adjusted Claims	N/A	.	N/A	77.79	N/A	80.08	N/A	N/A	2.94	Yes
% Standard Adjustments	N/A	\$98	N/A	\$108	N/A	\$82	N/A	10.70	-24.07	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	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 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	0.00	N/A	N/A	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	.	No	.	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	.	No	.	No	.	No	N/A	N/A	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	870,294	N/A	930,978	N/A	1,068,788	N/A	6.97	14.80	Yes
% Claims with> \$0 Paid	>95%	99.95	Yes	100.00	Yes	100.00	Yes	0.05	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	13.11	N/A	13.87	N/A	13.51	N/A	5.78	-2.57	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	12.70	N/A	17.08	N/A	16.10	N/A	34.44	-5.73	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	98.86	N/A	98.95	N/A	98.88	N/A	0.08	-0.06	Yes
% Other Claims with Span Bills/All Other Claims	N/A	11.99	N/A	12.44	N/A	12.37	N/A	3.78	-0.61	Yes
% Claims W/ Service Place 11- Office	50-90	44.46	No	43.77	No	44.85	No	-1.56	2.47	Yes
% Claims W/ Service Place 12 - Home	>0-5	8.74	No	6.84	No	6.80	No	-21.72	-0.58	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.63	Yes	4.77	Yes	4.75	Yes	3.10	-0.36	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.04	Yes	0.04	Yes	0.03	Yes	-3.68	-10.07	Yes
% Claims W/ Service Place 23 - ER	1-10	3.21	Yes	3.31	Yes	3.60	Yes	2.94	8.84	Yes
% Claims w/ Service Place 22 - OPD	>0-10	19.65	No	19.70	No	19.69	No	0.24	-0.04	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	4.61	Yes	7.50	No	7.46	No	62.79	-0.54	N/A
% Claims with TPL	>0 - 15	0.49	Yes	0.55	Yes	0.67	Yes	13.00	22.79	No
Aver. TPL Paid -claims with TPL	N/A	\$59	N/A	\$57	N/A	\$55	N/A	-3.65	-3.71	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	26.88	Yes	23.40	Yes	22.22	Yes	-12.97	-5.01	Yes
% claims MAX TOS 09: Dental	2-20	7.79	Yes	8.21	Yes	8.72	Yes	5.41	6.30	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	0.76	Yes	0.80	Yes	0.81	Yes	5.84	1.63	Yes
% claims MAX TOS 11: OPD	3-25	15.99	Yes	6.10	Yes	6.31	Yes	-61.85	3.47	Yes
% claims MAX TOS 12: Clinic	2-25	3.29	Yes	3.28	Yes	3.86	Yes	-0.04	17.62	No
% claims MAX TOS 13: HH	>0-25	1.16	Yes	1.33	Yes	1.05	Yes	13.99	-20.43	No
% claims MAX TOS 15: Lab/Xray	4-20	14.20	Yes	23.94	No	23.90	No	68.55	-0.16	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	3.88	No	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	11.60	Yes	11.27	Yes	9.46	Yes	-2.84	-16.08	No
% claims MAX TOS 51: DME	>3	3.34	Yes	5.41	Yes	5.23	Yes	62.22	-3.35	Yes
% claims MAX TOS 26: Transportation	>1	1.02	Yes	1.28	Yes	1.42	Yes	25.32	11.19	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.01	N/A	0.01	N/A	0.55	-6.09	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-6.52	-70.96	No
% 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	1.27	Yes	1.42	Yes	1.27	Yes	12.09	-10.25	Yes
% claims MAX TOS 33: Rehabilitation	>0	4.22	Yes	3.79	Yes	3.27	Yes	-10.20	-13.66	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.10	No	0.09	No	0.08	No	-10.72	-13.94	N/A
% claims MAX TOS 35: Hospice	>0	0.02	Yes	0.01	Yes	0.02	Yes	-32.58	92.51	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	0.97	N/A	1.05	N/A	0.87	N/A	8.56	-17.67	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	1.09	N/A	1.08	N/A	0.76	N/A	-1.40	-29.17	No
% claims MAX TOS 53: Psych. Services	>1	5.12	Yes	6.38	Yes	5.78	Yes	24.49	-9.34	Yes
% claims MAX TOS 54: Adult Day Care	>0	1.17	Yes	1.15	Yes	1.04	Yes	-1.65	-9.46	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	\$104	N/A	\$106	N/A	\$107	N/A	2.07	1.42	Yes
08: Physicians	\$20-90	\$67	Yes	\$76	Yes	\$82	Yes	13.11	9.07	Yes
09: Dental	\$10-60	\$36	Yes	\$40	Yes	\$42	Yes	11.70	3.81	Yes
10: Other Practitioner	\$10-100	\$43	Yes	\$50	Yes	\$53	Yes	14.71	7.85	Yes
11: OPD	\$20-100	\$45	Yes	\$85	Yes	\$83	Yes	88.43	-2.87	Yes
12: Clinic	\$20-100	\$135	No	\$134	No	\$159	No	-0.80	19.17	No
13: HH	N/A	\$107	N/A	\$84	N/A	\$92	N/A	-20.89	9.04	Yes
15: Lab/Xray	10-60	\$24	Yes	\$24	Yes	\$25	Yes	0.69	5.20	Yes
16: Drugs	10-60	.	No	.	No	\$8	No	N/A	N/A	N/A
19: Other Service	N/A	\$149	N/A	\$154	N/A	\$203	N/A	3.32	31.98	No
51: DME	N/A	\$90	N/A	\$82	N/A	\$89	N/A	-8.28	7.63	Yes
26: Transportation	N/A	\$55	N/A	\$58	N/A	\$63	N/A	4.64	9.80	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	\$45	N/A	\$44	N/A	\$42	N/A	-1.95	-4.70	Yes
33: Rehabilitation	N/A	\$70	N/A	\$67	N/A	\$67	N/A	-3.89	0.41	Yes
34: PT/OT/speech/hear	N/A	\$30	N/A	\$30	N/A	\$31	N/A	0.54	3.21	N/A
35: Hospice	N/A	\$1,314	N/A	\$2,129	N/A	\$1,503	N/A	62.02	-29.38	No
52: Residential Care	N/A	\$2,143	N/A	\$2,168	N/A	\$2,838	N/A	1.15	30.91	No
53: Psych. Services	N/A	\$84	N/A	\$75	N/A	\$75	N/A	-10.54	-0.14	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$1,165	N/A	\$1,166	N/A	\$1,145	N/A	0.14	-1.79	Yes
% Family Planning (code 2)										
% RHC (code 3)	N/A	0.24	N/A	0.28	N/A	0.27	N/A	17.19	-3.28	Yes
	N/A	0.79	N/A	0.84	N/A	0.87	N/A	6.21	2.73	Yes

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(code 4)	N/A	0.10	N/A	0.21	N/A	0.77	N/A	110.31	264.23	No
% FQHC (code 5)	N/A	1.79	N/A	1.63	N/A	1.59	N/A	-8.66	-2.65	N/A
% IHS (code 6,7)	N/A	8.97	N/A	9.17	N/A	9.23	N/A	2.16	0.67	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$67	N/A	\$68	N/A	\$68	N/A	2.08	-0.23	Yes
RHC (code 3)	N/A	\$56	N/A	\$53	N/A	\$86	N/A	-5.68	63.60	No
FQHC (code 4)	N/A	\$48	N/A	\$102	N/A	\$155	N/A	113.24	52.14	No
IHS (code 5)	N/A	\$172	N/A	\$172	N/A	\$185	N/A	0.08	7.54	N/A
Waiver (code 6, 7)	N/A	\$599	N/A	\$595	N/A	\$578	N/A	-0.64	-2.90	Yes
% Claims with DX	> 60	82.66	Yes	81.78	Yes	81.10	Yes	-1.06	-0.83	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	9.80	N/A	10.84	N/A	11.27	N/A	10.61	3.97	Yes
% Claims with DX, where length=3	5-25	6.79	Yes	6.76	Yes	6.54	Yes	-0.43	-3.26	Yes
% Claims with DX, where length=4	40-70	55.78	Yes	54.69	Yes	55.27	Yes	-1.96	1.06	Yes
% Claims with DX, where length=5	20-55	37.42	Yes	38.55	Yes	38.19	Yes	3.01	-0.94	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	99.94	Yes	98.37	Yes	98.59	Yes	-1.57	0.23	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	59.12	N/A	58.31	N/A	59.60	N/A	-1.37	2.20	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	40.88	N/A	41.69	N/A	40.40	N/A	1.97	-3.07	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	99.82	N/A	99.51	N/A	99.22	N/A	-0.31	-0.28	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	141,386	N/A	158,220	N/A	171,759	N/A	11.91	8.56	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	3.80	N/A	4.01	N/A	3.75	N/A	5.76	-6.62	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	24.82	N/A	33.85	N/A	33.15	N/A	36.39	-2.08	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	1.85	N/A	2.37	N/A	2.14	N/A	27.75	-9.47	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	51.19	N/A	46.62	N/A	43.83	N/A	-8.93	-6.00	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	4.21	N/A	2.02	N/A	2.15	N/A	-52.07	6.42	Yes
% claims MAX TOS 11: OPD	N/A	8.46	N/A	5.23	N/A	5.18	N/A	-38.15	-1.03	Yes
% claims MAX TOS 12: Clinic	N/A	1.89	N/A	2.25	N/A	3.28	N/A	18.85	46.09	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 15: Lab/Xray	N/A	13.95	N/A	17.68	N/A	17.76	N/A	26.70	0.47	Yes
% claims MAX TOS 19: Other Services	N/A	7.61	N/A	1.76	N/A	2.18	N/A	-76.92	23.84	No
% claims MAX TOS 51: DME	N/A	5.24	N/A	13.23	N/A	12.76	N/A	152.45	-3.57	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	2.61	N/A	2.43	N/A	2.68	N/A	-6.76	10.26	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	4.04	N/A	3.60	N/A	4.61	N/A	-11.09	28.27	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.14	N/A	0.11	N/A	0.11	N/A	-26.12	3.70	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	N/A	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	4.69	N/A	4.99	N/A	N/A	6.38	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	N/A	N/A
Average Amount Paid	N/A	\$27	N/A	\$29	N/A	\$29	N/A	4.97	0.76	Yes
% Claims with DX	N/A	100.00	N/A	99.99	N/A	99.99	N/A	0.00	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.99	Yes	99.99	Yes	0.00	-0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	4.83	N/A	5.30	N/A	5.24	N/A	9.78	-1.10	Yes
% Claims with DX, where length=3	5-25	14.35	Yes	14.66	Yes	14.19	Yes	2.11	-3.16	Yes
% Claims with DX, where length=4	40-70	45.80	Yes	46.53	Yes	45.71	Yes	1.60	-1.77	Yes
% Claims with DX, where length=5	20-55	39.84	Yes	38.80	Yes	40.10	Yes	-2.61	3.34	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	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	99.99	Yes	96.22	No	96.56	No	-3.77	0.35	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	80.01	N/A	78.26	N/A	76.99	N/A	-2.18	-1.62	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	19.99	N/A	21.74	N/A	23.01	N/A	8.74	5.85	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

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