

2002-2004 MAX OT Validation Table
State: AZ

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	33,268,464	N/A	42,358,253	N/A	43,205,638	N/A	27.32	2.00	Yes
	N/A	45.77	N/A	46.69	N/A	52.71	N/A	2.02	12.89	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.04	N/A	0.04	N/A	0.05	N/A	-8.57	38.77	No
% Supplemental Claims	N/A	50.19	N/A	49.61	N/A	42.59	N/A	-1.15	-14.20	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	1,332,424	N/A	1,550,504	N/A	2,009,384	N/A	16.37	29.60	No
Total FFS Claims Excluding Capitation Payments	5-20	21.15	No	18.64	Yes	18.01	Yes	-11.90	-3.34	Yes
% Crossover	> 1%	16.89	Yes	27.94	Yes	21.11	Yes	65.40	-24.40	No
% Adjusted Claims	N/A	31.66	N/A	68.05	N/A	73.32	N/A	114.90	7.75	Yes
% Standard Adjustments	N/A	\$247	N/A	\$230	N/A	\$247	N/A	-6.82	7.10	Yes
Average Paid per HMO Cap Payment	N/A	41.39	N/A	36.36	N/A	42.17	N/A	-12.20	15.98	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	51.22	N/A	56.77	N/A	47.98	N/A	10.84	-15.50	No
% 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
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$290	Yes	\$301	No	\$326	No	3.87	8.24	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$33	Yes	\$27	Yes	\$42	Yes	-17.10	57.09	No
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	.	.	N/A
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	1,050,550	N/A	1,261,548	N/A	1,647,416	N/A	20.08	30.59	No
% 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	5.11	N/A	6.79	N/A	6.58	N/A	32.82	-3.07	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.45	N/A	7.01	N/A	4.74	N/A	28.51	-32.40	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	12.34	N/A	26.94	N/A	25.55	N/A	118.40	-5.17	Yes
% Other Claims with Span Bills/All Other Claims	N/A	4.90	N/A	6.60	N/A	9.02	N/A	34.83	36.59	No
% Claims W/ Service Place 11- Office	50-90	26.05	No	19.98	No	11.09	No	-23.30	-44.50	No
% Claims W/ Service Place 12 - Home	>0-5	2.44	Yes	3.41	Yes	2.99	Yes	40.19	-12.50	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	13.55	No	12.90	No	11.13	No	-4.80	-13.70	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.09	Yes	0.06	Yes	0.05	Yes	-30.80	-17.60	No
% Claims W/ Service Place 23 - ER	1-10	7.81	Yes	7.73	Yes	2.57	Yes	-1.02	-66.80	No
% Claims w/ Service Place 22 - OPD	>0-10	43.10	No	49.36	No	66.30	No	14.52	34.32	No
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
% Claims with TPL	>0 - 15	0.00	Yes	0.00	Yes	0.01	Yes	435.30	126.30	No
Aver. TPL Paid -claims with TPL	N/A	\$411	N/A	\$166	N/A	\$104	N/A	-59.50	-37.70	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	9.82	No	8.88	No	9.31	No	-9.57	4.83	Yes
% claims MAX TOS 09: Dental	2-20	5.85	Yes	3.73	Yes	0.53	No	-36.20	-85.90	No
% claims MAX TOS 10: Other Practioner	0.5-8	1.02	Yes	0.91	Yes	0.97	Yes	-10.80	7.15	Yes
% claims MAX TOS 11: OPD	3-25	37.34	No	40.61	No	57.30	No	8.75	41.08	No
% claims MAX TOS 12: Clinic	2-25	12.49	Yes	12.00	Yes	0.42	No	-3.95	-96.50	No
% claims MAX TOS 13: HH	>0-25	0.11	Yes	0.12	Yes	0.11	Yes	4.61	-7.60	Yes
% claims MAX TOS 15: Lab/Xray	4-20	11.79	Yes	11.41	Yes	12.90	Yes	-3.21	13.07	Yes
% claims MAX TOS 16: Drugs	<3	0.24	Yes	0.28	Yes	0.36	Yes	14.04	31.66	No
% claims MAX TOS 19: Other Services	<25	2.19	Yes	3.47	Yes	1.18	Yes	58.46	-66.00	No
% claims MAX TOS 51: DME	>3	3.47	Yes	2.28	No	2.27	No	-34.40	-0.12	Yes
% claims MAX TOS 26: Transportation	>1	14.35	Yes	13.85	Yes	12.01	Yes	-3.48	-13.20	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	0.02	N/A	0.02	N/A	0.02	N/A	5.85	-25.80	No
% claims MAX TOS 30: PCS	>0	0.58	Yes	1.46	Yes	1.69	Yes	154.10	15.70	No
% claims MAX TOS 31: TCM	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	0.16	Yes	0.16	Yes	0.15	Yes	3.80	-9.33	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.02	No	0.02	No	0.02	No	-7.91	11.02	Yes
% claims MAX TOS 35: Hospice	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.23	N/A	0.18	N/A	0.24	N/A	-21.20	32.25	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.18	N/A	0.34	N/A	0.36	N/A	88.11	6.28	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	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
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	85.05	72.30	No
% claims MAX TOS 53: Psych. Services	>1	0.13	No	0.28	No	0.16	No	106.00	-43.50	No
% claims MAX TOS 54: Adult Day Care	>0	0.00	Yes	0.00	Yes	0.00	No	57.30	-100.00	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$261	N/A	\$279	N/A	\$298	N/A	6.97	6.73	Yes
08: Physicians	\$20-90	\$143	No	\$151	No	\$180	No	5.66	18.65	No
09: Dental	\$10-60	\$50	Yes	\$60	Yes	\$104	No	20.08	74.40	No
10: Other Practioner	\$10-100	\$106	No	\$117	No	\$169	No	9.96	44.38	No
11: OPD	\$20-100	\$383	No	\$401	No	\$343	No	4.77	-14.60	Yes
12: Clinic	\$20-100	\$219	No	\$223	No	\$167	No	1.77	-25.10	No
13: HH	N/A	\$124	N/A	\$227	N/A	\$220	N/A	82.56	-2.84	Yes
15: Lab/Xray	10-60	\$296	No	\$286	No	\$343	No	-3.36	19.90	No
16: Drugs	10-60	\$14	Yes	\$11	Yes	\$12	Yes	-26.30	13.50	Yes
19: Other Services	N/A	\$239	N/A	\$210	N/A	\$320	N/A	-11.80	52.03	No
51: DME	N/A	\$321	N/A	\$423	N/A	\$393	N/A	31.89	-7.09	Yes
26: Transportation	N/A	\$128	N/A	\$124	N/A	\$141	N/A	-2.86	13.44	Yes
30: PCS	N/A	\$168	N/A	\$216	N/A	\$317	N/A	28.51	46.41	No
31: Targeted Case Management	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabilitation	N/A	\$120	N/A	\$114	N/A	\$128	N/A	-5.14	12.30	Yes
34: PT/OT/speech/hear	N/A	\$170	N/A	\$170	N/A	\$78	N/A	-0.21	-54.10	No
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
52: Residential Care	N/A	\$1,859	N/A	\$2,922	N/A	\$2,064	N/A	57.15	-29.40	No
53: Pysch. Services	N/A	\$122	N/A	\$238	N/A	\$284	N/A	95.12	19.53	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$1,368	N/A	\$3,106	N/A	.	N/A	127.10	.	N/A
% Family Planning (code 2)	N/A	0.03	N/A	0.03	N/A	0.02	N/A	26.74	-41.40	No
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% FQHC (code 4)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% FQHC (code 5)	N/A	0.00	N/A	5.51	N/A	49.34	N/A	827,000.00	794.80	No
% IHS (code 6,7)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$996	N/A	\$876	N/A	\$1,226	N/A	-12.00	39.98	No
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
IHS (code 5)	N/A	\$23	N/A	\$207	N/A	\$227	N/A	818.70	9.25	Yes

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Waiver (code 6-7)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DX	> 60	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	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	36.42	N/A	37.80	N/A	43.41	N/A	3.77	14.86	Yes
% Claims with DX, where length=3	5-25	11.35	Yes	10.66	Yes	7.10	Yes	-6.08	-33.40	No
% Claims with DX, where length=4	40-70	57.70	Yes	56.60	Yes	56.74	Yes	-1.90	0.24	Yes
% Claims with DX, where length=5	20-55	30.95	Yes	32.74	Yes	36.16	Yes	5.76	10.46	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	90.24	N/A	53.22	N/A	-9.76	-41.00	No
% 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	88.80	No	90.37	No	85.22	No	1.77	-5.70	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	24.96	N/A	26.51	N/A	48.26	N/A	6.19	82.07	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	14.36	N/A	14.10	N/A	40.31	N/A	-1.84	185.90	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	3.57	N/A	5.21	N/A	11.43	N/A	45.90	119.30	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	57.10	N/A	54.18	N/A	0.00	N/A	-5.12	-100.00	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	98.86	N/A	98.52	N/A	97.08	N/A	-0.34	-1.46	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	281,874	N/A	288,956	N/A	361,968	N/A	2.51	25.27	No
% 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	15.66	N/A	13.07	N/A	20.17	N/A	-16.50	54.30	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	21.41	N/A	20.32	N/A	26.77	N/A	-5.08	31.72	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	33.97	N/A	66.86	N/A	66.03	N/A	96.81	-1.24	Yes
% Other Claims with Span Bills/All Other Claims	N/A	13.16	N/A	8.24	N/A	13.27	N/A	-37.40	61.05	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	7.38	N/A	8.03	N/A	6.35	N/A	8.74	-20.90	No
% claims MAX TOS 10: Other Practitioner	N/A	0.28	N/A	0.52	N/A	0.61	N/A	83.89	17.74	No
% claims MAX TOS 11: OPD	N/A	28.36	N/A	38.57	N/A	50.53	N/A	35.97	31.03	No
% claims MAX TOS 12: Clinic	N/A	6.93	N/A	5.31	N/A	1.81	N/A	-23.30	-66.00	No
% claims MAX TOS 13: HH	N/A	0.77	N/A	0.29	N/A	0.15	N/A	-62.30	-50.20	No
% claims MAX TOS 15: Lab/Xray	N/A	13.91	N/A	12.81	N/A	10.85	N/A	-7.93	-15.30	No
% claims MAX TOS 19: Other Services	N/A	19.30	N/A	19.39	N/A	16.24	N/A	0.47	-16.30	No
% claims MAX TOS 51: DME	N/A	6.13	N/A	4.89	N/A	6.37	N/A	-20.20	30.11	No
% claims MAX TOS 26: Transportation	N/A	9.78	N/A	7.56	N/A	5.45	N/A	-22.70	-27.80	No
% claims MAX TOS 30: PCS	N/A	4.82	N/A	0.63	N/A	0.29	N/A	-87.00	-53.40	No
% 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	0.41	N/A	0.30	N/A	0.23	N/A	-25.20	-23.90	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.09	N/A	0.04	N/A	0.04	N/A	-52.40	-0.38	Yes
% claims MAX TOS 36: Hospice	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	0.00	N/A	.	19.74	No
% claims MAX TOS 53: Psych. Services	N/A	1.30	N/A	1.07	N/A	0.79	N/A	-18.00	-26.00	No
% claims MAX TOS 54: Adult Day Care	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-35.00	-100.00	No
Average Amount Paid	N/A	\$110	N/A	\$103	N/A	\$145	N/A	-6.55	41.03	No
% Claims with DX	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	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	31.08	N/A	36.54	N/A	49.26	N/A	17.56	34.82	No
% Claims with DX, where length=3	5-25	18.14	Yes	17.55	Yes	22.90	Yes	-3.22	30.44	No
% Claims with DX, where length=4	40-70	49.57	Yes	45.26	Yes	41.76	Yes	-8.70	-7.72	Yes
% Claims with DX, where length=5	20-55	32.29	Yes	37.19	Yes	35.34	Yes	15.17	-4.97	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	76.31	N/A	62.21	N/A	-23.70	-18.50	No
% 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	93.53	No	92.07	No	83.43	No	-1.57	-9.38	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	53.09	N/A	66.72	N/A	70.65	N/A	25.67	5.90	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	14.24	N/A	14.23	N/A	24.46	N/A	-0.08	71.93	No
% Other Codes Indicator /Claims with Service Codes	N/A	32.67	N/A	19.05	N/A	4.89	N/A	-41.70	-74.40	No

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