

2002-2004 MAX OT Validation Table
State: FL

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	63,287,980	N/A	68,060,813	N/A	70,758,902	N/A	7.54	3.96	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	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
% Supplemental Claims	N/A	26.42	N/A	26.81	N/A	27.84	N/A	1.49	3.85	Yes
Total FFS Claims Excluding Capitation Payments	N/A	46,348,757	N/A	49,808,207	N/A	51,057,308	N/A	7.46	2.51	Yes
	5-20	4.11	No	4.37	No	4.59	No	6.42	4.82	Yes
% Crossover	> 1%	2.22	Yes	2.20	Yes	2.21	Yes	-0.84	0.35	Yes
% Adjusted Claims	N/A	89.57	N/A	71.96	N/A	91.98	N/A	-19.70	27.81	No
% Standard Adjustments	N/A	\$135	N/A	\$184	N/A	\$164	N/A	36.13	-10.70	Yes
Average Paid per HMO Cap Payment	N/A	12.09	N/A	11.93	N/A	13.01	N/A	-1.33	9.05	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	1.57	N/A	1.53	N/A	1.46	N/A	-2.70	-4.78	Yes
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	12.76	N/A	13.35	N/A	13.38	N/A	4.68	0.20	Yes
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$149	Yes	\$152	Yes	\$151	Yes	2.26	-0.84	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$25	Yes	\$25	Yes	\$25	Yes	-2.29	1.36	Yes
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	44,443,419	N/A	47,629,171	N/A	48,715,996	N/A	7.17	2.28	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	0.62	N/A	0.63	N/A	0.62	N/A	2.32	-2.34	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.65	N/A	0.54	N/A	0.69	N/A	-16.50	26.52	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-85.70	426.60	No
% Other Claims with Span Bills/All Other Claims	N/A	0.65	N/A	0.67	N/A	0.65	N/A	3.39	-2.42	Yes
% Claims W/ Service Place 11- Office	50-90	26.98	No	26.28	No	24.45	No	-2.58	-6.98	Yes
% Claims W/ Service Place 12 - Home	>0-5	15.81	No	16.39	No	16.81	No	3.63	2.60	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	10.62	No	11.21	No	11.56	No	5.52	3.15	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.08	Yes	0.07	Yes	0.07	Yes	-15.50	-0.99	Yes
% Claims W/ Service Place 23 - ER	1-10	1.68	Yes	1.84	Yes	2.20	Yes	9.72	19.50	No
% Claims w/ Service Place 22 - OPD	>0-10	9.05	Yes	9.10	Yes	8.79	Yes	0.56	-3.43	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	19.89	No	19.11	No	19.28	No	-3.92	0.89	Yes
% Claims with TPL	>0 - 15	0.22	Yes	0.19	Yes	0.20	Yes	-14.00	8.35	Yes
Aver. TPL Paid -claims with TPL	N/A	\$170	N/A	\$197	N/A	\$188	N/A	15.91	-4.57	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	16.15	Yes	16.50	Yes	16.46	Yes	2.18	-0.26	Yes
% claims MAX TOS 09: Dental	2-20	7.40	Yes	7.01	Yes	6.10	Yes	-5.35	-12.90	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	1.77	Yes	2.08	Yes	1.32	Yes	17.47	-36.80	No
% claims MAX TOS 11: OPD	3-25	2.51	No	2.94	No	2.27	No	17.08	-22.70	No
% claims MAX TOS 12: Clinic	2-25	6.84	Yes	6.96	Yes	2.64	Yes	1.74	-62.10	No
% claims MAX TOS 13: HH	>0-25	4.80	Yes	5.21	Yes	5.81	Yes	8.71	11.40	Yes
% claims MAX TOS 15: Lab/Xray	4-20	21.04	No	21.04	No	22.70	No	0.02	7.89	Yes
% claims MAX TOS 16: Drugs	<3	1.72	Yes	2.05	Yes	1.98	Yes	19.60	-3.30	Yes
% claims MAX TOS 19: Other Services	<25	12.38	Yes	13.65	Yes	12.14	Yes	10.26	-11.10	Yes
% claims MAX TOS 51: DME	>3	4.03	Yes	2.31	No	3.20	Yes	-42.60	38.38	No
% claims MAX TOS 26: Transportation	>1	5.28	Yes	5.24	Yes	5.56	Yes	-0.70	6.03	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.02	N/A	0.02	N/A	0.27	-4.12	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	90.21	32.82	No
% claims MAX TOS 30: PCS	>0	0.25	Yes	0.25	Yes	0.23	Yes	1.24	-11.00	Yes
% claims MAX TOS 31: TCM	>0	4.05	Yes	3.69	Yes	3.89	Yes	-8.86	5.44	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	4.31	Yes	4.24	Yes	4.50	Yes	-1.56	6.05	Yes
% claims MAX TOS 35: Hospice	>0	0.10	Yes	0.12	Yes	0.13	Yes	18.67	9.21	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.01	N/A	24.66	-0.54	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.69	N/A	0.66	N/A	0.62	N/A	-4.62	-5.67	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	0.94	N/A	0.36	N/A	0.55	N/A	-61.30	50.29	No
% claims MAX TOS 53: Psych. Services	>1	5.42	Yes	5.20	Yes	9.26	Yes	-4.06	78.00	No
% claims MAX TOS 54: Adult Day Care	>0	0.29	Yes	0.44	Yes	0.62	Yes	49.22	41.38	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	16.86	-98.90	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$62	N/A	\$64	N/A	\$66	N/A	3.26	3.48	Yes
08: Physicians	\$20-90	\$63	Yes	\$63	Yes	\$66	Yes	0.63	3.52	Yes
09: Dental	\$10-60	\$28	Yes	\$26	Yes	\$29	Yes	-6.23	10.60	Yes
10: Other Practioner	\$10-100	\$25	Yes	\$21	Yes	\$26	Yes	-14.40	22.58	No
11: OPD	\$20-100	\$232	No	\$217	No	\$271	No	-6.31	24.66	No
12: Clinic	\$20-100	\$58	Yes	\$60	Yes	\$70	Yes	3.49	15.40	No
13: HH	N/A	\$81	N/A	\$72	N/A	\$64	N/A	-11.40	-10.90	Yes
15: Lab/Xray	10-60	\$16	Yes	\$15	Yes	\$18	Yes	-3.21	18.77	No
16: Drugs	10-60	\$11	Yes	\$11	Yes	\$11	Yes	-2.68	5.61	Yes
19: Other Services	N/A	\$70	N/A	\$81	N/A	\$83	N/A	16.33	2.45	Yes
51: DME	N/A	\$77	N/A	\$124	N/A	\$103	N/A	62.08	-17.30	No
26: Transportation	N/A	\$41	N/A	\$41	N/A	\$37	N/A	0.03	-8.75	Yes
30: PCS	N/A	\$185	N/A	\$182	N/A	\$148	N/A	-1.73	-18.40	No
31: Targeted Case Management	N/A	\$43	N/A	\$45	N/A	\$46	N/A	4.76	1.31	Yes
33: Rehabilitation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	\$32	N/A	\$35	N/A	\$37	N/A	8.50	3.97	Yes
35: Hospice	N/A	\$2,681	N/A	\$2,850	N/A	\$3,037	N/A	6.27	6.56	Yes
52: Residential Care	N/A	\$756	N/A	\$1,443	N/A	\$978	N/A	90.89	-32.20	No
53: Pysch. Services	N/A	\$39	N/A	\$44	N/A	\$63	N/A	13.72	43.68	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$509	N/A	\$368	N/A	\$262	N/A	-27.80	-28.60	No
% Family Planning (code 2)	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-32.20	-13.00	Yes
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% FQHC (code 4)	N/A	0.29	N/A	0.78	N/A	0.78	N/A	169.80	-0.46	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% IHS (code 6,7)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Waiver (code 6,7)	N/A	11.68	N/A	11.99	N/A	12.20	N/A	2.65	1.72	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$108	N/A	\$94	N/A	\$112	N/A	-13.10	19.35	No
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	\$104	N/A	\$107	N/A	\$109	N/A	2.73	1.88	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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W/iver (code 6-7)	N/A	\$130	N/A	\$131	N/A	\$128	N/A	0.84	-2.33	Yes
% Claims with DX	> 60	69.37	Yes	70.55	Yes	71.93	Yes	1.70	1.95	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	2.85	N/A	2.91	N/A	2.93	N/A	2.09	0.91	Yes
% Claims with DX, where length=3	5-25	6.72	Yes	6.58	Yes	6.22	Yes	-2.07	-5.56	Yes
% Claims with DX, where length=4	40-70	54.15	Yes	52.61	Yes	52.02	Yes	-2.83	-1.13	Yes
% Claims with DX, where length=5	20-55	39.13	Yes	40.80	Yes	41.76	Yes	4.27	2.35	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	98.06	Yes	98.50	Yes	97.83	No	0.44	-0.68	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	45.27	N/A	47.56	N/A	54.20	N/A	5.05	13.97	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	54.26	N/A	51.98	N/A	45.50	N/A	-4.20	-12.50	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.47	N/A	0.46	N/A	0.29	N/A	-1.77	-35.90	No
% 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
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	99.96	Yes	99.97	Yes	100.00	Yes	0.01	0.03	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	97.45	N/A	98.52	N/A	98.84	N/A	1.10	0.33	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	1,905,338	N/A	2,179,036	N/A	2,341,312	N/A	14.36	7.45	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	7.19	N/A	6.69	N/A	6.67	N/A	-7.03	-0.30	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	14.85	N/A	14.26	N/A	13.92	N/A	-4.03	-2.35	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	5.55	N/A	4.76	N/A	4.40	N/A	-14.20	-7.44	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	19.90	N/A	21.43	N/A	20.28	N/A	7.71	-5.36	Yes
% claims MAX TOS 10: Other Practioner	N/A	2.24	N/A	2.16	N/A	2.08	N/A	-3.48	-3.72	Yes
% claims MAX TOS 11: OPD	N/A	17.70	N/A	20.33	N/A	23.80	N/A	14.87	17.04	No
% claims MAX TOS 12: Clinic	N/A	6.55	N/A	6.09	N/A	5.94	N/A	-7.01	-2.52	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	15.70	N/A	12.34	N/A	9.10	N/A	-21.40	-26.30	No
% claims MAX TOS 19: Other Services	N/A	13.87	N/A	13.43	N/A	15.35	N/A	-3.17	14.32	Yes
% claims MAX TOS 51: DME	N/A	4.04	N/A	2.25	N/A	0.02	N/A	-44.30	-99.00	No
% claims MAX TOS 26: Transportation	N/A	17.09	N/A	18.40	N/A	18.95	N/A	7.67	3.02	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	1.35	N/A	1.82	N/A	2.83	N/A	34.74	55.86	No
% 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	.	.	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	\$44	N/A	\$46	N/A	\$50	N/A	3.84	8.65	Yes
% Claims with DX	N/A	79.43	N/A	84.07	N/A	87.25	N/A	5.83	3.79	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	75.00	No	80.65	No	84.51	No	7.53	4.79	Yes
% Claims with 1 DX that have 2 DX	N/A	29.13	N/A	26.34	N/A	26.93	N/A	-9.59	2.24	Yes
% Claims with DX, where length=3	5-25	18.63	Yes	17.75	Yes	18.26	Yes	-4.71	2.84	Yes
% Claims with DX, where length=4	40-70	41.29	Yes	39.12	No	38.36	No	-5.26	-1.95	Yes
% Claims with DX, where length=5	20-55	39.98	Yes	43.13	Yes	43.39	Yes	7.87	0.60	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	.	N/A	.	N/A	.	N/A	.	.	N/A
% 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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