

1999-2001 MAX OT Validation Table
State: IA

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	8,947,604	N/A	9,191,216	N/A	10,379,396	N/A	2.72	12.93	Yes
*	N/A	5.88	N/A	5.61	N/A	5.68	N/A	-4.64	1.30	Yes
% 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										
Total FFS Claims (Claim Type=2, and MAX TOS 20, 21, 22)	N/A	36.38	N/A	36.30	N/A	36.52	N/A	-0.23	0.62	Yes
Total FFS Claims Excluding Capitation Payments	N/A	5,166,377	N/A	5,339,888	N/A	5,999,389	N/A	3.36	12.35	Yes
	5-20	21.85	No	22.52	No	22.04	No	3.09	-2.16	Yes
% Crossover	> 1%	6.18	Yes	4.67	Yes	3.30	Yes	-24.39	-29.32	No
% Adjusted Claims	N/A	.	N/A	86.57	N/A	81.12	N/A	N/A	-6.29	Yes
% Standard Adjustments	N/A	\$109	N/A	\$117	N/A	\$172	N/A	7.04	47.06	No
Average Paid per HMO Cap Clms (TOS 20)	N/A	6.30	N/A	6.38	N/A	6.81	N/A	1.27	6.75	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	26.39	N/A	26.48	N/A	26.28	N/A	0.36	-0.74	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	5.96	N/A	5.59	N/A	5.62	N/A	-6.30	0.60	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$128	Yes	\$134	Yes	\$140	Yes	4.98	4.32	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$29	Yes	\$30	Yes	\$30	Yes	3.31	1.87	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$2	No	\$2	No	\$2	No	0.00	0.00	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	4,037,655	N/A	4,137,171	N/A	4,677,283	N/A	2.46	13.06	Yes
% Claims with> \$0 Paid	>95%	99.98	Yes	100.00	Yes	100.00	Yes	0.02	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	15.32	N/A	16.44	N/A	16.82	N/A	7.28	2.29	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	19.70	N/A	23.28	N/A	22.22	N/A	18.15	-4.55	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	95.38	N/A	96.76	N/A	96.87	N/A	1.45	0.12	Yes
% Other Claims with Span Bills/All Other Claims	N/A	9.46	N/A	11.10	N/A	11.30	N/A	17.28	1.78	Yes
% Claims W/ Service Place 11- Office	50-90	39.75	No	38.76	No	38.62	No	-2.48	-0.36	Yes
% Claims W/ Service Place 12 - Home	>0-5	11.77	No	13.36	No	13.86	No	13.50	3.75	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.24	Yes	4.31	Yes	4.11	Yes	1.81	-4.70	Yes
% Claims W/ Service Place 32 - NF	>0-5	1.17	Yes	1.18	Yes	0.91	Yes	0.39	-22.92	No
% Claims W/ Service Place 23 - ER	1-10	2.24	Yes	2.29	Yes	2.37	Yes	2.52	3.23	Yes
% Claims w/ Service Place 22 - OPD	>0-10	25.89	No	25.48	No	24.85	No	-1.58	-2.51	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	10.53	No	10.33	No	10.74	No	-1.84	3.94	N/A
% Claims with TPL	>0 - 15	0.86	Yes	1.05	Yes	1.56	Yes	22.16	48.88	No
Aver. TPL Paid -claims with TPL	N/A	\$72	N/A	\$72	N/A	\$63	N/A	-0.27	-12.40	Yes
PERCENT CLAIMS/MAX TOS										
										Yes
% claims MAX TOS 08: Physicians	10-35	21.82	Yes	19.68	Yes	19.10	Yes	-9.84	-2.91	Yes
% claims MAX TOS 09: Dental	2-20	11.68	Yes	11.56	Yes	12.28	Yes	-0.97	6.23	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	2.87	Yes	2.88	Yes	3.12	Yes	0.12	8.41	Yes
% claims MAX TOS 11: OPD	3-25	22.13	Yes	9.12	Yes	8.85	Yes	-58.78	-3.04	Yes
% claims MAX TOS 12: Clinic	2-25	7.23	Yes	7.27	Yes	6.94	Yes	0.58	-4.63	Yes
% claims MAX TOS 13: HH	>0-25	4.19	Yes	4.94	Yes	5.32	Yes	18.00	7.75	Yes
% claims MAX TOS 15: Lab/Xray	4-20	10.43	Yes	24.51	No	23.88	No	134.93	-2.57	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.50	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	6.42	Yes	6.53	Yes	6.71	Yes	1.72	2.75	Yes
% claims MAX TOS 51: DME	>3	9.04	Yes	9.12	Yes	8.50	Yes	0.91	-6.75	Yes
% claims MAX TOS 26: Transportation	>1	0.29	No	0.27	No	0.28	No	-9.18	5.71	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	82.46	-56.80	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	1.89	Yes	1.99	Yes	1.89	Yes	5.01	-4.69	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.09	Yes	0.11	Yes	0.14	Yes	15.17	29.34	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.22	No	0.20	No	0.23	No	-10.01	13.92	N/A
% claims MAX TOS 35: Hospice	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.01	N/A	-19.42	131.94	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.01	N/A	0.03	N/A	303.39	200.79	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	1.23	N/A	1.31	N/A	1.32	N/A	7.15	0.72	Yes
% claims MAX TOS 53: Psych. Services	>1	0.31	No	0.38	No	0.42	No	23.70	8.35	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.14	Yes	0.11	Yes	0.47	Yes	-19.83	323.05	No
% claims MAX TOS 99: Unknown	<1	0.01	Yes	0.01	Yes	0.01	Yes	-6.35	68.21	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$86	N/A	\$96	N/A	\$103	N/A	11.34	7.47	Yes
08: Physicians	\$20-90	\$51	Yes	\$60	Yes	\$73	Yes	17.25	21.88	No
09: Dental	\$10-60	\$36	Yes	\$45	Yes	\$50	Yes	25.37	12.18	Yes
10: Other Practitioner	\$10-100	\$31	Yes	\$33	Yes	\$41	Yes	5.64	25.16	No
11: OPD	\$20-100	\$53	Yes	\$97	Yes	\$100	No	82.80	3.02	Yes
12: Clinic	\$20-100	\$158	No	\$170	No	\$165	No	7.64	-2.84	Yes
13: HH	N/A	\$262	N/A	\$219	N/A	\$215	N/A	-16.10	-1.98	Yes
15: Lab/Xray	10-60	\$19	Yes	\$30	Yes	\$32	Yes	61.64	5.35	Yes
16: Drugs	10-60	.	No	.	No	\$27	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$95	N/A	\$117	N/A	\$139	N/A	24.26	18.19	No
51: DME	N/A	\$58	N/A	\$56	N/A	\$56	N/A	-2.68	-0.18	Yes
26: Transportation	N/A	\$60	N/A	\$67	N/A	\$65	N/A	12.22	-2.89	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	\$174	N/A	\$180	N/A	\$190	N/A	2.99	5.81	Yes
33: Rehabilitation	N/A	\$305	N/A	\$293	N/A	\$203	N/A	-3.70	-30.75	No
34: PT/OT/speech/hear	N/A	\$20	N/A	\$27	N/A	\$31	N/A	34.21	18.35	N/A
35: Hospice	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
52: Residential Care	N/A	\$1,476	N/A	\$1,588	N/A	\$1,679	N/A	7.61	5.74	Yes
53: Psych. Services	N/A	\$58	N/A	\$59	N/A	\$67	N/A	3.03	12.44	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$186	N/A	\$238	N/A	\$243	N/A	27.51	2.43	Yes
% Family Planning (code 2)										
% RHC (code 3)	N/A	1.14	N/A	1.04	N/A	1.04	N/A	-8.73	-0.01	Yes
	N/A	1.23	N/A	1.23	N/A	1.23	N/A	-0.06	0.22	Yes

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(code 4)	N/A	0.69	N/A	0.88	N/A	0.89	N/A	26.31	1.54	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS (code 6,7)	N/A	4.26	N/A	4.80	N/A	5.01	N/A	12.57	4.50	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$23	N/A	\$25	N/A	\$27	N/A	8.52	7.90	Yes
RHC (code 3)	N/A	\$61	N/A	\$64	N/A	\$71	N/A	5.06	10.68	Yes
FQHC (code 4)	N/A	\$117	N/A	\$120	N/A	\$128	N/A	2.16	6.99	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$553	N/A	\$579	N/A	\$602	N/A	4.67	3.96	Yes
% Claims with DX	> 60	81.80	Yes	81.36	Yes	80.77	Yes	-0.53	-0.73	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	96.20	Yes	94.59	Yes	95.08	Yes	-1.68	0.52	Yes
% Claims with 1 DX that have 2 DX	N/A	33.23	N/A	35.68	N/A	35.89	N/A	7.38	0.60	Yes
% Claims with DX, where length=3	5-25	6.04	Yes	5.91	Yes	5.95	Yes	-2.20	0.62	Yes
% Claims with DX, where length=4	40-70	58.57	Yes	55.38	Yes	54.50	Yes	-5.45	-1.58	Yes
% Claims with DX, where length=5	20-55	35.39	Yes	38.71	Yes	39.55	Yes	9.39	2.16	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	61.86	N/A	61.16	N/A	61.82	N/A	-1.14	1.09	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	28.65	N/A	28.77	N/A	28.15	N/A	0.42	-2.15	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	9.49	N/A	10.08	N/A	10.03	N/A	6.16	-0.48	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	99.80	N/A	99.89	N/A	99.91	N/A	0.09	0.02	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	1,128,722	N/A	1,202,717	N/A	1,322,106	N/A	6.56	9.93	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	4.24	N/A	4.02	N/A	3.78	N/A	-5.29	-6.05	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	17.93	N/A	17.66	N/A	15.02	N/A	-1.48	-14.96	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	11.78	N/A	14.33	N/A	15.05	N/A	21.58	5.07	N/A
% Other Claims with Span Bills/All Other Claims	N/A	2.65	N/A	2.39	N/A	2.47	N/A	-9.91	3.32	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	50.46	N/A	44.63	N/A	43.82	N/A	-11.55	-1.81	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	7.00	N/A	6.65	N/A	6.91	N/A	-4.96	3.89	Yes
% claims MAX TOS 11: OPD	N/A	10.03	N/A	10.06	N/A	9.70	N/A	0.34	-3.63	Yes
% claims MAX TOS 12: Clinic	N/A	5.95	N/A	2.79	N/A	2.81	N/A	-53.19	0.82	Yes
% claims MAX TOS 13: HH	N/A	0.67	N/A	0.79	N/A	0.73	N/A	17.86	-7.71	N/A
% claims MAX TOS 15: Lab/Xray	N/A	14.88	N/A	17.30	N/A	17.02	N/A	16.27	-1.64	Yes
% claims MAX TOS 19: Other Services	N/A	2.38	N/A	0.80	N/A	1.27	N/A	-66.21	58.52	No
% claims MAX TOS 51: DME	N/A	6.14	N/A	7.74	N/A	7.68	N/A	25.90	-0.69	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	2.18	N/A	2.02	N/A	1.93	N/A	-7.28	-4.52	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	0.09	N/A	0.05	N/A	0.02	N/A	-45.12	-55.49	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.20	N/A	0.41	N/A	0.51	N/A	107.66	23.31	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	1.23	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.31	N/A	6.73	N/A	7.24	N/A	2062.58	7.61	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.14	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
Average Amount Paid	N/A	\$27	N/A	\$27	N/A	\$27	N/A	-0.07	2.70	Yes
% Claims with DX	N/A	72.69	N/A	80.09	N/A	80.12	N/A	10.18	0.04	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	70.18	No	77.62	No	78.08	No	10.61	0.58	Yes
% Claims with 1 DX that have 2 DX	N/A	0.12	N/A	0.02	N/A	0.00	N/A	-81.07	-85.71	No
% Claims with DX, where length=3	5-25	0.67	No	0.90	No	0.87	No	33.76	-2.80	Yes
% Claims with DX, where length=4	40-70	52.69	Yes	51.86	Yes	50.56	Yes	-1.58	-2.51	Yes
% Claims with DX, where length=5	20-55	46.63	Yes	47.24	Yes	48.57	Yes	1.30	2.81	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	47.13	N/A	18.41	N/A	14.13	N/A	-60.94	-23.24	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	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	97.19	No	97.20	No	96.77	No	0.01	-0.45	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	83.81	N/A	83.90	N/A	83.63	N/A	0.10	-0.33	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	16.18	N/A	16.10	N/A	16.37	N/A	-0.52	1.70	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-46.94	40.31	N/A

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