

2002-2004 MAX OT Validation Table
State: MS

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	14,723,776	N/A	15,639,927	N/A	16,632,639	N/A	6.22	6.35	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	6.25	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
Total FFS Claims Excluding Capitation Payments	N/A	13,804,232	N/A	15,639,927	N/A	16,632,639	N/A	13.30	6.35	Yes
	5-20	28.07	No	26.86	No	17.73	Yes	-4.31	-34.00	No
% Crossover	> 1%	21.41	Yes	14.32	Yes	8.63	Yes	-33.10	-39.70	No
% Adjusted Claims	N/A	97.92	N/A	60.12	N/A	81.69	N/A	-38.60	35.87	No
% Standard Adjustments	N/A	\$86	N/A	\$66	N/A	\$82	N/A	-23.10	24.00	No
Average Paid per HMO Cap Clms (TOS 20)	N/A	0.00	N/A	0.00	N/A	0.00	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
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	6.25	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	.	No	.	No	.	No	.	.	N/A
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	.	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	9,929,865	N/A	11,439,738	N/A	13,683,477	N/A	15.21	19.61	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	6.43	N/A	4.86	N/A	3.43	N/A	-24.50	-29.40	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	6.49	N/A	3.29	N/A	1.16	N/A	-49.30	-64.70	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	96.54	N/A	17.77	N/A	13.56	N/A	-81.60	-23.70	No
% Other Claims with Span Bills/All Other Claims	N/A	6.07	N/A	4.90	N/A	3.61	N/A	-19.30	-26.20	No
% Claims W/ Service Place 11- Office	50-90	47.53	No	41.47	No	33.64	No	-12.80	-18.90	No
% Claims W/ Service Place 12 - Home	>0-5	6.15	No	6.58	No	6.46	No	7.00	-1.89	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	7.19	No	6.91	No	5.69	No	-3.89	-17.70	No
% Claims W/ Service Place 32 - NF	>0-5	0.10	Yes	0.10	Yes	0.07	Yes	0.26	-24.50	No
% Claims W/ Service Place 23 - ER	1-10	1.01	Yes	4.02	Yes	7.32	Yes	299.70	81.95	No
% Claims w/ Service Place 22 - OPD	>0-10	17.31	No	15.60	No	13.82	No	-9.86	-11.40	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	2.37	Yes	6.72	No	13.08	No	183.90	94.66	No
% Claims with TPL	>0 - 15	0.28	Yes	0.25	Yes	0.28	Yes	-10.90	9.97	Yes
Aver. TPL Paid -claims with TPL	N/A	\$51	N/A	\$42	N/A	\$41	N/A	-18.10	-2.26	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	24.49	Yes	22.34	Yes	18.35	Yes	-8.80	-17.80	No
% claims MAX TOS 09: Dental	2-20	10.13	Yes	9.28	Yes	8.28	Yes	-8.39	-10.70	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	5.39	Yes	7.07	Yes	4.64	Yes	31.23	-34.30	No
% claims MAX TOS 11: OPD	3-25	7.62	Yes	9.35	Yes	10.81	Yes	22.60	15.67	No
% claims MAX TOS 12: Clinic	2-25	7.15	Yes	6.23	Yes	5.41	Yes	-12.80	-13.20	Yes
% claims MAX TOS 13: HH	>0-25	0.37	Yes	0.88	Yes	0.82	Yes	138.20	-7.43	Yes
% claims MAX TOS 15: Lab/Xray	4-20	16.86	Yes	19.59	Yes	24.90	No	16.21	27.12	No
% claims MAX TOS 16: Drugs	<3	0.38	Yes	0.62	Yes	0.10	Yes	65.06	-83.40	No
% claims MAX TOS 19: Other Services	<25	4.00	Yes	3.70	Yes	2.68	Yes	-7.64	-27.50	No
% claims MAX TOS 51: DME	>3	6.46	Yes	2.82	No	5.67	Yes	-56.30	101.00	No
% claims MAX TOS 26: Transportation	>1	2.84	Yes	2.72	Yes	2.36	Yes	-3.99	-13.40	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.03	N/A	0.06	N/A	.	103.70	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	150.80	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.01	Yes	0.02	Yes	.	90.62	No
% claims MAX TOS 31: TCM	>0	0.00	No	1.16	Yes	4.01	Yes	.	245.70	No
% 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	0.00	No	0.46	No	1.12	Yes	.	144.90	No
% claims MAX TOS 35: Hospice	>0	0.05	Yes	0.07	Yes	0.08	Yes	40.58	10.52	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	2.89	N/A	2.69	N/A	1.96	N/A	-7.15	-27.20	No
% 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	0.01	N/A	0.02	N/A	0.03	N/A	30.88	75.34	No
% claims MAX TOS 53: Psych. Services	>1	11.32	Yes	10.88	Yes	8.62	Yes	-3.86	-20.80	No
% claims MAX TOS 54: Adult Day Care	>0	0.04	Yes	0.04	Yes	0.07	Yes	5.37	77.78	No
% claims MAX TOS 99: Unknown	<1	0.02	Yes	0.04	Yes	0.00	Yes	141.40	-100.00	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$76	N/A	\$72	N/A	\$67	N/A	-4.70	-7.82	Yes
08: Physicians	\$20-90	\$70	Yes	\$68	Yes	\$73	Yes	-2.59	6.77	Yes
09: Dental	\$10-60	\$38	Yes	\$38	Yes	\$39	Yes	-1.23	2.76	Yes
10: Other Practioner	\$10-100	\$32	Yes	\$30	Yes	\$36	Yes	-4.52	18.09	No
11: OPD	\$20-100	\$194	No	\$144	No	\$91	Yes	-25.60	-37.00	No
12: Clinic	\$20-100	\$90	Yes	\$96	Yes	\$96	Yes	7.42	-0.09	Yes
13: HH	N/A	\$371	N/A	\$198	N/A	\$170	N/A	-46.50	-14.20	Yes
15: Lab/Xray	10-60	\$23	Yes	\$24	Yes	\$27	Yes	6.08	11.88	Yes
16: Drugs	10-60	\$10	No	\$10	Yes	\$13	Yes	2.42	30.71	No
19: Other Services	N/A	\$199	N/A	\$197	N/A	\$235	N/A	-1.28	19.63	No
51: DME	N/A	\$58	N/A	\$92	N/A	\$55	N/A	58.53	-39.80	No
26: Transportation	N/A	\$125	N/A	\$119	N/A	\$135	N/A	-4.20	13.34	Yes
30: PCS	N/A	.	N/A	\$1,043	N/A	\$976	N/A	.	-6.42	Yes
31: Targeted Case Management	N/A	.	N/A	\$69	N/A	\$69	N/A	.	0.56	Yes
33: Rehabilitation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	.	N/A	\$53	N/A	\$52	N/A	.	-1.91	Yes
35: Hospice	N/A	\$2,312	N/A	\$2,354	N/A	\$2,498	N/A	1.80	6.12	Yes
52: Residential Care	N/A	\$312	N/A	\$242	N/A	\$111	N/A	-22.60	-54.20	No
53: Pysch. Services	N/A	\$76	N/A	\$72	N/A	\$65	N/A	-5.43	-9.05	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$887	N/A	\$863	N/A	\$462	N/A	-2.70	-46.40	No
% Family Planning (code 2)	N/A	0.18	N/A	0.30	N/A	0.61	N/A	67.71	101.20	No
% RHC (code 3)	N/A	4.28	N/A	3.64	N/A	2.82	N/A	-14.90	-22.40	No
% FQHC (code 4)	N/A	2.65	N/A	2.60	N/A	1.80	N/A	-1.58	-30.70	No
% FQHC (code 5)	N/A	0.17	N/A	0.16	N/A	0.15	N/A	-11.10	-2.14	Yes
% IHS (code 6,7)	N/A	2.66	N/A	2.54	N/A	2.52	N/A	-4.70	-0.71	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$141	N/A	\$113	N/A	\$96	N/A	-20.00	-15.40	No
RHC (code 3)	N/A	\$58	N/A	\$62	N/A	\$71	N/A	6.95	14.83	Yes
FQHC (code 4)	N/A	\$90	N/A	\$94	N/A	\$100	N/A	4.94	6.72	Yes
IHS (code 5)	N/A	\$193	N/A	\$189	N/A	\$196	N/A	-1.91	3.65	Yes

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Waiver (code 6-7)	N/A	\$221	N/A	\$231	N/A	\$244	N/A	4.51	5.50	Yes
% Claims with DX	> 60	97.16	Yes	96.79	Yes	93.23	Yes	-0.38	-3.69	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	37.03	N/A	31.12	N/A	17.24	N/A	-16.00	-44.60	No
% Claims with DX, where length=3	5-25	6.25	Yes	6.78	Yes	7.74	Yes	8.56	14.05	Yes
% Claims with DX, where length=4	40-70	59.44	Yes	57.04	Yes	50.72	Yes	-4.03	-11.10	Yes
% Claims with DX, where length=5	20-55	34.31	Yes	36.18	Yes	41.54	Yes	5.43	14.83	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	98.75	Yes	98.37	Yes	97.65	No	-0.38	-0.73	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	51.28	N/A	57.27	N/A	67.78	N/A	11.67	18.37	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	48.72	N/A	42.72	N/A	32.22	N/A	-12.30	-24.60	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	.	.	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
% 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	93.99	N/A	61.00	N/A	0.00	N/A	-35.10	-100.00	No
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	3,874,367	N/A	4,200,189	N/A	2,949,162	N/A	8.41	-29.80	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	5.69	N/A	4.76	N/A	4.05	N/A	-16.40	-15.00	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	12.34	N/A	7.89	N/A	3.35	N/A	-36.10	-57.50	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	98.28	N/A	79.17	N/A	.	N/A	-19.40	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	5.17	N/A	4.53	N/A	4.13	N/A	-12.40	-8.68	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	49.54	N/A	37.54	N/A	22.26	N/A	-24.20	-40.70	No
% claims MAX TOS 10: Other Practitioner	N/A	0.90	N/A	0.92	N/A	1.04	N/A	2.00	12.94	Yes
% claims MAX TOS 11: OPD	N/A	7.24	N/A	6.94	N/A	11.09	N/A	-4.08	59.70	No
% claims MAX TOS 12: Clinic	N/A	5.75	N/A	4.26	N/A	1.98	N/A	-25.90	-53.70	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-87.30	-100.00	No
% claims MAX TOS 15: Lab/Xray	N/A	15.66	N/A	21.17	N/A	17.39	N/A	35.24	-17.90	No
% claims MAX TOS 19: Other Services	N/A	2.68	N/A	13.14	N/A	31.15	N/A	390.80	137.10	No
% claims MAX TOS 51: DME	N/A	12.58	N/A	10.91	N/A	10.15	N/A	-13.30	-6.95	Yes
% claims MAX TOS 26: Transportation	N/A	3.08	N/A	2.34	N/A	1.66	N/A	-23.80	-29.10	No
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.02	N/A	0.04	N/A	.	128.90	No
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.03	N/A	0.07	N/A	.	155.10	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.36	N/A	0.23	N/A	0.16	N/A	-37.30	-27.20	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	1.72	N/A	1.97	N/A	2.39	N/A	14.33	21.40	No
% 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	\$26	N/A	\$28	N/A	\$41	N/A	9.17	44.76	No
% Claims with DX	N/A	37.87	N/A	88.28	N/A	99.95	N/A	133.10	13.22	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	31.64	No	83.05	No	99.97	Yes	162.50	20.37	No
% Claims with 1 DX that have 2 DX	N/A	51.90	N/A	53.32	N/A	44.08	N/A	2.74	-17.30	No
% Claims with DX, where length=3	5-25	18.69	Yes	11.74	Yes	10.95	Yes	-37.20	-6.67	Yes
% Claims with DX, where length=4	40-70	40.96	Yes	43.95	Yes	43.28	Yes	7.30	-1.53	Yes
% Claims with DX, where length=5	20-55	40.34	Yes	44.31	Yes	45.77	Yes	9.86	3.28	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	99.94	N/A	99.98	N/A	-0.06	0.04	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	94.33	No	96.04	No	97.83	No	1.81	1.86	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	76.68	N/A	78.73	N/A	81.49	N/A	2.67	3.51	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	23.31	N/A	21.27	N/A	18.51	N/A	-8.75	-13.00	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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