

2002-2004 MAX OT Validation Table
State: NM

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	11,127,673	N/A	12,705,381	N/A	12,936,239	N/A	14.18	1.82	Yes
	N/A	42.21	N/A	44.17	N/A	37.19	N/A	4.65	-15.80	No
% 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	27.27	N/A	25.85	N/A	26.49	N/A	-5.20	2.46	Yes
Total FFS Claims Excluding Capitation Payments	N/A	3,396,436	N/A	3,808,908	N/A	4,698,715	N/A	12.14	23.36	No
	5-20	27.10	No	26.45	No	20.35	No	-2.42	-23.00	No
% Crossover	> 1%	5.20	Yes	7.34	Yes	12.11	Yes	41.15	64.93	No
% Adjusted Claims	N/A	74.75	N/A	88.25	N/A	75.89	N/A	18.06	-14.00	Yes
% Standard Adjustments	N/A	\$176	N/A	\$246	N/A	\$249	N/A	39.91	1.00	Yes
Average Paid per HMO Cap Payment	N/A	47.19	N/A	46.31	N/A	42.17	N/A	-1.87	-8.93	Yes
% 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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$264	Yes	\$285	Yes	\$305	No	8.24	7.02	Yes
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	.	No	.	No	.	No	.	.	N/A
FFS 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	2,475,915	N/A	2,801,570	N/A	3,742,421	N/A	13.15	33.58	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	21.69	N/A	23.10	N/A	18.05	N/A	6.50	-21.90	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.18	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.43	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	24.36	N/A	26.16	N/A	19.76	N/A	7.40	-24.50	No
% Claims W/ Service Place 11- Office	50-90	33.57	No	32.18	No	19.02	No	-4.15	-40.90	No
% Claims W/ Service Place 12 - Home	>0-5	14.35	No	17.64	No	36.01	No	22.89	104.10	No
% Claims W/ Service Place 21 - Hospital	>0-5	4.06	Yes	3.78	Yes	3.06	Yes	-6.90	-19.10	No
% Claims W/ Service Place 32 - NF	>0-5	0.46	Yes	0.55	Yes	0.34	Yes	18.64	-38.50	No
% Claims W/ Service Place 23 - ER	1-10	5.19	Yes	5.71	Yes	4.69	Yes	9.92	-17.90	No
% Claims w/ Service Place 22 - OPD	>0-10	8.84	Yes	8.82	Yes	6.78	Yes	-0.25	-23.10	No
% Claims W/ Service Place 99 - Unknown/Other	<5	12.11	No	11.18	No	12.40	No	-7.72	10.96	Yes
% Claims with TPL	>0 - 15	0.33	Yes	0.43	Yes	0.30	Yes	29.32	-30.70	No
Aver. TPL Paid -claims with TPL	N/A	\$84	N/A	\$96	N/A	\$118	N/A	13.53	23.09	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	8.96	No	9.14	No	7.02	No	2.01	-23.20	No
% claims MAX TOS 09: Dental	2-20	7.75	Yes	7.39	Yes	4.93	Yes	-4.73	-33.30	No
% claims MAX TOS 10: Other Practioner	0.5-8	1.50	Yes	1.66	Yes	0.84	Yes	10.91	-49.70	No
% claims MAX TOS 11: OPD	3-25	10.82	Yes	11.57	Yes	8.58	Yes	6.94	-25.80	No
% claims MAX TOS 12: Clinic	2-25	3.54	Yes	3.43	Yes	1.57	No	-3.05	-54.10	No
% claims MAX TOS 13: HH	>0-25	0.23	Yes	0.14	Yes	0.10	Yes	-36.40	-33.80	No
% claims MAX TOS 15: Lab/Xray	4-20	12.50	Yes	11.81	Yes	9.27	Yes	-5.51	-21.50	No
% claims MAX TOS 16: Drugs	<3	0.70	Yes	0.74	Yes	0.50	Yes	5.76	-32.80	No
% claims MAX TOS 19: Other Services	<25	12.05	Yes	11.51	Yes	19.88	Yes	-4.46	72.70	No
% claims MAX TOS 51: DME	>3	3.64	Yes	3.66	Yes	3.67	Yes	0.38	0.36	Yes
% claims MAX TOS 26: Transportation	>1	9.33	Yes	9.12	Yes	6.04	Yes	-2.20	-33.80	No

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-26.40	-5.44	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-70.50	49.72	No
% claims MAX TOS 30: PCS	>0	11.79	Yes	13.35	Yes	18.65	Yes	13.26	39.70	No
% claims MAX TOS 31: TCM	>0	2.77	Yes	2.64	Yes	2.17	Yes	-4.87	-17.70	No
% claims MAX TOS 33: Rehabilitation	>0	0.17	Yes	0.17	Yes	0.19	Yes	3.45	11.22	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	8.88	Yes	7.64	Yes	8.27	Yes	-14.00	8.26	Yes
% claims MAX TOS 35: Hospice	>0	0.08	Yes	0.11	Yes	0.13	Yes	34.60	15.53	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.33	N/A	0.34	N/A	0.26	N/A	2.50	-23.30	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.44	N/A	0.45	N/A	0.38	N/A	1.43	-16.50	No
% claims MAX TOS 38: Private Nursing	N/A	0.04	N/A	0.01	N/A	0.01	N/A	-60.30	-50.90	No
% 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	0.58	N/A	2.74	N/A	1,440,000.00	369.90	No
% claims MAX TOS 53: Psych. Services	>1	3.65	Yes	3.74	Yes	4.79	Yes	2.46	28.06	No
% claims MAX TOS 54: Adult Day Care	>0	0.83	Yes	0.79	Yes	0.01	Yes	-5.06	-98.40	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	\$211	N/A	\$223	N/A	\$171	N/A	5.65	-23.40	No
08: Physicians	\$20-90	\$93	No	\$93	No	\$97	No	-0.31	4.30	Yes
09: Dental	\$10-60	\$57	Yes	\$57	Yes	\$58	Yes	0.11	2.10	Yes
10: Other Practioner	\$10-100	\$41	Yes	\$44	Yes	\$54	Yes	5.85	23.92	No
11: OPD	\$20-100	\$177	No	\$180	No	\$198	No	1.53	10.31	Yes
12: Clinic	\$20-100	\$85	Yes	\$86	Yes	\$142	No	0.71	65.30	No
13: HH	N/A	\$97	N/A	\$105	N/A	\$113	N/A	8.79	6.97	Yes
15: Lab/Xray	10-60	\$40	Yes	\$47	Yes	\$53	Yes	15.06	14.68	Yes
16: Drugs	10-60	\$14	Yes	\$12	Yes	\$13	Yes	-9.38	3.15	Yes
19: Other Services	N/A	\$643	N/A	\$477	N/A	\$182	N/A	-25.80	-61.70	No
51: DME	N/A	\$131	N/A	\$162	N/A	\$117	N/A	23.25	-27.60	No
26: Transportation	N/A	\$43	N/A	\$43	N/A	\$45	N/A	-0.08	4.44	Yes
30: PCS	N/A	\$508	N/A	\$487	N/A	\$233	N/A	-4.24	-52.20	No
31: Targeted Case Management	N/A	\$237	N/A	\$243	N/A	\$241	N/A	2.52	-0.77	Yes
33: Rehabilitation	N/A	\$82	N/A	\$90	N/A	\$95	N/A	9.63	5.87	Yes
34: PT/OT/speech/hear	N/A	\$27	N/A	\$26	N/A	\$23	N/A	-4.31	-11.70	Yes
35: Hospice	N/A	\$2,279	N/A	\$1,985	N/A	\$1,959	N/A	-12.90	-1.32	Yes
52: Residential Care	N/A	\$2,781	N/A	\$4,697	N/A	\$1,277	N/A	68.90	-72.80	No
53: Pysch. Services	N/A	\$104	N/A	\$103	N/A	\$81	N/A	-0.92	-21.30	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$950	N/A	\$911	N/A	\$207	N/A	-4.13	-77.30	No
% Family Planning (code 2)	N/A	1.41	N/A	1.39	N/A	0.91	N/A	-1.38	-34.50	No
% RHC (code 3)	N/A	0.03	N/A	0.03	N/A	0.02	N/A	-19.20	-22.40	No
% FQHC (code 4)	N/A	3.39	N/A	3.30	N/A	1.06	N/A	-2.66	-67.80	No
% FQHC (code 5)	N/A	7.35	N/A	7.34	N/A	5.36	N/A	-0.25	-26.90	No
% IHS (code 6,7)	N/A	9.67	N/A	10.70	N/A	22.66	N/A	10.61	111.90	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$80	N/A	\$84	N/A	\$91	N/A	5.22	8.76	Yes
RHC (code 3)	N/A	\$50	N/A	\$59	N/A	\$59	N/A	17.62	-0.09	Yes
FQHC (code 4)	N/A	\$64	N/A	\$66	N/A	\$135	N/A	3.19	105.00	No
IHS (code 5)	N/A	\$192	N/A	\$199	N/A	\$211	N/A	3.57	6.09	Yes

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Waiver (code 6-7)	N/A	\$867	N/A	\$830	N/A	\$316	N/A	-4.25	-61.90	No
% Claims with DX	> 60	82.32	Yes	81.85	Yes	54.85	No	-0.57	-33.00	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.79	Yes	99.82	Yes	99.36	Yes	0.04	-0.47	Yes
% Claims with 1 DX that have 2 DX	N/A	25.29	N/A	27.67	N/A	30.70	N/A	9.40	10.95	Yes
% Claims with DX, where length=3	5-25	3.75	No	3.74	No	4.03	No	-0.39	7.82	Yes
% Claims with DX, where length=4	40-70	59.77	Yes	60.12	Yes	57.39	Yes	0.59	-4.55	Yes
% Claims with DX, where length=5	20-55	36.48	Yes	36.14	Yes	38.57	Yes	-0.93	6.74	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	98.04	Yes	98.16	Yes	98.52	Yes	0.13	0.36	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	28.29	N/A	28.64	N/A	37.34	N/A	1.24	30.40	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	13.19	N/A	12.72	N/A	62.43	N/A	-3.60	390.90	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	58.52	N/A	58.64	N/A	0.22	N/A	0.21	-99.60	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 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	96.69	N/A	96.46	N/A	96.59	N/A	-0.24	0.13	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	920,521	N/A	1,007,338	N/A	956,294	N/A	9.43	-5.07	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	4.25	N/A	4.14	N/A	4.43	N/A	-2.67	6.97	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.10	N/A	0.12	N/A	0.02	N/A	16.08	-83.60	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	4.51	N/A	4.42	N/A	4.58	N/A	-2.06	3.60	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	42.87	N/A	43.24	N/A	44.08	N/A	0.86	1.95	Yes
% claims MAX TOS 10: Other Practitioner	N/A	3.42	N/A	3.51	N/A	3.22	N/A	2.42	-8.25	Yes
% claims MAX TOS 11: OPD	N/A	5.88	N/A	6.52	N/A	3.31	N/A	10.79	-49.20	No
% claims MAX TOS 12: Clinic	N/A	1.35	N/A	1.43	N/A	2.79	N/A	5.69	95.32	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	82.76	-100.00	No
% claims MAX TOS 15: Lab/Xray	N/A	16.95	N/A	14.54	N/A	13.96	N/A	-14.20	-4.02	Yes
% claims MAX TOS 19: Other Services	N/A	3.12	N/A	1.83	N/A	1.46	N/A	-41.30	-20.60	No
% claims MAX TOS 51: DME	N/A	10.96	N/A	12.09	N/A	13.64	N/A	10.31	12.78	Yes
% claims MAX TOS 26: Transportation	N/A	1.59	N/A	2.08	N/A	2.05	N/A	31.05	-1.58	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	0.17	N/A	0.11	N/A	0.08	N/A	-35.60	-21.30	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	1.01	N/A	1.11	N/A	1.01	N/A	10.00	-8.71	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	.	.	N/A
% claims MAX TOS 53: Psych. Services	N/A	4.11	N/A	5.09	N/A	5.30	N/A	23.78	4.14	Yes
% 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	\$31	N/A	\$32	N/A	\$42	N/A	2.56	29.86	No
% Claims with DX	N/A	99.36	N/A	99.89	N/A	99.98	N/A	0.54	0.08	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.18	Yes	99.99	Yes	100.00	Yes	0.82	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	59.34	N/A	59.06	N/A	59.81	N/A	-0.48	1.27	Yes
% Claims with DX, where length=3	5-25	13.18	Yes	12.23	Yes	12.41	Yes	-7.19	1.42	Yes
% Claims with DX, where length=4	40-70	42.67	Yes	42.14	Yes	42.33	Yes	-1.24	0.46	Yes
% Claims with DX, where length=5	20-55	44.13	Yes	45.62	Yes	45.22	Yes	3.37	-0.87	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	.	N/A	0.00	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	91.89	No	91.73	No	89.73	No	-0.17	-2.19	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	82.26	N/A	81.36	N/A	77.85	N/A	-1.10	-4.31	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	16.72	N/A	18.56	N/A	22.05	N/A	11.00	18.82	No
% Other Codes Indicator /Claims with Service Codes	N/A	1.02	N/A	0.08	N/A	0.10	N/A	-91.90	17.74	No

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