

1999-2001 MAX OT Validation Table
State: NM

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	6,220,463	N/A	7,662,642	N/A	8,822,390	N/A	23.18	15.14	No
*	N/A	24.62	N/A	37.78	N/A	40.64	N/A	53.46	7.57	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	N/A									
% Claims (Claim Type=2, and MAX TOS	N/A	46.35	N/A	33.69	N/A	30.32	N/A	-27.31	-10.00	Yes
Total FFS Claims Excluding Capitation Payments	N/A	1,806,007	N/A	2,185,990	N/A	2,561,885	N/A	21.04	17.20	No
	5-20	24.56	No	22.00	No	21.18	No	-10.40	-3.76	Yes
% Crossover	> 1%	0.53	No	0.34	No	3.06	Yes	-36.15	809.32	No
% Adjusted Claims	N/A	.	N/A	81.57	N/A	38.29	N/A	N/A	-53.06	No
% Standard Adjustments	N/A	\$330	N/A	\$239	N/A	\$319	N/A	-27.70	33.54	No
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	61.48	N/A	54.15	N/A	51.08	N/A	-11.93	-5.67	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	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	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$183	Yes	\$207	Yes	\$241	Yes	13.36	16.04	No
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	No	.	No	N/A	N/A	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	N/A	N/A	N/A
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	1,362,500	N/A	1,705,021	N/A	2,019,387	N/A	25.14	18.44	No
% Claims with> \$0 Paid	>95%	99.99	Yes	100.00	Yes	100.00	Yes	0.01	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	16.23	N/A	16.37	N/A	20.74	N/A	0.87	26.74	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	3.87	N/A	0.90	N/A	1.13	N/A	-76.78	26.28	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	92.51	N/A	92.36	N/A	68.51	N/A	-0.17	-25.83	No
% Other Claims with Span Bills/All Other Claims	N/A	17.05	N/A	17.78	N/A	22.88	N/A	4.28	28.68	No
% Claims W/ Service Place 11- Office	50-90	32.42	No	35.60	No	38.28	No	9.81	7.53	Yes
% Claims W/ Service Place 12 - Home	>0-5	3.24	Yes	4.76	Yes	6.84	No	47.04	43.61	No
% Claims W/ Service Place 21 - Hospital	>0-5	5.19	No	5.45	No	4.57	Yes	5.13	-16.25	No
% Claims W/ Service Place 32 - NF	>0-5	1.01	Yes	0.68	Yes	0.59	Yes	-32.83	-13.06	Yes
% Claims W/ Service Place 23 - ER	1-10	0.99	No	1.25	Yes	1.73	Yes	26.90	38.07	No
% Claims w/ Service Place 22 - OPD	>0-10	11.32	No	14.84	No	13.89	No	31.09	-6.44	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	30.09	No	21.75	No	12.40	No	-27.71	-43.01	N/A
% Claims with TPL	>0 - 15	0.13	Yes	0.17	Yes	0.25	Yes	30.66	42.57	No
Aver. TPL Paid -claims with TPL	N/A	\$76	N/A	\$64	N/A	\$70	N/A	-16.23	10.43	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	11.81	Yes	11.54	Yes	10.17	Yes	-2.31	-11.86	Yes
% claims MAX TOS 09: Dental	2-20	4.49	Yes	5.66	Yes	7.50	Yes	25.93	32.57	No
% claims MAX TOS 10: Other Practitioners	0.5-8	2.86	Yes	3.16	Yes	2.69	Yes	10.16	-14.72	Yes
% claims MAX TOS 11: OPD	3-25	7.79	Yes	8.98	Yes	10.10	Yes	15.35	12.52	Yes
% claims MAX TOS 12: Clinic	2-25	26.44	No	21.67	Yes	12.98	Yes	-18.07	-40.07	No
% claims MAX TOS 13: HH	>0-25	0.27	Yes	0.14	Yes	0.14	Yes	-48.19	-2.98	Yes
% claims MAX TOS 15: Lab/Xray	4-20	6.77	Yes	9.95	Yes	9.93	Yes	46.96	-0.21	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.95	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	10.30	Yes	12.39	Yes	20.34	Yes	20.31	64.20	No
% claims MAX TOS 51: DME	>3	2.96	No	3.81	Yes	4.11	Yes	28.77	7.85	Yes
% claims MAX TOS 26: Transportation	>1	15.25	Yes	13.20	Yes	10.08	Yes	-13.41	-23.63	No
% claims MAX TOS 24: Sterilizations	N/A	0.08	N/A	0.05	N/A	0.04	N/A	-34.57	-17.31	No
% claims MAX TOS 25: Abortions	N/A	0.03	N/A	0.02	N/A	0.02	N/A	-15.82	-26.37	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.79	Yes	N/A	N/A	N/A
% claims MAX TOS 31: TCM	>0	1.32	Yes	1.24	Yes	3.23	Yes	-5.59	160.18	No
% claims MAX TOS 33: Rehabilitation	>0	0.28	Yes	0.31	Yes	0.25	Yes	12.65	-19.50	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.06	No	0.07	No	1.10	Yes	21.81	1482.06	N/A
% claims MAX TOS 35: Hospice	>0	0.06	Yes	0.06	Yes	0.07	Yes	-6.72	27.83	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.02	N/A	0.03	N/A	26.42	96.26	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.08	N/A	0.09	N/A	0.17	N/A	11.67	88.37	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-16.52	17.94	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	0.97	N/A	0.83	N/A	0.71	N/A	-14.16	-15.22	No
% claims MAX TOS 53: Psych. Services	>1	7.14	Yes	5.83	Yes	3.62	Yes	-18.31	-37.92	No
% claims MAX TOS 54: Adult Day Care	>0	1.02	Yes	0.97	Yes	0.96	Yes	-4.94	-1.65	Yes
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$159	N/A	\$172	N/A	\$205	N/A	7.79	19.45	No
08: Physicians	\$20-90	\$64	Yes	\$71	Yes	\$89	Yes	10.92	24.99	No
09: Dental	\$10-60	\$42	Yes	\$57	Yes	\$58	Yes	36.78	1.34	Yes
10: Other Practitioner	\$10-100	\$46	Yes	\$45	Yes	\$44	Yes	-1.83	-0.99	Yes
11: OPD	\$20-100	\$189	No	\$167	No	\$176	No	-11.76	5.69	Yes
12: Clinic	\$20-100	\$34	Yes	\$39	Yes	\$49	Yes	16.61	26.11	No
13: HH	N/A	\$399	N/A	\$380	N/A	\$238	N/A	-4.78	-37.29	No
15: Lab/Xray	10-60	\$26	Yes	\$84	No	\$85	No	223.19	1.33	Yes
16: Drugs	10-60	.	No	.	No	\$12	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$409	N/A	\$450	N/A	\$433	N/A	10.04	-3.69	Yes
51: DME	N/A	\$86	N/A	\$112	N/A	\$136	N/A	30.47	21.19	No
26: Transportation	N/A	\$36	N/A	\$36	N/A	\$41	N/A	2.54	13.71	Yes
30: PCS	N/A	.	N/A	.	N/A	\$510	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	\$194	N/A	\$176	N/A	\$255	N/A	-9.22	45.33	No
33: Rehabilitation	N/A	\$53	N/A	\$50	N/A	\$58	N/A	-4.96	15.13	No
34: PT/OT/speech/hear	N/A	\$108	N/A	\$140	N/A	\$33	N/A	29.05	-76.06	N/A
35: Hospice	N/A	\$1,995	N/A	\$1,971	N/A	\$2,162	N/A	-1.20	9.69	Yes
52: Residential Care	N/A	\$4,508	N/A	\$4,556	N/A	\$4,590	N/A	1.06	0.75	Yes
53: Psych. Services	N/A	\$200	N/A	\$187	N/A	\$97	N/A	-6.48	-48.34	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$919	N/A	\$914	N/A	\$913	N/A	-0.60	-0.06	Yes
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	1.14	N/A	1.52	N/A	1.44	N/A	32.93	-4.98	Yes
	N/A	0.04	N/A	0.05	N/A	0.03	N/A	14.96	-33.41	No

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(code 4)	N/A	3.44	N/A	3.44	N/A	2.87	N/A	-0.08	-16.72	No
% FQHC (code 5)	N/A	4.24	N/A	7.20	N/A	8.17	N/A	69.70	13.45	N/A
% IHS Waiver (code 6,7)	N/A	9.67	N/A	9.36	N/A	10.41	N/A	-3.24	11.26	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$74	N/A	\$58	N/A	\$75	N/A	-22.07	30.44	No
RHC (code 3)	N/A	\$45	N/A	\$57	N/A	\$61	N/A	27.93	6.38	Yes
FQHC (code 4)	N/A	\$66	N/A	\$70	N/A	\$72	N/A	4.94	3.29	Yes
IHS (code 5)	N/A	\$172	N/A	\$173	N/A	\$183	N/A	0.11	5.84	N/A
Waiver (code 6-7)	N/A	\$941	N/A	\$907	N/A	\$830	N/A	-3.62	-8.49	Yes
% Claims with DX	> 60	84.54	Yes	83.97	Yes	81.40	Yes	-0.69	-3.05	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	99.99	Yes	0.00	-0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	13.96	N/A	17.43	N/A	20.11	N/A	24.82	15.38	No
% Claims with DX, where length=3	5-25	2.50	No	2.95	No	3.07	No	18.04	4.26	Yes
% Claims with DX, where length=4	40-70	52.35	Yes	54.56	Yes	58.39	Yes	4.22	7.03	Yes
% Claims with DX, where length=5	20-55	45.10	Yes	42.22	Yes	38.29	Yes	-6.38	-9.30	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	88.09	N/A	0.00	-11.91	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	98.78	Yes	98.49	Yes	98.50	Yes	-0.30	0.01	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	23.35	N/A	25.31	N/A	25.41	N/A	8.40	0.36	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	8.77	N/A	11.03	N/A	13.46	N/A	25.73	22.04	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	N/A	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	67.87	N/A	63.65	N/A	61.13	N/A	-6.21	-3.96	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	100.00	N/A	100.00	N/A	99.69	N/A	0.00	-0.31	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	443,507	N/A	480,969	N/A	542,498	N/A	8.45	12.79	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	11.60	N/A	11.00	N/A	8.91	N/A	-5.23	-18.94	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	5.51	N/A	4.39	N/A	0.55	N/A	-20.32	-87.58	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	30.77	N/A	47.37	N/A	90.00	N/A	53.95	90.00	N/A
% Other Claims with Span Bills/All Other Claims	N/A	11.92	N/A	11.37	N/A	9.30	N/A	-4.59	-18.23	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	68.89	N/A	66.77	N/A	63.11	N/A	-3.08	-5.47	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	7.01	N/A	6.99	N/A	6.51	N/A	-0.25	-6.89	Yes
% claims MAX TOS 11: OPD	N/A	4.97	N/A	5.41	N/A	4.42	N/A	8.97	-18.28	No
% claims MAX TOS 12: Clinic	N/A	4.06	N/A	4.44	N/A	2.59	N/A	9.39	-41.75	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	34.77	-53.34	N/A
% claims MAX TOS 15: Lab/Xray	N/A	0.80	N/A	1.90	N/A	4.41	N/A	136.52	131.56	No
% claims MAX TOS 19: Other Services	N/A	10.35	N/A	10.56	N/A	11.25	N/A	2.05	6.48	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	1.54	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	2.11	N/A	1.93	N/A	1.96	N/A	-8.36	1.36	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	0.03	N/A	0.01	N/A	0.00	N/A	-76.23	-54.33	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.17	N/A	0.22	N/A	0.19	N/A	25.48	-9.98	Yes
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.21	N/A	0.27	N/A	0.60	N/A	28.83	125.03	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	0.00	N/A	0.61	N/A	N/A	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	N/A	N/A
Average Amount Paid	N/A	\$36	N/A	\$36	N/A	\$35	N/A	0.54	-2.71	Yes
% Claims with DX	N/A	0.00	N/A	0.00	N/A	17.11	N/A	N/A	N/A	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	0.00	No	0.00	No	13.22	No	N/A	N/A	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	.	N/A	61.61	N/A	N/A	N/A	N/A
% Claims with DX, where length=3	5-25	.	No	.	No	15.90	Yes	N/A	N/A	N/A
% Claims with DX, where length=4	40-70	.	No	.	No	43.23	Yes	N/A	N/A	N/A
% Claims with DX, where length=5	20-55	.	No	.	No	40.65	Yes	N/A	N/A	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	21.22	N/A	N/A	N/A	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	50.00	N/A	0.00	-50.00	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	24.36	No	N/A	N/A	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	52.18	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	9.45	N/A	N/A	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	38.37	N/A	N/A	N/A	N/A

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