

**2002-2004 MAX OT Validation Table**  
**State: SD**

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	3,321,758	N/A	3,555,855	N/A	3,584,911	N/A	7.05	0.82	Yes
	N/A	3.50	N/A	3.88	N/A	1.83	N/A	10.79	-52.80	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	47.31	N/A	46.24	N/A	47.10	N/A	-2.26	1.85	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	1,633,827	N/A	1,773,556	N/A	1,830,804	N/A	8.55	3.23	Yes
Total FFS Claims Excluding Capitation Payments	5-20	18.59	Yes	18.48	Yes	18.39	Yes	-0.61	-0.51	Yes
% Crossover	> 1%	0.49	No	0.48	No	0.74	No	-2.04	54.75	No
% Adjusted Claims	N/A	70.18	N/A	75.96	N/A	85.48	N/A	8.23	12.53	Yes
% Standard Adjustments	N/A	\$369	N/A	\$435	N/A	\$425	N/A	17.63	-2.27	Yes
Average Paid per HMO Cap Payment	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	34.03	N/A	33.52	N/A	33.51	N/A	-1.52	-0.02	Yes
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	15.00	N/A	14.59	N/A	14.47	N/A	-2.68	-0.87	Yes
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	\$6	No	\$6	No	\$6	No	0.06	0.09	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	1,330,023	N/A	1,445,791	N/A	1,494,183	N/A	8.70	3.35	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	8.59	N/A	8.38	N/A	8.50	N/A	-2.44	1.44	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.85	N/A	9.70	N/A	11.90	N/A	-10.60	22.67	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	24.88	N/A	41.53	N/A	35.10	N/A	66.90	-15.50	No
% Other Claims with Span Bills/All Other Claims	N/A	8.45	N/A	8.24	N/A	8.30	N/A	-2.48	0.71	Yes
% Claims W/ Service Place 11- Office	50-90	48.71	No	47.18	No	47.83	No	-3.15	1.39	Yes
% Claims W/ Service Place 12 - Home	>0-5	2.61	Yes	2.59	Yes	2.65	Yes	-0.79	2.33	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	7.13	No	7.24	No	7.39	No	1.56	2.06	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.11	Yes	0.09	Yes	0.11	Yes	-18.90	24.12	No
% Claims W/ Service Place 23 - ER	1-10	2.88	Yes	3.02	Yes	3.04	Yes	4.77	0.95	Yes
% Claims w/ Service Place 22 - OPD	>0-10	18.89	No	18.80	No	18.04	No	-0.46	-4.05	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	9.53	No	10.00	No	9.63	No	5.00	-3.75	Yes
% Claims with TPL	>0 - 15	1.28	Yes	1.11	Yes	1.09	Yes	-13.00	-2.04	Yes
Aver. TPL Paid -claims with TPL	N/A	\$61	N/A	\$67	N/A	\$69	N/A	10.27	3.59	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	26.81	Yes	27.82	Yes	27.88	Yes	3.76	0.22	Yes
% claims MAX TOS 09: Dental	2-20	0.01	No	0.01	No	0.01	No	-27.30	3.67	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	6.54	Yes	7.78	Yes	7.21	Yes	19.02	-7.41	Yes
% claims MAX TOS 11: OPD	3-25	4.39	Yes	5.27	Yes	3.96	Yes	20.13	-24.90	No
% claims MAX TOS 12: Clinic	2-25	11.79	Yes	11.75	Yes	11.24	Yes	-0.41	-4.27	Yes
% claims MAX TOS 13: HH	>0-25	0.21	Yes	0.19	Yes	0.22	Yes	-10.80	17.77	No
% claims MAX TOS 15: Lab/Xray	4-20	25.01	No	21.98	No	23.17	No	-12.10	5.43	Yes
% claims MAX TOS 16: Drugs	<3	2.63	Yes	2.41	Yes	1.75	Yes	-8.69	-27.00	No
% claims MAX TOS 19: Other Services	<25	2.49	Yes	2.75	Yes	2.29	Yes	10.31	-16.70	No
% claims MAX TOS 51: DME	>3	4.43	Yes	3.41	Yes	4.63	Yes	-23.00	35.86	No
% claims MAX TOS 26: Transportation	>1	3.29	Yes	3.76	Yes	3.87	Yes	14.34	2.96	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	2.29	Yes	2.11	Yes	2.10	Yes	-7.67	-0.45	Yes
% claims MAX TOS 31: TCM	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	0.82	Yes	0.82	Yes	0.20	Yes	-0.22	-76.00	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	2.34	Yes	2.66	Yes	3.25	Yes	13.67	22.50	No
% claims MAX TOS 35: Hospice	>0	0.01	Yes	0.02	Yes	0.02	Yes	97.70	42.57	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.11	N/A	0.12	N/A	0.17	N/A	8.60	42.40	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-15.10	-3.24	Yes
% 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	0.00	N/A	0.63	N/A	2.21	91,378.00	No
% claims MAX TOS 53: Psych. Services	>1	6.64	Yes	6.91	Yes	7.07	Yes	3.96	2.33	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.00	Yes	0.00	Yes	0.00	Yes	-54.00	1.37	Yes
% claims MAX TOS 99: Unknown	<1	0.19	Yes	0.26	Yes	0.32	Yes	37.39	23.26	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$150	N/A	\$152	N/A	\$159	N/A	1.61	4.65	Yes
08: Physicians	\$20-90	\$63	Yes	\$62	Yes	\$65	Yes	-0.50	4.45	Yes
09: Dental	\$10-60	\$190	No	\$253	No	\$152	No	33.31	-39.90	No
10: Other Practioner	\$10-100	\$36	Yes	\$38	Yes	\$35	Yes	5.64	-8.52	Yes
11: OPD	\$20-100	\$339	No	\$319	No	\$399	No	-5.85	25.03	No
12: Clinic	\$20-100	\$172	No	\$178	No	\$186	No	3.47	4.21	Yes
13: HH	N/A	\$195	N/A	\$284	N/A	\$284	N/A	45.44	0.28	Yes
15: Lab/Xray	10-60	\$33	Yes	\$35	Yes	\$42	Yes	4.70	19.77	No
16: Drugs	10-60	\$12	Yes	\$19	Yes	\$25	Yes	54.79	33.00	No
19: Other Services	N/A	\$1,843	N/A	\$1,636	N/A	\$2,057	N/A	-11.20	25.76	No
51: DME	N/A	\$113	N/A	\$127	N/A	\$125	N/A	12.43	-1.52	Yes
26: Transportation	N/A	\$79	N/A	\$71	N/A	\$66	N/A	-9.63	-6.90	Yes
30: PCS	N/A	\$207	N/A	\$226	N/A	\$264	N/A	9.39	16.51	No
31: Targeted Case Management	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabilitation	N/A	\$1,892	N/A	\$1,912	N/A	\$805	N/A	1.03	-57.90	No
34: PT/OT/speech/hear	N/A	\$68	N/A	\$69	N/A	\$63	N/A	0.16	-7.65	Yes
35: Hospice	N/A	\$1,789	N/A	\$2,107	N/A	\$2,074	N/A	17.78	-1.60	Yes
52: Residential Care	N/A	\$31	N/A	\$33	N/A	\$2,347	N/A	7.74	6,928.00	No
53: Pysch. Services	N/A	\$161	N/A	\$155	N/A	\$154	N/A	-3.88	-0.76	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$311	N/A	\$417	N/A	\$459	N/A	33.88	10.15	Yes
% Family Planning (code 2)	N/A	0.30	N/A	0.27	N/A	0.27	N/A	-10.80	1.91	Yes
% RHC (code 3)	N/A	1.92	N/A	1.84	N/A	1.79	N/A	-4.08	-2.50	Yes
% FQHC (code 4)	N/A	1.83	N/A	2.13	N/A	2.30	N/A	16.21	8.03	Yes
% FQHC (code 5)	N/A	9.72	N/A	9.28	N/A	8.52	N/A	-4.54	-8.20	Yes
% IHS (code 6,7)	N/A	1.82	N/A	1.72	N/A	1.67	N/A	-5.62	-2.88	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$125	N/A	\$136	N/A	\$130	N/A	8.48	-4.39	Yes
RHC (code 3)	N/A	\$80	N/A	\$86	N/A	\$90	N/A	7.95	3.80	Yes
FQHC (code 4)	N/A	\$113	N/A	\$116	N/A	\$121	N/A	2.87	3.74	Yes
IHS (code 5)	N/A	\$197	N/A	\$201	N/A	\$212	N/A	2.16	5.40	Yes

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Waver (code 6-7)	N/A	\$2,491	N/A	\$2,573	N/A	\$2,796	N/A	3.29	8.68	Yes
% Claims with DX	> 60	87.78	Yes	88.42	Yes	88.04	Yes	0.74	-0.43	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.97	Yes	99.95	Yes	99.95	Yes	-0.02	-0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	42.99	N/A	39.89	N/A	34.74	N/A	-7.21	-12.90	Yes
% Claims with DX, where length=3	5-25	7.37	Yes	7.14	Yes	6.69	Yes	-3.10	-6.29	Yes
% Claims with DX, where length=4	40-70	56.23	Yes	54.67	Yes	53.47	Yes	-2.76	-2.20	Yes
% Claims with DX, where length=5	20-55	36.40	Yes	38.18	Yes	39.83	Yes	4.90	4.32	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	86.03	No	87.42	No	86.86	No	1.61	-0.64	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	74.13	N/A	75.01	N/A	76.71	N/A	1.19	2.27	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	14.51	N/A	14.88	N/A	14.97	N/A	2.56	0.65	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.86	N/A	0.80	N/A	0.52	N/A	-7.30	-34.60	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	10.50	N/A	9.31	N/A	7.79	N/A	-11.30	-16.30	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 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	55.69	N/A	55.55	N/A	56.94	N/A	-0.25	2.50	Yes
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	303,804	N/A	327,765	N/A	336,621	N/A	7.89	2.70	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	4.53	N/A	3.94	N/A	3.88	N/A	-13.00	-1.61	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	16.93	N/A	15.24	N/A	16.98	N/A	-10.00	11.42	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	62.50	N/A	100.00	N/A	0.00	N/A	60.00	-100.00	No
% Other Claims with Span Bills/All Other Claims	N/A	3.49	N/A	2.90	N/A	2.79	N/A	-17.00	-3.82	Yes
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	50.41	N/A	50.02	N/A	48.47	N/A	-0.77	-3.10	Yes
% claims MAX TOS 10: Other Practitioner	N/A	9.61	N/A	10.05	N/A	11.31	N/A	4.51	12.57	Yes
% claims MAX TOS 11: OPD	N/A	7.67	N/A	8.43	N/A	7.67	N/A	9.79	-9.02	Yes
% claims MAX TOS 12: Clinic	N/A	9.31	N/A	8.38	N/A	8.79	N/A	-10.00	4.95	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-65.20	354.40	No
% claims MAX TOS 15: Lab/Xray	N/A	10.85	N/A	10.90	N/A	10.49	N/A	0.43	-3.73	Yes
% claims MAX TOS 19: Other Services	N/A	7.68	N/A	7.82	N/A	8.52	N/A	1.83	8.99	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	2.58	N/A	2.80	N/A	2.70	N/A	8.68	-3.70	Yes
% 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	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.09	N/A	0.10	N/A	0.09	N/A	8.14	-2.63	Yes

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	1.79	N/A	1.52	N/A	1.95	N/A	-15.30	28.80	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	\$28	N/A	\$28	N/A	\$30	N/A	-1.78	9.51	Yes
% Claims with DX	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	0.00	No	0.00	No	0.00	No	.	.	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Claims with DX, where length=3	5-25	.	No	.	No	.	No	.	.	N/A
% Claims with DX, where length=4	40-70	.	No	.	No	.	No	.	.	N/A
% Claims with DX, where length=5	20-55	.	No	.	No	.	No	.	.	N/A
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	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	100.00	N/A	0.00	0.00	Yes
% 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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