

2002-2004 MAX OT Validation Table
State: UT

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	5,211,150	N/A	6,370,525	N/A	5,664,190	N/A	22.25	-11.10	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	52.75	N/A	45.53	N/A	35.95	N/A	-13.70	-21.00	No
Total FFS Claims Excluding Capitation Payments	N/A	2,462,368	N/A	3,470,287	N/A	3,627,771	N/A	40.93	4.54	Yes
	5-20	8.50	Yes	6.91	Yes	4.63	No	-18.70	-33.10	No
% Crossover	> 1%	5.79	Yes	5.99	Yes	6.87	Yes	3.38	14.75	Yes
% Adjusted Claims	N/A	29.49	N/A	31.24	N/A	32.32	N/A	5.93	3.45	Yes
% Standard Adjustments	N/A	\$113	N/A	\$100	N/A	\$129	N/A	-11.60	28.69	No
Average Paid per HMO Cap Payment	N/A	20.31	N/A	16.00	N/A	0.10	N/A	-21.20	-99.40	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	32.44	N/A	29.52	N/A	35.85	N/A	-8.99	21.43	No
% 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	\$130	Yes	\$86	Yes	\$337	No	-34.00	293.80	No
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$46	Yes	\$44	Yes	\$45	Yes	-2.85	1.54	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	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	2,252,986	N/A	3,230,377	N/A	3,459,866	N/A	43.38	7.10	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	12.54	N/A	10.80	N/A	10.54	N/A	-13.90	-2.40	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	9.75	N/A	20.53	N/A	11.02	N/A	110.70	-46.30	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	10.66	N/A	10.01	N/A	7.19	N/A	-6.07	-28.10	No
% Other Claims with Span Bills/All Other Claims	N/A	12.69	N/A	9.89	N/A	10.60	N/A	-22.10	7.15	Yes
% Claims W/ Service Place 11- Office	50-90	48.46	No	46.69	No	47.50	No	-3.65	1.72	Yes
% Claims W/ Service Place 12 - Home	>0-5	5.03	No	5.08	No	4.76	Yes	0.94	-6.19	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	5.67	No	5.61	No	5.00	Yes	-0.97	-11.00	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.13	Yes	0.10	Yes	0.12	Yes	-18.20	10.17	Yes
% Claims W/ Service Place 23 - ER	1-10	3.73	Yes	9.66	Yes	9.59	Yes	158.70	-0.69	Yes
% Claims w/ Service Place 22 - OPD	>0-10	18.96	No	17.62	No	19.15	No	-7.04	8.68	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	13.62	No	10.26	No	9.65	No	-24.70	-5.88	Yes
% Claims with TPL	>0 - 15	1.34	Yes	2.04	Yes	1.41	Yes	51.83	-30.80	No
Aver. TPL Paid -claims with TPL	N/A	\$95	N/A	\$124	N/A	\$161	N/A	31.19	29.43	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	20.62	Yes	21.99	Yes	10.22	Yes	6.64	-53.50	No
% claims MAX TOS 09: Dental	2-20	22.34	No	14.61	Yes	16.53	Yes	-34.60	13.13	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.61	Yes	0.91	Yes	1.04	Yes	49.48	13.93	Yes
% claims MAX TOS 11: OPD	3-25	4.01	Yes	8.57	Yes	4.14	Yes	114.00	-51.70	No
% claims MAX TOS 12: Clinic	2-25	1.73	No	2.84	Yes	17.79	Yes	63.86	526.40	No
% claims MAX TOS 13: HH	>0-25	1.34	Yes	1.18	Yes	2.05	Yes	-12.40	74.36	No
% claims MAX TOS 15: Lab/Xray	4-20	21.11	No	26.68	No	24.94	No	26.43	-6.53	Yes
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.50	Yes	0.29	Yes	.	-42.60	No
% claims MAX TOS 19: Other Services	<25	7.57	Yes	4.25	Yes	6.03	Yes	-43.80	41.71	No
% claims MAX TOS 51: DME	>3	4.42	Yes	4.38	Yes	4.18	Yes	-0.82	-4.52	Yes
% claims MAX TOS 26: Transportation	>1	1.11	Yes	1.08	Yes	1.16	Yes	-2.49	7.14	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.01	N/A	0.09	N/A	16.72	498.00	No
% 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	1.43	Yes	1.11	Yes	0.94	Yes	-22.80	-14.90	Yes
% claims MAX TOS 31: TCM	>0	1.78	Yes	2.18	Yes	1.21	Yes	22.38	-44.30	No
% claims MAX TOS 33: Rehabilitation	>0	1.86	Yes	1.07	Yes	0.26	Yes	-42.30	-75.70	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.24	No	0.20	No	0.70	No	-15.40	244.90	No
% claims MAX TOS 35: Hospice	>0	0.11	Yes	0.04	Yes	0.12	Yes	-59.70	175.90	No
% 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	0.53	N/A	0.50	N/A	0.59	N/A	-5.42	18.09	No
% claims MAX TOS 38: Private Nursing	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-46.40	36.62	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	1.55	N/A	1.15	N/A	0.24	N/A	-25.80	-79.00	No
% claims MAX TOS 53: Psych. Services	>1	3.96	Yes	4.40	Yes	7.42	Yes	11.20	68.59	No
% claims MAX TOS 54: Adult Day Care	>0	3.65	Yes	2.26	Yes	0.03	Yes	-37.90	-98.70	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.04	Yes	0.00	Yes	.	-100.00	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$124	N/A	\$113	N/A	\$117	N/A	-9.22	3.32	Yes
08: Physicians	\$20-90	\$72	Yes	\$65	Yes	\$69	Yes	-9.56	5.85	Yes
09: Dental	\$10-60	\$30	Yes	\$30	Yes	\$31	Yes	-0.07	3.38	Yes
10: Other Practitioner	\$10-100	\$46	Yes	\$39	Yes	\$31	Yes	-13.50	-20.20	No
11: OPD	\$20-100	\$153	No	\$204	No	\$145	No	32.85	-28.80	No
12: Clinic	\$20-100	\$218	No	\$148	No	\$77	Yes	-31.90	-48.30	No
13: HH	N/A	\$153	N/A	\$155	N/A	\$123	N/A	1.34	-20.80	No
15: Lab/Xray	10-60	\$39	Yes	\$44	Yes	\$48	Yes	11.77	9.81	Yes
16: Drugs	10-60	.	No	\$82	No	\$193	No	.	134.60	No
19: Other Services	N/A	\$242	N/A	\$231	N/A	\$525	N/A	-4.82	127.40	No
51: DME	N/A	\$94	N/A	\$117	N/A	\$138	N/A	24.29	17.84	No
51: DME	N/A	\$92	N/A	\$77	N/A	\$83	N/A	-16.10	7.44	Yes
26: Transportation	N/A	\$24	N/A	\$20	N/A	\$30	N/A	-17.70	55.11	No
30: PCS	N/A	\$353	N/A	\$260	N/A	\$400	N/A	-26.50	54.16	No
31: Targeted Case Management	N/A	\$65	N/A	\$68	N/A	\$50	N/A	4.34	-25.80	No
33: Rehabilitation	N/A	\$49	N/A	\$43	N/A	\$24	N/A	-12.00	-43.60	No
34: PT/OT/speech/hear	N/A	\$1,752	N/A	\$1,642	N/A	\$2,045	N/A	-6.25	24.52	No
35: Hospice	N/A	\$2,392	N/A	\$2,111	N/A	\$803	N/A	-11.70	-62.00	No
52: Residential Care	N/A	\$92	N/A	\$102	N/A	\$271	N/A	10.73	165.40	No
53: Pysch. Services	N/A	\$201	N/A	\$250	N/A	\$269	N/A	24.29	7.47	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.06	N/A	0.08	N/A	0.29	N/A	32.36	279.00	No
% RHC (code 3)	N/A	0.59	N/A	0.44	N/A	0.40	N/A	-24.80	-9.61	Yes
% FQHC (code 4)	N/A	0.64	N/A	0.54	N/A	0.25	N/A	-15.70	-53.10	No
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% IHS (code 6,7)	N/A	7.58	N/A	5.91	N/A	5.60	N/A	-22.00	-5.32	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$157	N/A	\$160	N/A	\$130	N/A	2.53	-18.70	No
RHC (code 3)	N/A	\$60	N/A	\$66	N/A	\$68	N/A	8.40	3.87	Yes
FQHC (code 4)	N/A	\$118	N/A	\$84	N/A	\$297	N/A	-28.40	251.90	No
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6, 7)	N/A	\$580	N/A	\$593	N/A	\$604	N/A	2.36	1.76	Yes
% Claims with DX	> 60	76.38	Yes	83.24	Yes	82.33	Yes	8.98	-1.10	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	97.20	Yes	100.00	Yes	-2.80	2.88	Yes
% Claims with 1 DX that have 2 DX	N/A	32.98	N/A	36.83	N/A	37.36	N/A	11.68	1.44	Yes
% Claims with DX, where length=3	5-25	9.85	Yes	8.48	Yes	7.80	Yes	-13.90	-7.99	Yes
% Claims with DX, where length=4	40-70	51.98	Yes	51.44	Yes	50.79	Yes	-1.04	-1.26	Yes
% Claims with DX, where length=5	20-55	38.17	Yes	40.08	Yes	41.41	Yes	5.01	3.31	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	99.32	Yes	98.79	Yes	98.72	Yes	-0.54	-0.08	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	42.22	N/A	54.37	N/A	58.96	N/A	28.78	8.45	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	28.71	N/A	27.77	N/A	41.03	N/A	-3.25	47.75	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.32	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	28.76	N/A	17.86	N/A	0.01	N/A	-37.90	-100.00	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	37.71	N/A	35.42	N/A	91.60	N/A	-6.07	158.60	No
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	209,382	N/A	239,910	N/A	167,905	N/A	14.58	-30.00	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	4.04	N/A	3.94	N/A	6.69	N/A	-2.40	69.72	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	28.37	N/A	12.36	N/A	24.12	N/A	-56.40	95.10	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	41.48	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	2.97	N/A	2.72	N/A	6.09	N/A	-8.44	123.70	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	40.34	N/A	33.97	N/A	15.12	N/A	-15.80	-55.50	No
% claims MAX TOS 10: Other Practitioner	N/A	7.40	N/A	5.92	N/A	8.97	N/A	-19.90	51.40	No
% claims MAX TOS 11: OPD	N/A	4.19	N/A	12.63	N/A	3.15	N/A	201.70	-75.00	No
% claims MAX TOS 12: Clinic	N/A	2.83	N/A	4.25	N/A	19.95	N/A	50.39	369.30	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.08	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	16.68	N/A	17.08	N/A	7.27	N/A	2.35	-57.40	No
% claims MAX TOS 19: Other Services	N/A	0.63	N/A	0.43	N/A	0.44	N/A	-31.00	0.75	Yes
% claims MAX TOS 51: DME	N/A	8.42	N/A	9.17	N/A	5.79	N/A	9.00	-36.90	No
% claims MAX TOS 26: Transportation	N/A	3.76	N/A	3.31	N/A	8.10	N/A	-12.10	145.10	No
% 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	0.03	N/A	0.01	N/A	0.02	N/A	-72.40	155.70	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	4.47	N/A	3.62	N/A	6.20	N/A	-19.00	71.44	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: Pysch. Services	N/A	10.36	N/A	8.78	N/A	22.63	N/A	-15.30	157.80	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	\$32	N/A	\$30	N/A	\$51	N/A	-5.01	67.01	No
% Claims with DX	N/A	99.97	N/A	98.73	N/A	99.73	N/A	-1.24	1.02	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.97	Yes	98.46	Yes	99.96	Yes	-1.51	1.52	Yes
% Claims with 1 DX that have 2 DX	N/A	6.15	N/A	8.56	N/A	17.54	N/A	39.05	105.00	No
% Claims with DX, where length=3	5-25	9.32	Yes	8.28	Yes	9.30	Yes	-11.20	12.36	Yes
% Claims with DX, where length=4	40-70	44.03	Yes	43.89	Yes	38.60	No	-0.31	-12.10	Yes
% Claims with DX, where length=5	20-55	46.65	Yes	47.83	Yes	52.10	Yes	2.54	8.94	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	99.92	N/A	96.87	N/A	100.00	N/A	-3.05	3.23	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	.	N/A	100.00	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	95.26	No	95.99	No	94.34	No	0.76	-1.72	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	83.59	N/A	82.55	N/A	77.85	N/A	-1.24	-5.69	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	16.31	N/A	17.43	N/A	22.15	N/A	6.87	27.04	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.10	N/A	0.02	N/A	0.01	N/A	-79.60	-75.00	No

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