

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

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	1,428,791	N/A	1,544,003	N/A	1,626,519	N/A	8.06	5.34	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Total FFS Claims Excluding Capitation Payments	N/A	1,428,791	N/A	1,544,003	N/A	1,626,519	N/A	8.06	5.34	Yes
	5-20	12.49	Yes	12.54	Yes	12.51	Yes	0.35	-0.23	Yes
% Crossover	> 1%	6.60	Yes	4.58	Yes	2.30	Yes	-30.60	-49.70	No
% Adjusted Claims	N/A	80.92	N/A	83.22	N/A	67.85	N/A	2.85	-18.50	No
% Standard Adjustments	N/A	\$116	N/A	\$134	N/A	\$159	N/A	15.61	18.51	No
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	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	.	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	.	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	1,250,269	N/A	1,350,414	N/A	1,423,060	N/A	8.01	5.38	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	12.79	N/A	12.55	N/A	12.75	N/A	-1.81	1.58	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	14.20	N/A	15.65	N/A	19.73	N/A	10.21	26.09	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	99.16	N/A	98.83	N/A	98.94	N/A	-0.34	0.11	Yes
% Other Claims with Span Bills/All Other Claims	N/A	11.96	N/A	11.58	N/A	11.51	N/A	-3.25	-0.56	Yes
% Claims W/ Service Place 11- Office	50-90	46.53	No	46.87	No	44.94	No	0.74	-4.11	Yes
% Claims W/ Service Place 12 - Home	>0-5	6.38	No	8.38	No	9.85	No	31.22	17.60	No
% Claims W/ Service Place 21 - Hospital	>0-5	4.56	Yes	4.73	Yes	4.67	Yes	3.54	-1.20	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.04	Yes	0.04	Yes	0.04	Yes	12.94	-5.27	Yes
% Claims W/ Service Place 23 - ER	1-10	3.47	Yes	3.44	Yes	3.45	Yes	-0.81	0.18	Yes
% Claims w/ Service Place 22 - OPD	>0-10	20.13	No	20.80	No	22.82	No	3.35	9.69	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	7.12	No	4.11	Yes	3.09	Yes	-42.20	-24.80	No
% Claims with TPL	>0 - 15	0.86	Yes	0.96	Yes	0.90	Yes	12.70	-6.86	Yes
Aver. TPL Paid -claims with TPL	N/A	\$54	N/A	\$56	N/A	\$64	N/A	4.88	13.45	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	22.48	Yes	23.63	Yes	22.41	Yes	5.09	-5.17	Yes
% claims MAX TOS 09: Dental	2-20	8.96	Yes	9.33	Yes	9.31	Yes	4.05	-0.23	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.88	Yes	1.87	Yes	1.05	Yes	112.30	-43.80	No
% claims MAX TOS 11: OPD	3-25	6.33	Yes	7.11	Yes	6.49	Yes	12.38	-8.73	Yes
% claims MAX TOS 12: Clinic	2-25	3.75	Yes	3.85	Yes	3.89	Yes	2.67	0.85	Yes
% claims MAX TOS 13: HH	>0-25	0.78	Yes	0.79	Yes	0.81	Yes	1.20	2.54	Yes
% claims MAX TOS 15: Lab/Xray	4-20	24.45	No	21.83	No	22.33	No	-10.70	2.29	Yes
% claims MAX TOS 16: Drugs	<3	4.01	No	3.94	No	3.42	No	-1.82	-13.00	Yes
% claims MAX TOS 19: Other Services	<25	9.30	Yes	9.51	Yes	10.71	Yes	2.32	12.52	Yes
% claims MAX TOS 51: DME	>3	5.19	Yes	3.78	Yes	5.47	Yes	-27.20	44.67	No
% claims MAX TOS 26: Transportation	>1	1.48	Yes	1.11	Yes	0.62	No	-25.30	-43.90	No

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% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-16.60	22.54	No
% claims MAX TOS 26: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-53.70	-5.10	Yes
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 31: TCM	>0	1.11	Yes	1.30	Yes	1.82	Yes	16.94	39.83	No
% claims MAX TOS 33: Rehabilitation	>0	3.07	Yes	3.26	Yes	2.60	Yes	6.14	-20.20	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.10	No	0.12	No	0.11	No	11.43	-8.54	Yes
% claims MAX TOS 35: Hospice	>0	0.01	Yes	0.01	Yes	0.01	Yes	-52.90	70.81	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	0.86	N/A	0.84	N/A	0.84	N/A	-1.39	-0.23	Yes
% 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	0.72	N/A	1.02	N/A	0.75	N/A	42.66	-26.30	No
% claims MAX TOS 53: Psych. Services	>1	5.49	Yes	5.84	Yes	7.32	Yes	6.37	25.33	No
% claims MAX TOS 54: Adult Day Care	>0	1.00	Yes	0.85	Yes	0.03	Yes	-15.50	-96.50	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)										
	N/A	\$113	N/A	\$122	N/A	\$124	N/A	8.08	2.19	Yes
Total	\$20-90	\$86	Yes	\$88	Yes	\$96	No	2.15	9.14	Yes
08: Physicians	\$10-60	\$43	Yes	\$48	Yes	\$49	Yes	12.04	2.35	Yes
09: Dental	\$10-100	\$59	Yes	\$60	Yes	\$68	Yes	2.43	13.24	Yes
10: Other Practioner	\$20-100	\$92	Yes	\$95	Yes	\$92	Yes	3.21	-3.43	Yes
11: OPD	\$20-100	\$170	No	\$183	No	\$188	No	7.12	3.24	Yes
12: Clinic	N/A	\$114	N/A	\$111	N/A	\$114	N/A	-2.78	3.13	Yes
13: HF	10-60	\$25	Yes	\$29	Yes	\$34	Yes	16.19	17.32	No
15: Lab/Xray	10-60	\$11	Yes	\$15	Yes	\$16	Yes	46.08	3.58	Yes
16: Drugs	N/A	\$202	N/A	\$189	N/A	\$294	N/A	-6.60	55.74	No
19: Other Services	N/A	\$87	N/A	\$104	N/A	\$100	N/A	18.67	-3.11	Yes
51: DME	N/A	\$70	N/A	\$80	N/A	\$139	N/A	14.94	73.43	No
26: Transportation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
30: PCS	N/A	\$47	N/A	\$49	N/A	\$45	N/A	4.17	-7.23	Yes
31: Targeted Case Management	N/A	\$67	N/A	\$70	N/A	\$37	N/A	4.96	-46.90	No
33: Rehabilitation	N/A	\$31	N/A	\$47	N/A	\$28	N/A	52.01	-40.70	No
34: PT/OT/speech/hear	N/A	\$1,856	N/A	\$2,485	N/A	\$1,902	N/A	33.88	-23.50	No
35: Hospice	N/A	\$3,290	N/A	\$2,768	N/A	\$3,676	N/A	-15.90	32.82	No
52: Residential Care	N/A	\$77	N/A	\$85	N/A	\$88	N/A	10.15	3.36	Yes
53: Pysch. Services	N/A	\$1,333	N/A	\$1,602	N/A	\$411	N/A	20.21	-74.40	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.24	N/A	0.24	N/A	0.23	N/A	-0.29	-4.12	Yes
% RHC (code 3)	N/A	1.04	N/A	1.10	N/A	1.08	N/A	5.69	-1.33	Yes
% FQHC (code 4)	N/A	0.78	N/A	0.85	N/A	0.89	N/A	8.78	4.71	Yes
% FQHC (code 5)	N/A	1.31	N/A	1.33	N/A	1.30	N/A	1.38	-2.50	Yes
% IHS (code 6,7)	N/A	8.59	N/A	8.20	N/A	9.16	N/A	-4.44	11.59	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$70	N/A	\$63	N/A	\$68	N/A	-10.60	7.80	Yes
RHC (code 3)	N/A	\$89	N/A	\$97	N/A	\$101	N/A	8.70	4.49	Yes
FQHC (code 4)	N/A	\$166	N/A	\$177	N/A	\$183	N/A	6.66	3.51	Yes
IHS (code 5)	N/A	\$197	N/A	\$206	N/A	\$215	N/A	4.52	4.70	Yes

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Waiver (code 6-7)	N/A	\$650	N/A	\$727	N/A	\$646	N/A	11.83	-11.20	Yes
% Claims with DX	> 60	81.44	Yes	82.50	Yes	84.48	Yes	1.30	2.40	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	99.79	Yes	0.00	-0.21	Yes
% Claims with 1 DX that have 2 DX	N/A	11.59	N/A	11.81	N/A	12.61	N/A	1.87	6.76	Yes
% Claims with DX, where length=3	5-25	6.72	Yes	7.52	Yes	7.58	Yes	11.83	0.88	Yes
% Claims with DX, where length=4	40-70	55.31	Yes	53.70	Yes	50.84	Yes	-2.92	-5.31	Yes
% Claims with DX, where length=5	20-55	37.96	Yes	38.78	Yes	41.57	Yes	2.16	7.18	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	98.59	Yes	98.66	Yes	98.64	Yes	0.07	-0.02	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	62.44	N/A	63.35	N/A	63.59	N/A	1.45	0.39	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	37.56	N/A	36.65	N/A	36.41	N/A	-2.41	-0.67	Yes
% 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	99.95	Yes	0.00	-0.05	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	99.98	Yes	0.00	-0.01	Yes
% Claims with TOS 08 with Physician Specialty	N/A	99.08	N/A	62.55	N/A	0.00	N/A	-36.90	-100.00	No
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	178,522	N/A	193,589	N/A	203,459	N/A	8.44	5.10	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	3.62	N/A	3.17	N/A	2.89	N/A	-12.50	-8.73	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	32.53	N/A	23.93	N/A	14.76	N/A	-26.40	-38.30	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	2.07	N/A	1.74	N/A	2.05	N/A	-15.90	17.70	No
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	41.55	N/A	42.11	N/A	41.89	N/A	1.35	-0.52	Yes
% claims MAX TOS 10: Other Practitioner	N/A	2.33	N/A	2.69	N/A	2.67	N/A	15.55	-0.71	Yes
% claims MAX TOS 11: OPD	N/A	5.10	N/A	6.45	N/A	6.66	N/A	26.43	3.30	Yes
% claims MAX TOS 12: Clinic	N/A	3.64	N/A	2.79	N/A	0.28	N/A	-23.50	-90.10	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	20.09	N/A	17.26	N/A	16.74	N/A	-14.10	-3.05	Yes
% claims MAX TOS 19: Other Services	N/A	2.19	N/A	1.48	N/A	1.65	N/A	-32.50	11.33	Yes
% claims MAX TOS 51: DME	N/A	13.17	N/A	14.06	N/A	14.55	N/A	6.76	3.54	Yes
% claims MAX TOS 26: Transportation	N/A	2.51	N/A	3.02	N/A	3.29	N/A	20.19	8.92	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	4.18	N/A	4.38	N/A	6.56	N/A	4.68	49.80	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.09	N/A	0.09	N/A	0.11	N/A	2.34	13.97	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	4.77	N/A	5.15	N/A	5.02	N/A	8.01	-2.46	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	\$29	N/A	\$28	N/A	\$29	N/A	-1.88	3.53	Yes
% Claims with DX	N/A	100.00	N/A	100.00	N/A	99.99	N/A	0.00	-0.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	99.99	Yes	99.97	Yes	-0.01	-0.02	Yes
% Claims with 1 DX that have 2 DX	N/A	5.48	N/A	5.66	N/A	6.25	N/A	3.18	10.49	Yes
% Claims with DX, where length=3	5-25	14.17	Yes	13.51	Yes	12.68	Yes	-4.65	-6.13	Yes
% Claims with DX, where length=4	40-70	44.73	Yes	43.26	Yes	43.53	Yes	-3.29	0.64	Yes
% Claims with DX, where length=5	20-55	41.10	Yes	43.23	Yes	43.78	Yes	5.18	1.28	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	100.00	N/A	100.00	N/A	99.87	N/A	0.00	-0.13	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	96.64	No	97.97	No	96.53	No	1.37	-1.47	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	75.95	N/A	75.98	N/A	76.59	N/A	0.03	0.81	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	24.05	N/A	24.02	N/A	23.41	N/A	-0.11	-2.55	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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