

2002-2004 MAX OT Validation Table
State: AK

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	2,936,554	N/A	3,163,780	N/A	3,618,030	N/A	7.74	14.36	Yes
	N/A	0.14	N/A	0.11	N/A	0.07	N/A	-24.00	-33.30	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Total FFS Claims Excluding Capitation Payments	N/A	2,932,486	N/A	3,160,451	N/A	3,615,491	N/A	7.77	14.40	Yes
	5-20	7.15	Yes	7.60	Yes	7.28	Yes	6.28	-4.19	Yes
% Crossover	> 1%	1.91	Yes	1.51	Yes	3.86	Yes	-21.10	156.30	No
% Adjusted Claims	N/A	84.41	N/A	84.13	N/A	96.47	N/A	-0.34	14.67	Yes
% Standard Adjustments	N/A	\$255	N/A	\$216	N/A	\$317	N/A	-15.50	47.22	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	2,722,827	N/A	2,920,306	N/A	3,352,282	N/A	7.25	14.79	Yes
% Claims with> \$0 Paid	>95%	99.99	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	9.07	N/A	10.99	N/A	8.17	N/A	21.21	-25.60	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	6.20	N/A	5.28	N/A	6.16	N/A	-14.80	16.81	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	75.78	N/A	55.32	N/A	68.09	N/A	-27.00	23.08	No
% Other Claims with Span Bills/All Other Claims	N/A	9.16	N/A	11.27	N/A	8.21	N/A	23.02	-27.10	No
% Claims W/ Service Place 11- Office	50-90	36.03	No	38.33	No	34.11	No	6.39	-11.00	Yes
% Claims W/ Service Place 12 - Home	>0-5	13.01	No	16.82	No	23.75	No	29.36	41.17	No
% Claims W/ Service Place 21 - Hospital	>0-5	7.86	No	6.90	No	4.01	Yes	-12.20	-41.80	No
% Claims W/ Service Place 32 - NF	>0-5	0.60	Yes	0.50	Yes	0.16	Yes	-16.80	-67.00	No
% Claims W/ Service Place 23 - ER	1-10	3.21	Yes	2.68	Yes	2.32	Yes	-16.50	-13.10	Yes
% Claims w/ Service Place 22 - OPD	>0-10	12.01	No	8.82	Yes	8.73	Yes	-26.60	-0.97	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	9.84	No	6.47	No	0.82	Yes	-34.20	-87.40	No
% Claims with TPL	>0 - 15	0.71	Yes	0.66	Yes	0.63	Yes	-6.42	-5.03	Yes
Aver. TPL Paid -claims with TPL	N/A	\$92	N/A	\$99	N/A	\$103	N/A	7.44	3.83	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	16.51	Yes	16.45	Yes	14.49	Yes	-0.38	-11.90	Yes
% claims MAX TOS 09: Dental	2-20	10.70	Yes	9.76	Yes	9.04	Yes	-8.76	-7.36	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.84	Yes	0.87	Yes	1.19	Yes	3.61	36.61	No
% claims MAX TOS 11: OPD	3-25	3.70	Yes	4.85	Yes	3.05	Yes	30.94	-37.00	No
% claims MAX TOS 12: Clinic	2-25	2.98	Yes	2.95	Yes	5.36	Yes	-1.01	81.85	No
% claims MAX TOS 13: HH	>0-25	0.03	Yes	0.04	Yes	0.04	Yes	17.05	6.41	Yes
% claims MAX TOS 16: Lab/Xray	4-20	9.54	Yes	8.32	Yes	8.80	Yes	-12.70	5.78	Yes
% claims MAX TOS 16: Drugs	<3	1.40	Yes	1.37	Yes	0.66	Yes	-1.77	-51.90	No
% claims MAX TOS 19: Other Services	<25	1.08	Yes	2.00	Yes	2.62	Yes	85.48	30.74	No
% claims MAX TOS 51: DME	>3	6.98	Yes	5.49	Yes	5.25	Yes	-21.30	-4.29	Yes
% claims MAX TOS 26: Transportation	>1	8.05	Yes	8.68	Yes	7.98	Yes	7.77	-8.02	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.02	N/A	0.01	N/A	-16.90	-11.80	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	-100.00	No
% claims MAX TOS 30: PCS	>0	4.20	Yes	6.81	Yes	15.89	Yes	62.16	133.40	No
% claims MAX TOS 31: TCM	>0	1.31	Yes	1.26	Yes	1.05	Yes	-4.18	-16.40	No
% claims MAX TOS 33: Rehabilitation	>0	0.46	Yes	0.52	Yes	0.00	Yes	11.70	-99.20	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	2.59	Yes	2.75	Yes	2.77	Yes	5.85	0.96	Yes
% claims MAX TOS 35: Hospice	>0	0.00	Yes	0.00	Yes	0.00	Yes	80.26	26.17	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.41	N/A	0.41	N/A	0.33	N/A	0.37	-21.20	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.85	N/A	0.88	N/A	0.83	N/A	3.03	-4.80	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.10	N/A	0.11	N/A	0.10	N/A	16.55	-16.30	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	2.36	N/A	2.45	N/A	2.81	N/A	3.69	14.59	Yes
% claims MAX TOS 53: Psych. Services	>1	22.69	Yes	21.77	Yes	16.96	Yes	-4.06	-22.10	No
% claims MAX TOS 54: Adult Day Care	>0	1.59	Yes	1.70	Yes	0.73	Yes	6.44	-56.80	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	\$149	N/A	\$160	N/A	\$154	N/A	7.32	-3.83	Yes
08: Physicians	\$20-90	\$118	No	\$119	No	\$121	No	0.61	1.53	Yes
09: Dental	\$10-60	\$63	No	\$68	No	\$70	No	7.07	3.75	Yes
10: Other Practioner	\$10-100	\$79	Yes	\$79	Yes	\$66	Yes	-0.05	-15.90	No
11: OPD	\$20-100	\$381	No	\$346	No	\$455	No	-9.35	31.62	No
12: Clinic	\$20-100	\$294	No	\$307	No	\$201	No	4.49	-34.50	No
13: HH	N/A	\$887	N/A	\$720	N/A	\$793	N/A	-18.80	10.08	Yes
15: Lab/Xray	10-60	\$76	No	\$67	No	\$91	No	-11.70	36.82	No
16: Drugs	10-60	\$13	Yes	\$17	Yes	\$17	Yes	32.06	-0.76	Yes
19: Other Services	N/A	\$495	N/A	\$265	N/A	\$261	N/A	-46.40	-1.66	Yes
51: DME	N/A	\$75	N/A	\$88	N/A	\$93	N/A	17.27	6.07	Yes
26: Transportation	N/A	\$160	N/A	\$159	N/A	\$159	N/A	-0.30	0.13	Yes
30: PCS	N/A	\$396	N/A	\$359	N/A	\$169	N/A	-9.48	-52.80	No
31: Targeted Case Management	N/A	\$195	N/A	\$194	N/A	\$198	N/A	-0.66	2.52	Yes
33: Rehabilitation	N/A	\$199	N/A	\$191	N/A	\$408	N/A	-3.97	113.80	No
34: PT/OT/speech/hear	N/A	\$84	N/A	\$91	N/A	\$80	N/A	9.54	-12.20	Yes
35: Hospice	N/A	\$2,445	N/A	\$2,685	N/A	\$2,553	N/A	9.78	-4.88	Yes
52: Residential Care	N/A	\$942	N/A	\$960	N/A	\$611	N/A	1.92	-36.30	No
53: Pysch. Services	N/A	\$80	N/A	\$84	N/A	\$120	N/A	5.66	42.31	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$185	N/A	\$194	N/A	\$219	N/A	5.27	12.37	Yes
% Family Planning (code 2)	N/A	0.27	N/A	0.24	N/A	0.19	N/A	-12.00	-20.40	No
% RHC (code 3)	N/A	0.05	N/A	0.03	N/A	0.02	N/A	-39.30	-42.00	No
% FQHC (code 4)	N/A	0.41	N/A	0.39	N/A	0.46	N/A	-4.35	15.81	No
% FQHC (code 5)	N/A	4.73	N/A	3.99	N/A	4.34	N/A	-15.70	8.81	Yes
% IHS (code 6,7)	N/A	9.22	N/A	9.94	N/A	10.68	N/A	7.76	7.43	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$97	N/A	\$105	N/A	\$120	N/A	8.27	14.30	Yes
RHC (code 3)	N/A	\$85	N/A	\$134	N/A	\$132	N/A	57.85	-1.00	Yes
FQHC (code 4)	N/A	\$166	N/A	\$184	N/A	\$186	N/A	10.65	1.35	Yes
IHS (code 5)	N/A	\$53	N/A	\$57	N/A	\$72	N/A	5.90	27.74	No

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Waiver (code 6, 7)	N/A	\$399	N/A	\$384	N/A	\$313	N/A	-3.84	-18.30	No
% Claims with DX	> 60	66.34	Yes	66.24	Yes	61.31	Yes	-0.15	-7.45	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.89	Yes	99.91	Yes	99.93	Yes	0.01	0.02	Yes
% Claims with 1 DX that have 2 DX	N/A	31.19	N/A	31.77	N/A	28.11	N/A	1.85	-11.50	Yes
% Claims with DX, where length=3	5-25	4.85	No	5.04	Yes	5.29	Yes	4.01	4.90	Yes
% Claims with DX, where length=4	40-70	37.70	No	39.68	No	40.17	Yes	5.23	1.25	Yes
% Claims with DX, where length=5	20-55	57.45	No	55.22	No	54.25	Yes	-3.87	-1.75	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	97.87	No	99.04	Yes	98.02	Yes	1.20	-1.03	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	34.82	N/A	35.40	N/A	34.30	N/A	1.68	-3.12	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	18.07	N/A	21.63	N/A	59.62	N/A	19.69	175.60	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.59	N/A	0.67	N/A	0.64	N/A	14.86	-5.11	Yes
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	42.55	N/A	41.02	N/A	5.43	N/A	-3.59	-86.80	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	81.70	No	0.00	-18.30	No
% Claims with TOS 08 with Physician Specialty	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	209,659	N/A	240,145	N/A	263,209	N/A	14.54	9.60	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	2.59	N/A	2.81	N/A	3.01	N/A	8.53	7.06	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.68	N/A	8.22	N/A	6.47	N/A	-5.31	-21.20	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	1.69	N/A	2.03	N/A	2.52	N/A	20.27	24.11	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	44.60	N/A	40.19	N/A	38.95	N/A	-9.88	-3.10	Yes
% claims MAX TOS 10: Other Practitioner	N/A	1.76	N/A	2.01	N/A	2.04	N/A	14.11	1.33	Yes
% claims MAX TOS 11: OPD	N/A	12.88	N/A	12.59	N/A	12.35	N/A	-2.25	-1.95	Yes
% claims MAX TOS 12: Clinic	N/A	3.97	N/A	7.08	N/A	7.45	N/A	78.56	5.21	Yes
% 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	16.67	N/A	15.67	N/A	16.17	N/A	-6.00	3.20	Yes
% claims MAX TOS 19: Other Services	N/A	0.86	N/A	0.95	N/A	1.56	N/A	10.00	64.57	No
% claims MAX TOS 51: DME	N/A	8.20	N/A	9.80	N/A	10.44	N/A	19.56	6.53	Yes
% claims MAX TOS 26: Transportation	N/A	2.98	N/A	3.14	N/A	2.94	N/A	5.40	-6.20	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	2.32	N/A	2.57	N/A	2.53	N/A	10.94	-1.37	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	4.85	N/A	5.03	N/A	4.75	N/A	3.80	-5.65	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	\$39	N/A	\$38	N/A	\$45	N/A	-2.22	19.91	No
% Claims with DX	N/A	80.04	N/A	84.64	N/A	87.10	N/A	5.75	2.90	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	75.96	No	80.47	No	81.91	No	5.94	1.79	Yes
% Claims with 1 DX that have 2 DX	N/A	6.44	N/A	6.87	N/A	7.25	N/A	6.70	5.52	Yes
% Claims with DX, where length=3	5-25	9.56	Yes	10.49	Yes	9.13	Yes	9.74	-12.90	Yes
% Claims with DX, where length=4	40-70	44.90	Yes	42.91	Yes	42.23	Yes	-4.43	-1.57	Yes
% Claims with DX, where length=5	20-55	45.54	Yes	46.59	Yes	48.61	Yes	2.30	4.33	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	56.68	N/A	69.20	N/A	75.53	N/A	22.09	9.16	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	96.57	No	94.09	No	87.07	No	-2.56	-7.46	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	84.72	N/A	82.76	N/A	80.22	N/A	-2.31	-3.07	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	15.08	N/A	16.86	N/A	19.50	N/A	11.75	15.67	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.20	N/A	0.38	N/A	0.29	N/A	91.58	-25.30	No

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