

1999-2001 MAX OT Validation Table
State: AR

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	17,742,861	N/A	18,603,925	N/A	20,961,886	N/A	4.85	12.67	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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	N/A	N/A
% Supplemental Claims										
% Capitated Claims (Claim Type=2, and MAX TOS 20, 21, 22)	N/A	29.62	N/A	30.76	N/A	28.88	N/A	3.85	-6.11	Yes
Total FFS Claims Excluding Capitation Payments	N/A	12,487,248	N/A	12,881,085	N/A	14,907,719	N/A	3.15	15.73	No
	5-20	17.55	Yes	18.33	Yes	16.49	Yes	4.43	-10.04	Yes
% Crossover	> 1%	2.06	Yes	2.09	Yes	1.42	Yes	1.80	-32.22	No
% Adjusted Claims	N/A	.	N/A	92.68	N/A	96.46	N/A	N/A	4.07	Yes
% Standard Adjustments	N/A	\$61	N/A	\$106	N/A	\$113	N/A	73.52	6.07	Yes
Average Paid per Adjusted Claim (TOS 20-40)	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 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	29.62	N/A	30.76	N/A	28.88	N/A	3.85	-6.11	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	.	No	.	No	.	No	N/A	N/A	N/A
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	\$3	Yes	\$7	No	\$3	Yes	98.81	-50.16	N/A
S 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	10,295,738	N/A	10,520,226	N/A	12,449,624	N/A	2.18	18.34	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	12.89	N/A	13.18	N/A	11.81	N/A	2.27	-10.42	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-46.18	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	14.29	N/A	13.90	N/A	12.42	N/A	-2.73	-10.63	Yes
% Claims W/ Service Place 11- Office	50-90	36.40	No	37.08	No	37.95	No	1.85	2.34	Yes
% Claims W/ Service Place 12 - Home	>0-5	23.88	No	23.34	No	20.45	No	-2.28	-12.40	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	5.00	No	5.35	No	5.79	No	6.86	8.32	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.06	Yes	0.05	Yes	0.05	Yes	-6.51	-2.89	Yes
% Claims W/ Service Place 23 - ER	1-10	1.70	Yes	1.82	Yes	2.41	Yes	6.92	32.30	No
% Claims w/ Service Place 22 - OPD	>0-10	15.21	No	16.10	No	16.91	No	5.86	5.05	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.85	Yes	0.91	Yes	1.21	Yes	7.19	32.25	N/A
% Claims with TPL	>0 - 15	0.30	Yes	0.29	Yes	0.29	Yes	-1.30	-1.50	Yes
Aver. TPL Paid -claims with TPL	N/A	\$47	N/A	\$52	N/A	\$57	N/A	10.95	9.55	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	18.83	Yes	14.74	Yes	14.42	Yes	-21.73	-2.17	Yes
% claims MAX TOS 09: Dental	2-20	3.77	Yes	4.21	Yes	4.44	Yes	11.76	5.41	Yes
% claims MAX TOS 10: Other Practitioner	0.5-8	2.17	Yes	2.16	Yes	2.12	Yes	-0.55	-1.61	Yes
% claims MAX TOS 11: OPD	3-25	8.13	Yes	3.74	Yes	3.92	Yes	-53.97	4.68	Yes
% claims MAX TOS 12: Clinic	2-25	19.82	Yes	18.32	Yes	19.08	Yes	-7.57	4.15	Yes
% claims MAX TOS 13: HH	>0-25	1.68	Yes	1.42	Yes	1.03	Yes	-15.10	-27.67	No
% claims MAX TOS 15: Lab/Xray	4-20	3.33	No	14.15	Yes	14.12	Yes	324.41	-0.22	Yes
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.18	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	7.45	Yes	6.97	Yes	6.26	Yes	-6.36	-10.15	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1999-2001 MAX OT Validation Table
State: AR

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			
	>3	4.93	Yes	5.61	Yes	5.29	Yes	13.79	-5.74	Yes
% claims MAX TOS 51: DME	>1	0.71	No	1.43	Yes	2.06	Yes	102.81	43.59	No
% claims MAX TOS 26: Transportation	N/A	0.03	N/A	0.04	N/A	0.04	N/A	6.19	4.50	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 25: Abortions	>0	12.21	Yes	11.69	Yes	8.94	Yes	-4.25	-23.53	No
% claims MAX TOS 30: PCS	>0	0.16	Yes	0.14	Yes	0.20	Yes	-11.93	45.90	No
% claims MAX TOS 31: TCM	>0	0.00	Yes	0.00	Yes	0.00	Yes	12.07	-19.92	No
% claims MAX TOS 33: Rehabilitation	>1	4.19	Yes	4.05	Yes	4.36	Yes	-3.32	7.47	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>0	0.14	Yes	0.14	Yes	0.12	Yes	5.91	-19.79	No
% claims MAX TOS 35: Hospice	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-0.33	-9.71	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.05	N/A	0.06	N/A	0.06	N/A	20.18	9.05	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.06	N/A	0.06	N/A	0.03	N/A	4.84	-47.55	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	0.00	N/A	0.00	N/A	0.01	N/A	117.89	219.75	No
% claims MAX TOS 52: Residential Care	>1	8.12	Yes	7.41	Yes	9.05	Yes	-8.81	22.21	No
% claims MAX TOS 53: Psych. Services	>0	4.20	Yes	3.62	Yes	3.49	Yes	-13.71	-3.71	Yes
% claims MAX TOS 54: Adult Day Care	<1	0.00	Yes	0.00	Yes	0.76	Yes	N/A	200724.07	N/A
% claims MAX TOS 99: Unknown										
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)	N/A	\$56	N/A	\$58	N/A	\$58	N/A	3.43	0.15	Yes
Total	\$20-90	\$57	Yes	\$69	Yes	\$67	Yes	20.08	-1.87	Yes
08: Physicians	\$10-60	\$38	Yes	\$38	Yes	\$39	Yes	-0.47	2.26	Yes
09: Dental	\$10-100	\$42	Yes	\$43	Yes	\$45	Yes	3.37	4.90	Yes
10: Other Practioner	\$20-100	\$31	Yes	\$41	Yes	\$44	Yes	34.98	7.03	Yes
11: OPD	\$20-100	\$52	Yes	\$57	Yes	\$56	Yes	9.03	-1.44	Yes
12: Clinic	N/A	\$73	N/A	\$77	N/A	\$78	N/A	6.04	1.25	Yes
13: HH	10-60	\$29	Yes	\$26	Yes	\$27	Yes	-10.04	4.69	Yes
15: Lab/Xray	10-60	.	No	.	No	\$14	Yes	N/A	N/A	N/A
16: Drugs	N/A	\$38	N/A	\$42	N/A	\$42	N/A	10.36	-0.16	Yes
19: Other Services	N/A	\$78	N/A	\$74	N/A	\$72	N/A	-4.22	-3.31	Yes
51: DME	N/A	\$97	N/A	\$63	N/A	\$59	N/A	-34.61	-7.53	Yes
26: Transportation	N/A	\$55	N/A	\$58	N/A	\$65	N/A	5.72	12.40	Yes
30: PCS	N/A	\$30	N/A	\$32	N/A	\$60	N/A	5.60	88.95	No
31: Targeted Case Management	N/A	\$7,124	N/A	\$5,568	N/A	\$3,796	N/A	-21.84	-31.84	No
33: Rehabilitation	N/A	\$47	N/A	\$53	N/A	\$54	N/A	12.95	1.23	N/A
34: PT/OT/speech/hear	N/A	\$204	N/A	\$97	N/A	\$97	N/A	-52.34	-0.60	Yes
35: Hospice	N/A	\$97	N/A	\$585	N/A	\$425	N/A	500.74	-27.35	No
52: Residential Care	N/A	\$92	N/A	\$104	N/A	\$100	N/A	12.80	-4.03	Yes
53: Psych. Services	N/A	\$57	N/A	\$55	N/A	\$56	N/A	-2.94	2.01	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	3.34	N/A	3.50	N/A	3.16	N/A	4.80	-9.66	Yes
% RHC (code 3)	N/A	0.81	N/A	0.77	N/A	0.72	N/A	-5.04	-7.16	Yes
% FQHC (code 4)	N/A	0.29	N/A	0.32	N/A	0.31	N/A	9.10	-2.91	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS Waiver (code 6,7)	N/A	8.96	N/A	9.44	N/A	8.85	N/A	5.45	-6.29	Yes
AVERAGE EXPENDITURES BY PROGRAM										

* Cross year change for encounter claims is expected to be +15%, no negative.

1999-2001 MAX OT Validation Table
State: AR

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			
(code 2)	N/A	\$32	N/A	\$32	N/A	\$32	N/A	0.43	-0.47	Yes
Family Planning (code 3)	N/A	\$41	N/A	\$42	N/A	\$44	N/A	1.97	4.97	Yes
RHC (code 4)	N/A	\$71	N/A	\$72	N/A	\$73	N/A	2.55	1.17	Yes
FGHC (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
IHS (code 6, 7)	N/A	\$62	N/A	\$72	N/A	\$75	N/A	16.24	4.63	Yes
Waiver (code 6, 7)	N/A	\$62	N/A	\$72	N/A	\$75	N/A	16.24	4.63	Yes
% Claims with DX	> 60	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	23.67	N/A	24.01	N/A	23.66	N/A	1.41	-1.46	Yes
% Claims with DX, where length=3	5-25	7.59	Yes	7.63	Yes	7.36	Yes	0.47	-3.48	Yes
% Claims with DX, where length=4	40-70	56.97	Yes	58.16	Yes	57.09	Yes	2.09	-1.84	Yes
% Claims with DX, where length=5	20-55	35.44	Yes	34.22	Yes	35.55	Yes	-3.46	3.91	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	99.09	Yes	99.18	Yes	99.24	Yes	0.09	0.06	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	33.17	N/A	33.96	N/A	33.89	N/A	2.37	-0.21	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	66.83	N/A	66.04	N/A	66.11	N/A	-1.18	0.11	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	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	N/A	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 Cnnnnn 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	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	2,191,510	N/A	2,360,859	N/A	2,458,095	N/A	7.73	4.12	Yes
% Claims with > \$0 Paid	>95%	99.50	Yes	100.00	Yes	100.00	Yes	0.50	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	3.88	N/A	3.81	N/A	4.04	N/A	-1.79	6.02	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.45	N/A	10.82	N/A	11.20	N/A	3.56	3.47	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	99.27	N/A	95.95	N/A	94.59	N/A	-3.35	-1.41	N/A
% Other Claims with Span Bills/All Other Claims	N/A	3.45	N/A	3.38	N/A	3.60	N/A	-2.15	6.62	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	57.28	N/A	58.73	N/A	58.46	N/A	2.53	-0.45	Yes
% claims MAX TOS 10: Other Practitioner	N/A	5.93	N/A	5.27	N/A	5.07	N/A	-11.12	-3.77	Yes
% claims MAX TOS 11: OPD	N/A	6.00	N/A	5.75	N/A	5.73	N/A	-4.19	-0.40	Yes
% claims MAX TOS 12: Clinic	N/A	1.93	N/A	2.22	N/A	2.32	N/A	14.90	4.74	Yes
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-49.86	-51.98	N/A
% claims MAX TOS 15: Lab/Xray	N/A	10.00	N/A	9.47	N/A	9.47	N/A	-5.30	0.01	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

1999-2001 MAX OT Validation Table
State: AR

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			
% claims MAX TOS 19: Other Services	N/A	18.59	N/A	18.21	N/A	18.51	N/A	-2.04	1.62	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-7.52	-21.00	No
% 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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.21	N/A	0.30	N/A	0.38	N/A	42.47	29.78	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	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	8.12	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 54: Adult Day Care	N/A	4.20	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
Average Amount Paid	N/A	\$40	N/A	\$50	N/A	\$50	N/A	26.52	-0.79	Yes
% Claims with DX	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	19.21	N/A	51.16	N/A	53.23	N/A	166.25	4.05	Yes
% Claims with DX, where length=3	5-25	8.94	Yes	9.54	Yes	9.75	Yes	6.79	2.20	Yes
% Claims with DX, where length=4	40-70	58.54	Yes	55.65	Yes	53.29	Yes	-4.93	-4.25	Yes
% Claims with DX, where length=5	20-55	32.53	Yes	34.80	Yes	36.96	Yes	7.00	6.19	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	0.48	N/A	0.45	N/A	0.48	N/A	-7.37	7.33	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	54.05	N/A	100.00	N/A	N/A	85.00	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	N/A	N/A	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	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	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.