

2002-2004 MAX OT Validation Table
State: CO

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	14,251,128	N/A	15,664,353	N/A	15,805,143	N/A	9.92	0.90	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	41.02	N/A	35.09	N/A	35.09	N/A	-14.50	0.00	Yes
Total FFS Claims Excluding Capitation Payments	N/A	8,403,788	N/A	10,164,948	N/A	10,256,207	N/A	20.96	0.90	Yes
	5-20	17.83	Yes	15.55	Yes	9.02	Yes	-12.80	-42.00	No
% Crossover	> 1%	2.90	Yes	3.24	Yes	3.18	Yes	11.95	-1.97	Yes
% Adjusted Claims	N/A	83.20	N/A	83.24	N/A	83.02	N/A	0.04	-0.26	Yes
% Standard Adjustments	N/A	\$159	N/A	\$132	N/A	\$143	N/A	-17.00	8.14	Yes
Average Paid per HMO Cap Payment	N/A	12.39	N/A	6.19	N/A	5.62	N/A	-50.00	-9.27	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	24.81	N/A	24.73	N/A	28.01	N/A	-0.31	13.25	Yes
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	3.82	N/A	4.17	N/A	1.47	N/A	9.09	-64.80	No
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$188	Yes	\$196	Yes	\$184	Yes	4.34	-5.79	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$35	Yes	\$33	Yes	\$31	Yes	-7.03	-4.88	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	3.04	-2.95	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	6,905,631	N/A	8,584,331	N/A	9,331,192	N/A	24.31	8.70	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	13.98	N/A	10.50	N/A	8.79	N/A	-24.90	-16.30	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.80	N/A	0.87	N/A	0.69	N/A	8.97	-20.60	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	4.55	N/A	4.37	N/A	3.95	N/A	-4.07	-9.66	Yes
% Other Claims with Span Bills/All Other Claims	N/A	16.64	N/A	12.26	N/A	10.28	N/A	-26.30	-16.20	No
% Claims W/ Service Place 11- Office	50-90	28.43	No	28.72	No	27.49	No	1.03	-4.31	Yes
% Claims W/ Service Place 12 - Home	>0-5	30.21	No	26.43	No	26.28	No	-12.50	-0.59	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.44	Yes	3.90	Yes	3.92	Yes	13.41	0.62	Yes
% Claims W/ Service Place 32 - NF	>0-5	1.61	Yes	1.48	Yes	1.45	Yes	-7.88	-2.27	Yes
% Claims W/ Service Place 23 - ER	1-10	3.11	Yes	4.57	Yes	4.99	Yes	46.90	9.10	Yes
% Claims w/ Service Place 22 - OPD	>0-10	23.78	No	26.32	No	27.73	No	10.69	5.35	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	0.00	Yes	1,348.00	-31.00	No
% Claims with TPL	>0 - 15	0.07	Yes	0.08	Yes	0.09	Yes	12.00	8.93	Yes
Aver. TPL Paid -claims with TPL	N/A	\$72	N/A	\$75	N/A	\$73	N/A	4.30	-2.66	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	2.30	No	2.27	No	2.12	No	-1.34	-6.76	Yes
% claims MAX TOS 09: Dental	2-20	11.69	Yes	11.47	Yes	11.81	Yes	-1.92	2.96	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.51	Yes	0.63	Yes	0.42	No	21.51	-32.50	No
% claims MAX TOS 11: OPD	3-25	4.15	Yes	5.77	Yes	6.34	Yes	39.07	9.85	Yes
% claims MAX TOS 12: Clinic	2-25	16.93	Yes	19.97	Yes	20.96	Yes	17.97	4.94	Yes
% claims MAX TOS 13: HH	>0-25	16.53	Yes	13.96	Yes	13.93	Yes	-15.50	-0.23	Yes
% claims MAX TOS 15: Lab/Xray	4-20	15.65	Yes	18.67	Yes	19.53	Yes	19.27	4.59	Yes
% claims MAX TOS 16: Drugs	<3	1.36	Yes	2.12	Yes	2.32	Yes	55.24	9.59	Yes
% claims MAX TOS 19: Other Services	<25	14.98	Yes	11.97	Yes	6.05	Yes	-20.10	-49.40	No
% claims MAX TOS 51: DME	>3	7.18	Yes	6.77	Yes	7.48	Yes	-5.77	10.53	Yes
% claims MAX TOS 26: Transportation	>1	5.39	Yes	3.51	Yes	1.90	Yes	-34.80	-45.80	No

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% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.04	N/A	0.04	N/A	84.77	-0.54	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-41.90	48.61	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 31: TCM	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.12	No	0.20	No	0.26	No	63.00	30.56	No
% claims MAX TOS 35: Hospice	>0	0.14	Yes	0.13	Yes	0.13	Yes	-4.21	-7.25	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.02	N/A	0.02	N/A	0.02	N/A	36.86	-0.51	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.01	N/A	0.03	N/A	0.03	N/A	252.80	1.91	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.66	N/A	0.50	N/A	0.46	N/A	-24.00	-9.71	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	0.67	N/A	0.58	N/A	0.45	N/A	-13.00	-22.10	No
% claims MAX TOS 53: Psych. Services	>1	1.51	Yes	1.19	Yes	5.63	Yes	-21.50	373.50	No
% claims MAX TOS 54: Adult Day Care	>0	0.16	Yes	0.20	Yes	0.14	Yes	24.65	-31.10	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	\$111	N/A	\$104	N/A	\$105	N/A	-6.56	0.93	Yes
08: Physicians	\$20-90	\$62	Yes	\$64	Yes	\$68	Yes	3.32	6.31	Yes
09: Dental	\$10-60	\$37	Yes	\$37	Yes	\$36	Yes	-1.78	-2.34	Yes
10: Other Practioner	\$10-100	\$32	Yes	\$30	Yes	\$33	Yes	-6.66	8.63	Yes
11: OPD	\$20-100	\$89	Yes	\$97	Yes	\$103	No	9.27	5.80	Yes
12: Clinic	\$20-100	\$75	Yes	\$79	Yes	\$88	Yes	5.29	11.54	Yes
13: HH	N/A	\$67	N/A	\$66	N/A	\$63	N/A	-1.95	-3.20	Yes
15: Lab/Xray	10-60	\$29	Yes	\$31	Yes	\$32	Yes	8.86	2.09	Yes
16: Drugs	10-60	\$18	Yes	\$15	Yes	\$14	Yes	-15.90	-5.94	Yes
19: Other Services	N/A	\$369	N/A	\$362	N/A	\$275	N/A	-1.70	-24.20	No
51: DME	N/A	\$92	N/A	\$96	N/A	\$92	N/A	3.52	-3.91	Yes
26: Transportation	N/A	\$32	N/A	\$26	N/A	\$34	N/A	-20.20	33.98	No
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Management	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabilitation	N/A	\$43	N/A	\$38	N/A	\$36	N/A	-11.40	-4.61	Yes
34: PT/OT/speech/hear	N/A	\$1,731	N/A	\$1,878	N/A	\$2,002	N/A	8.47	6.60	Yes
35: Hospice	N/A	\$676	N/A	\$974	N/A	\$4,977	N/A	44.09	411.20	No
52: Residential Care	N/A	\$14	N/A	\$41	N/A	\$139	N/A	185.90	237.70	No
53: Pysch. Services	N/A	\$404	N/A	\$352	N/A	\$395	N/A	-12.90	12.05	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.14	N/A	0.25	N/A	0.44	N/A	85.85	72.22	No
% RHC (code 3)	N/A	0.42	N/A	0.40	N/A	0.41	N/A	-6.46	2.77	Yes
% FQHC (code 4)	N/A	1.51	N/A	2.19	N/A	0.90	N/A	44.85	-59.00	No
% FQHC (code 5)	N/A	0.03	N/A	0.04	N/A	0.04	N/A	34.77	-2.34	Yes
% IHS (code 6,7)	N/A	10.37	N/A	8.89	N/A	8.32	N/A	-14.30	-6.40	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$87	N/A	\$92	N/A	\$97	N/A	6.31	4.95	Yes
RHC (code 3)	N/A	\$68	N/A	\$77	N/A	\$87	N/A	12.24	13.40	Yes
FQHC (code 4)	N/A	\$54	N/A	\$62	N/A	\$191	N/A	14.97	209.20	No
IHS (code 5)	N/A	\$197	N/A	\$206	N/A	\$216	N/A	4.38	5.16	Yes

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W/iver (code 6-7)	N/A	\$508	N/A	\$492	N/A	\$496	N/A	-3.21	0.93	Yes
% Claims with DX	> 60	88.25	Yes	88.45	Yes	88.00	Yes	0.22	-0.51	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.78	Yes	99.73	Yes	99.71	Yes	-0.05	-0.02	Yes
% Claims with 1 DX that have 2 DX	N/A	30.90	N/A	34.53	N/A	38.37	N/A	11.74	11.12	Yes
% Claims with DX, where length=3	5-25	15.39	Yes	13.26	Yes	10.77	Yes	-13.90	-18.80	No
% Claims with DX, where length=4	40-70	54.44	Yes	55.51	Yes	55.81	Yes	1.97	0.54	Yes
% Claims with DX, where length=5	20-55	30.16	Yes	31.23	Yes	33.42	Yes	3.53	7.01	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	84.91	No	86.23	No	86.58	No	1.55	0.40	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	42.94	N/A	52.22	N/A	57.40	N/A	21.61	9.92	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	56.99	N/A	47.71	N/A	42.60	N/A	-16.30	-10.70	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	-21.30	759.40	No
% 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	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	1,498,157	N/A	1,580,617	N/A	925,015	N/A	5.50	-41.50	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	1.99	N/A	1.90	N/A	2.61	N/A	-4.37	37.10	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.36	N/A	0.26	N/A	0.11	N/A	-27.40	-59.20	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	1.22	N/A	0.00	N/A	.	-100.00	No
% Other Claims with Span Bills/All Other Claims	N/A	2.16	N/A	2.09	N/A	2.97	N/A	-3.02	41.75	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	7.40	N/A	6.79	N/A	3.36	N/A	-8.20	-50.50	No
% claims MAX TOS 10: Other Practioner	N/A	1.07	N/A	1.14	N/A	0.71	N/A	6.87	-38.30	No
% claims MAX TOS 11: OPD	N/A	9.45	N/A	10.47	N/A	12.60	N/A	10.82	20.38	No
% claims MAX TOS 12: Clinic	N/A	35.28	N/A	35.54	N/A	30.01	N/A	0.76	-15.60	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.01	N/A	0.00	N/A	-5.79	-86.50	No
% claims MAX TOS 15: Lab/Xray	N/A	23.43	N/A	22.60	N/A	20.68	N/A	-3.56	-8.48	Yes
% claims MAX TOS 19: Other Services	N/A	0.58	N/A	0.25	N/A	0.28	N/A	-57.60	15.70	No
% claims MAX TOS 51: DME	N/A	12.69	N/A	13.38	N/A	20.60	N/A	5.50	53.95	No
% claims MAX TOS 26: Transportation	N/A	2.85	N/A	3.12	N/A	1.65	N/A	9.12	-47.00	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	0.00	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	0.42	N/A	0.16	N/A	0.03	N/A	-62.30	-81.90	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	6.55	N/A	6.28	N/A	9.73	N/A	-4.12	55.08	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	\$20	N/A	\$20	N/A	\$21	N/A	-0.30	5.41	Yes
% Claims with DX	N/A	99.85	N/A	100.00	N/A	100.00	N/A	0.15	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	57.35	N/A	58.32	N/A	57.44	N/A	1.70	-1.51	Yes
% Claims with DX, where length=3	5-25	14.71	Yes	13.30	Yes	15.82	Yes	-9.55	18.94	No
% Claims with DX, where length=4	40-70	42.60	Yes	42.34	Yes	39.90	No	-0.61	-5.77	Yes
% Claims with DX, where length=5	20-55	42.69	Yes	44.36	Yes	44.28	Yes	3.90	-0.17	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	96.19	No	95.87	No	93.42	No	-0.33	-2.55	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	78.89	N/A	78.97	N/A	70.89	N/A	0.09	-10.20	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	21.10	N/A	21.02	N/A	29.11	N/A	-0.38	38.46	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	0.00	N/A	0.00	N/A	51.22	-22.00	No

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