

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

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	41,334,038	N/A	45,899,325	N/A	46,725,266	N/A	11.04	1.80	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	25.00	N/A	20.84	N/A	22.20	N/A	-16.60	6.50	Yes
% Claims (Claim Type=2, and MAX TOS	N/A	30,998,778	N/A	36,331,613	N/A	36,352,050	N/A	17.20	0.06	Yes
Total FFS Claims Excluding Capitation Payments	5-20	11.59	Yes	16.46	Yes	17.56	Yes	41.97	6.69	Yes
% Crossover	> 1%	0.36	No	9.01	Yes	2.24	Yes	2,392.00	-75.20	No
% Adjusted Claims	N/A	81.83	N/A	88.54	N/A	81.13	N/A	8.20	-8.37	Yes
% Standard Adjustments	N/A	\$142	N/A	\$90	N/A	\$135	N/A	-36.20	49.73	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	25.00	N/A	20.84	N/A	22.20	N/A	-16.60	6.50	Yes
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	\$3	Yes	\$3	No	\$3	No	-21.70	7.64	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	27,404,503	N/A	30,350,923	N/A	29,967,561	N/A	10.75	-1.26	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	4.13	N/A	2.92	N/A	3.04	N/A	-29.20	4.04	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	4.21	N/A	0.74	N/A	0.00	N/A	-82.40	-100.00	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	35.16	N/A	28.38	N/A	16.59	N/A	-19.30	-41.50	No
% Other Claims with Span Bills/All Other Claims	N/A	3.35	N/A	2.99	N/A	3.33	N/A	-10.70	11.31	Yes
% Claims W/ Service Place 11- Office	50-90	34.49	No	37.11	No	34.52	No	7.61	-6.99	Yes
% Claims W/ Service Place 12 - Home	>0-5	6.58	No	6.18	No	7.03	No	-6.08	13.76	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	4.53	Yes	4.61	Yes	5.16	No	1.77	11.93	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.03	Yes	0.05	Yes	0.05	Yes	36.17	11.92	Yes
% Claims W/ Service Place 23 - ER	1-10	2.74	Yes	3.89	Yes	3.91	Yes	41.92	0.62	Yes
% Claims w/ Service Place 22 - OPD	>0-10	24.38	No	22.05	No	22.76	No	-9.56	3.23	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	26.70	No	17.78	No	16.45	No	-33.40	-7.47	Yes
% Claims with TPL	>0 - 15	0.01	Yes	0.00	Yes	0.00	Yes	-88.80	-71.40	No
Aver. TPL Paid -claims with TPL	N/A	\$29	N/A	\$478	N/A	\$1,492	N/A	1,541.00	211.80	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	22.70	Yes	22.98	Yes	21.33	Yes	1.21	-7.18	Yes
% claims MAX TOS 09: Dental	2-20	12.30	Yes	13.11	Yes	12.17	Yes	6.57	-7.12	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.89	Yes	1.25	Yes	1.29	Yes	40.67	2.85	Yes
% claims MAX TOS 11: OPD	3-25	9.14	Yes	10.49	Yes	9.92	Yes	14.76	-5.43	Yes
% claims MAX TOS 12: Clinic	2-25	2.67	Yes	3.64	Yes	3.83	Yes	36.20	5.07	Yes
% claims MAX TOS 13: HH	>0-25	2.19	Yes	0.65	Yes	0.29	Yes	-70.40	-55.70	No
% claims MAX TOS 15: Lab/Xray	4-20	23.53	No	21.58	No	22.92	No	-8.30	6.24	Yes
% claims MAX TOS 16: Drugs	<3	4.38	No	4.61	No	4.50	No	5.21	-2.37	Yes
% claims MAX TOS 19: Other Services	<25	1.46	Yes	6.42	Yes	8.19	Yes	341.10	27.56	No
% claims MAX TOS 51: DME	>3	4.01	Yes	3.72	Yes	4.06	Yes	-7.24	9.24	Yes
% claims MAX TOS 26: Transportation	>1	0.40	No	0.41	No	0.42	No	1.45	3.45	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.03	N/A	0.03	N/A	1,673.00	-0.60	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	2,097.00	21.40	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 31: TCM	>0	1.85	Yes	1.96	Yes	2.51	Yes	5.85	28.24	No
% claims MAX TOS 33: Rehabilitation	>0	0.36	Yes	0.07	Yes	0.00	No	-80.20	-100.00	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	5.87	Yes	1.01	Yes	0.00	No	-82.90	-100.00	No
% claims MAX TOS 35: Hospice	>0	0.08	Yes	0.06	Yes	0.10	Yes	-17.80	48.02	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.13	N/A	0.13	N/A	0.12	N/A	-3.75	-7.16	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.81	N/A	0.87	N/A	0.86	N/A	6.81	-0.39	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.06	N/A	0.15	N/A	31,148.00	135.30	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	1.05	N/A	0.51	N/A	0.56	N/A	-51.60	10.31	Yes
% claims MAX TOS 53: Psych. Services	>1	4.59	Yes	5.26	Yes	5.74	Yes	14.74	9.13	Yes
% claims MAX TOS 54: Adult Day Care	>0	1.58	Yes	1.20	Yes	1.01	Yes	-24.30	-15.50	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	-79.30	-100.00	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$75	N/A	\$79	N/A	\$82	N/A	5.66	3.48	Yes
08: Physicians	\$20-90	\$79	Yes	\$75	Yes	\$78	Yes	-4.66	4.16	Yes
09: Dental	\$10-60	\$47	Yes	\$49	Yes	\$48	Yes	4.57	-1.40	Yes
10: Other Practioner	\$10-100	\$44	Yes	\$50	Yes	\$53	Yes	14.18	5.44	Yes
11: OPD	\$20-100	\$124	No	\$126	No	\$125	No	1.60	-0.73	Yes
12: Clinic	\$20-100	\$80	Yes	\$76	Yes	\$76	Yes	-5.04	-0.60	Yes
13: HH	N/A	\$132	N/A	\$123	N/A	\$85	N/A	-6.91	-31.10	No
15: Lab/Xray	10-60	\$33	Yes	\$39	Yes	\$41	Yes	17.05	6.60	Yes
16: Drugs	10-60	\$11	Yes	\$13	Yes	\$15	Yes	17.77	14.77	Yes
19: Other Services	N/A	\$371	N/A	\$150	N/A	\$121	N/A	-59.70	-19.10	No
51: DME	N/A	\$80	N/A	\$90	N/A	\$89	N/A	12.78	-0.71	Yes
26: Transportation	N/A	\$183	N/A	\$175	N/A	\$168	N/A	-4.00	-4.25	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
31: Targeted Case Management	N/A	\$108	N/A	\$121	N/A	\$122	N/A	12.16	1.00	Yes
33: Rehabilitation	N/A	\$28	N/A	\$37	N/A	.	N/A	29.64	.	N/A
34: PT/OT/speech/hear	N/A	\$48	N/A	\$41	N/A	.	N/A	-15.00	.	N/A
35: Hospice	N/A	\$1,589	N/A	\$1,889	N/A	\$1,810	N/A	18.90	-4.21	Yes
52: Residential Care	N/A	\$186	N/A	\$371	N/A	\$350	N/A	99.11	-5.62	Yes
53: Pysch. Services	N/A	\$109	N/A	\$109	N/A	\$149	N/A	0.02	35.90	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$187	N/A	\$209	N/A	\$183	N/A	11.90	-12.50	Yes
% Family Planning (code 2)	N/A	0.28	N/A	0.23	N/A	0.24	N/A	-19.10	4.58	Yes
% RHC (code 3)	N/A	0.00	N/A	0.22	N/A	0.17	N/A	13,993.00	-20.40	No
% FQHC (code 4)	N/A	0.00	N/A	0.44	N/A	0.38	N/A	16,252.00	-13.80	Yes
% 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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Waiver (code 6,7)	N/A	4.72	N/A	3.94	N/A	4.17	N/A	-16.40	5.84	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$39	N/A	\$39	N/A	\$37	N/A	0.06	-5.14	Yes
RHC (code 3)	N/A	\$61	N/A	\$58	N/A	\$61	N/A	-4.42	5.33	Yes
FQHC (code 4)	N/A	\$74	N/A	\$68	N/A	\$93	N/A	-8.13	36.33	No
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$250	N/A	\$259	N/A	\$260	N/A	3.48	0.41	Yes
% Claims with DX	> 60	85.70	Yes	76.43	Yes	76.41	Yes	-10.80	-0.03	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.94	Yes	92.25	Yes	90.92	Yes	-7.69	-1.44	Yes
% Claims with 1 DX that have 2 DX	N/A	13.58	N/A	25.78	N/A	31.43	N/A	89.77	21.93	No
% Claims with DX, where length=3	5-25	11.98	Yes	9.55	Yes	8.50	Yes	-20.30	-11.00	Yes
% Claims with DX, where length=4	40-70	49.76	Yes	52.76	Yes	51.49	Yes	6.04	-2.41	Yes
% Claims with DX, where length=5	20-55	38.05	Yes	37.65	Yes	40.01	Yes	-1.05	6.27	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	86.88	No	96.52	No	97.42	No	11.10	0.93	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	59.46	N/A	64.80	N/A	65.30	N/A	8.98	0.77	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	20.63	N/A	31.96	N/A	34.70	N/A	54.96	8.57	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	19.92	N/A	3.24	N/A	0.00	N/A	-83.70	-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	99.92	Yes	98.30	Yes	98.26	Yes	-1.63	-0.03	Yes
% Claims with TOS 08 with Physician Specialty	N/A	98.51	N/A	19.00	N/A	0.00	N/A	-80.70	-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	3,594,275	N/A	5,980,690	N/A	6,384,489	N/A	66.39	6.75	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	12.57	N/A	3.97	N/A	2.13	N/A	-68.40	-46.30	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	22.07	N/A	1.04	N/A	0.00	N/A	-95.30	-100.00	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	11.11	N/A	4.39	N/A	2.50	N/A	-60.50	-43.00	No
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	66.90	N/A	41.31	N/A	35.83	N/A	-38.20	-13.30	Yes
% claims MAX TOS 10: Other Practioner	N/A	3.12	N/A	2.73	N/A	2.46	N/A	-12.60	-9.78	Yes
% claims MAX TOS 11: OPD	N/A	13.26	N/A	12.66	N/A	14.91	N/A	-4.49	17.76	No
% claims MAX TOS 12: Clinic	N/A	2.14	N/A	4.00	N/A	4.27	N/A	87.18	6.63	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	1.21	N/A	22.65	N/A	27.55	N/A	1,772.00	21.63	No
% claims MAX TOS 19: Other Services	N/A	7.99	N/A	1.06	N/A	1.10	N/A	-86.70	3.78	Yes
% claims MAX TOS 51: DME	N/A	0.57	N/A	11.51	N/A	10.28	N/A	1,917.00	-10.70	Yes
% claims MAX TOS 26: Transportation	N/A	2.13	N/A	1.75	N/A	0.95	N/A	-18.00	-45.50	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	0.18	N/A	0.17	N/A	0.18	N/A	-6.13	6.72	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	0.04	N/A	1.31	N/A	1.69	N/A	3,052.00	29.05	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	\$35	N/A	\$61	N/A	\$71	N/A	74.84	14.97	Yes
% Claims with DX	N/A	17.36	N/A	93.08	N/A	98.84	N/A	436.20	6.19	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	18.53	No	90.39	Yes	98.70	Yes	387.80	9.19	Yes
% Claims with 1 DX that have 2 DX	N/A	58.50	N/A	36.96	N/A	37.45	N/A	-36.80	1.34	Yes
% Claims with DX, where length=3	5-25	12.79	Yes	12.34	Yes	11.73	Yes	-3.51	-4.95	Yes
% Claims with DX, where length=4	40-70	44.17	Yes	42.93	Yes	42.16	Yes	-2.81	-1.79	Yes
% Claims with DX, where length=5	20-55	43.04	Yes	44.73	Yes	46.11	Yes	3.92	3.08	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	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	5.39	No	89.62	No	95.29	No	1,564.00	6.33	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	84.49	N/A	81.60	N/A	82.32	N/A	-3.42	0.88	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	15.51	N/A	18.40	N/A	17.68	N/A	18.62	-3.91	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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