

1999-2001 MAX OT Validation Table
State: HI

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	4,358,164	N/A	5,638,723	N/A	5,808,230	N/A	29.38	3.01	Yes
*	N/A	0.00	N/A	26.43	N/A	31.81	N/A	N/A	20.34	No
% 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	N/A	71.22	N/A	50.79	N/A	43.36	N/A	-28.68	-14.63	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	1,254,482	N/A	1,284,538	N/A	1,442,533	N/A	2.40	12.30	Yes
Total FFS Claims Excluding Capitation Payments	5-20	29.98	No	28.89	No	26.81	No	-3.62	-7.20	Yes
% Crossover	> 1%	18.56	Yes	1.92	Yes	2.35	Yes	-89.64	22.31	No
% Adjusted Claims	N/A	.	N/A	79.31	N/A	84.66	N/A	N/A	6.75	Yes
% Standard Adjustments	N/A	\$57	N/A	\$141	N/A	\$102	N/A	148.14	-27.42	No
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	35.42	N/A	34.19	N/A	36.05	N/A	-3.49	5.44	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	35.79	N/A	34.85	N/A	27.53	N/A	-2.64	-20.99	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	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$140	Yes	\$136	Yes	\$133	Yes	-2.70	-2.13	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$13	No	\$15	No	\$15	No	10.07	1.36	N/A
Average Paid per PCCM Cap Clms (TOS 22	3-5	.	No	.	No	.	No	N/A	N/A	N/A
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	878,441	N/A	913,418	N/A	1,055,783	N/A	3.98	15.59	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	N/A	N/A
% Claims with Span Bill	N/A	1.98	N/A	2.76	N/A	2.85	N/A	39.35	3.12	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	14.56	N/A	13.34	N/A	12.94	N/A	-8.39	-2.96	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	1.43	N/A	1.59	N/A	1.25	N/A	11.65	-21.63	No
% Other Claims with Span Bills/All Other Claims	N/A	1.59	N/A	2.54	N/A	2.66	N/A	59.93	4.78	Yes
% Claims W/ Service Place 11- Office	50-90	57.49	Yes	52.74	Yes	56.17	Yes	-8.26	6.51	Yes
% Claims W/ Service Place 12 - Home	>0-5	6.51	No	5.92	No	5.13	No	-9.07	-13.31	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	9.85	No	9.48	No	8.97	No	-3.67	-5.43	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.09	Yes	0.10	Yes	0.09	Yes	13.24	-11.90	Yes
% Claims W/ Service Place 23 - ER	1-10	2.44	Yes	2.64	Yes	2.72	Yes	8.19	2.98	Yes
% Claims w/ Service Place 22 - OPD	>0-10	5.84	Yes	6.08	Yes	5.23	Yes	4.13	-13.86	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	2.15	Yes	5.66	No	6.72	No	163.20	18.68	N/A
% Claims with TPL	>0 - 15	0.50	Yes	0.87	Yes	0.37	Yes	74.52	-57.40	No
Aver. TPL Paid -claims with TPL	N/A	\$56	N/A	\$50	N/A	\$69	N/A	-11.33	38.09	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	38.48	No	24.46	Yes	22.22	Yes	-36.44	-9.13	Yes
% claims MAX TOS 09: Dental	2-20	0.75	No	1.96	No	10.40	Yes	163.01	429.10	No
% claims MAX TOS 10: Other Practitioners	0.5-8	3.39	Yes	0.84	Yes	0.83	Yes	-75.29	-1.42	Yes
% claims MAX TOS 11: OPD	3-25	3.10	Yes	2.75	No	2.57	No	-11.36	-6.61	Yes
% claims MAX TOS 12: Clinic	2-25	6.12	Yes	3.59	Yes	4.44	Yes	-41.41	23.69	No
% claims MAX TOS 13: HH	>0-25	3.66	Yes	7.52	Yes	5.19	Yes	105.56	-31.02	No
% claims MAX TOS 15: Lab/Xray	4-20	17.58	Yes	21.05	No	17.34	Yes	19.77	-17.65	No

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.28	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	12.82	Yes	14.17	Yes	16.58	Yes	10.52	17.04	No
% claims MAX TOS 51: DME	>3	8.22	Yes	10.02	Yes	7.78	Yes	21.81	-22.39	No
% claims MAX TOS 26: Transportation	>1	5.28	Yes	5.92	Yes	5.20	Yes	12.12	-12.11	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-11.75	-19.03	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 31: TCM	>0	0.14	Yes	0.28	Yes	0.88	Yes	98.05	218.33	No
% claims MAX TOS 33: Rehabilitation	>0	0.11	Yes	0.00	Yes	0.00	No	-99.81	-100.00	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.34	No	0.55	No	0.58	No	64.29	4.48	N/A
% claims MAX TOS 35: Hospice	>0	0.00	Yes	0.01	Yes	0.02	Yes	163.91	16.58	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-71.15	246.06	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.01	N/A	0.02	N/A	194.17	53.07	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.01	N/A	N/A	613.75	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	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	N/A	N/A
% claims MAX TOS 53: Psych. Services	>1	0.00	No	6.82	Yes	4.14	Yes	N/A	-39.24	No
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$69	N/A	\$97	N/A	\$100	N/A	41.51	3.29	Yes
08: Physicians	\$20-90	\$44	Yes	\$58	Yes	\$58	Yes	34.29	-1.03	Yes
09: Dental	\$10-60	\$22	Yes	\$22	Yes	\$33	Yes	-2.18	52.13	No
10: Other Practitioner	\$10-100	\$40	Yes	\$33	Yes	\$33	Yes	-18.31	0.13	Yes
11: OPD	\$20-100	\$281	No	\$295	No	\$337	No	4.95	14.47	Yes
12: Clinic	\$20-100	\$67	Yes	\$88	Yes	\$75	Yes	31.90	-14.71	Yes
13: HH	N/A	\$82	N/A	\$86	N/A	\$99	N/A	5.14	15.29	No
15: Lab/Xray	10-60	\$19	Yes	\$30	Yes	\$21	Yes	57.96	-31.70	No
16: Drugs	10-60	.	No	.	No	\$2	No	N/A	N/A	N/A
19: Other Service	N/A	\$173	N/A	\$241	N/A	\$283	N/A	39.14	17.66	No
51: DME	N/A	\$73	N/A	\$157	N/A	\$64	N/A	114.57	-58.82	No
26: Transportation	N/A	\$44	N/A	\$40	N/A	\$44	N/A	-8.84	11.26	Yes
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	\$379	N/A	\$364	N/A	\$614	N/A	-4.03	68.67	No
33: Rehabilitation	N/A	\$24	N/A	\$134	N/A	.	N/A	448.31	N/A	N/A
34: PT/OT/speech/hear	N/A	\$25	N/A	\$30	N/A	\$33	N/A	21.53	9.84	N/A
35: Hospice	N/A	\$1,899	N/A	\$2,027	N/A	\$2,863	N/A	6.75	41.21	No
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
53: Psych. Services	N/A	.	N/A	\$65	N/A	\$58	N/A	N/A	-10.87	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Family Planning (code 2)	N/A	0.04	N/A	0.10	N/A	0.09	N/A	113.58	-10.81	Yes
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A

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(code 4)	N/A	0.38	N/A	1.02	N/A	1.10	N/A	164.98	7.81	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 (code 6,7)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$54	N/A	\$40	N/A	\$42	N/A	-26.44	4.25	Yes
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
FQHC (code 4)	N/A	\$109	N/A	\$108	N/A	\$109	N/A	-1.24	1.23	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6, 7)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with DX	> 60	97.97	Yes	97.09	Yes	96.05	Yes	-0.90	-1.07	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	98.20	Yes	96.47	Yes	98.16	Yes	-1.76	1.75	Yes
% Claims with 1 DX that have 2 DX	N/A	32.23	N/A	20.00	N/A	18.34	N/A	-37.96	-8.27	Yes
% Claims with DX, where length=3	5-25	10.84	Yes	12.26	Yes	18.37	Yes	13.11	49.91	No
% Claims with DX, where length=4	40-70	56.18	Yes	58.54	Yes	54.76	Yes	4.21	-6.46	Yes
% Claims with DX, where length=5	20-55	32.99	Yes	29.21	Yes	26.87	Yes	-11.47	-7.99	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	58.53	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	95.82	N/A	94.77	N/A	93.73	N/A	-1.10	-1.09	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	99.93	Yes	99.92	Yes	99.91	Yes	-0.01	-0.01	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	52.91	N/A	52.33	N/A	46.23	N/A	-1.08	-11.66	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	22.71	N/A	34.15	N/A	39.48	N/A	50.35	15.63	No
% 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	-100.00	N/A	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	24.36	N/A	13.44	N/A	12.46	N/A	-44.82	-7.30	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	99.30	Yes	100.00	Yes	100.00	Yes	0.71	0.00	Yes
% HCPCS Format Codes Cnnnn or Cnnnn /Claims with HCPCS	98-100	99.92	Yes	99.89	Yes	99.98	Yes	-0.03	0.09	Yes
% Claims with TOS 08 with Physician Specialty	N/A	2.43	N/A	3.28	N/A	2.55	N/A	34.93	-22.32	No
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	376,041	N/A	371,120	N/A	386,750	N/A	-1.31	4.21	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	N/A	N/A
% Claims with Span Bill	N/A	8.28	N/A	3.89	N/A	3.63	N/A	-52.97	-6.85	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	30.16	N/A	100.00	N/A	43.75	N/A	231.62	-56.25	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	63.75	N/A	42.21	N/A	10.99	N/A	-33.79	-73.97	N/A
% Other Claims with Span Bills/All Other Claims	N/A	7.06	N/A	3.85	N/A	3.58	N/A	-45.47	-7.00	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	67.84	N/A	64.87	N/A	65.51	N/A	-4.38	0.99	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	1.65	N/A	1.60	N/A	1.65	N/A	-3.34	3.26	Yes
% claims MAX TOS 11: OPD	N/A	5.18	N/A	0.00	N/A	0.00	N/A	-99.96	91.92	No
% claims MAX TOS 12: Clinic	N/A	2.25	N/A	2.09	N/A	3.19	N/A	-6.93	52.85	No
% claims MAX TOS 13: HH	N/A	0.04	N/A	0.11	N/A	0.62	N/A	164.08	452.97	N/A
% claims MAX TOS 15: Lab/Xray	N/A	11.01	N/A	15.85	N/A	10.93	N/A	44.01	-31.04	No
% claims MAX TOS 19: Other Services	N/A	8.90	N/A	6.15	N/A	8.84	N/A	-30.88	43.80	No
% claims MAX TOS 51: DME	N/A	2.23	N/A	6.95	N/A	5.62	N/A	211.23	-19.12	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	0.48	N/A	0.27	N/A	0.28	N/A	-43.96	6.18	Yes
% 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	0.07	N/A	N/A	1878.22	No
% claims MAX TOS 33: Rehabilitation	N/A	0.33	N/A	0.56	N/A	0.64	N/A	67.85	15.11	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.06	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	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 ^e	N/A	0.00	N/A	1.51	N/A	2.51	N/A	N/A	65.98	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 54: Adult Day Care	N/A	\$55	N/A	\$59	N/A	\$59	N/A	6.77	0.89	Yes
Average Amount Paid	N/A	90.61	N/A	82.90	N/A	71.35	N/A	-8.51	-13.93	Yes
% Claims with DX	N/A	94.14	N/A	91.13	N/A	73.35	N/A	-3.19	-19.51	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	94.14	Yes	91.13	Yes	73.35	No	-3.19	-19.51	No
% Claims with 1 DX that have 2 DX	N/A	34.56	N/A	0.32	N/A	0.54	N/A	-99.08	69.62	No
% Claims with DX, where length=3	5-25	10.62	Yes	9.57	Yes	8.92	Yes	-9.91	-6.79	Yes
% Claims with DX, where length=4	40-70	49.19	Yes	48.42	Yes	47.63	Yes	-1.57	-1.62	Yes
% Claims with DX, where length=5	20-55	40.19	Yes	42.01	Yes	43.45	Yes	4.54	3.42	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	83.75	N/A	100.00	N/A	99.96	N/A	19.40	-0.04	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	47.43	No	100.00	Yes	100.00	Yes	110.85	0.00	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	71.53	N/A	75.41	N/A	64.91	N/A	5.43	-13.93	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	7.49	N/A	7.33	N/A	7.52	N/A	-2.09	2.59	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	20.98	N/A	17.26	N/A	27.57	N/A	-17.75	59.76	N/A

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