

1999-2001 MAX OT Validation Table
State: LA

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	17,895,068	N/A	18,275,626	N/A	19,955,632	N/A	2.13	9.19	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	N/A									
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	1.11	N/A	3.13	N/A	4.45	N/A	181.18	42.28	No
Total FFS Claims Excluding Capitation Payments	N/A	17,695,904	N/A	17,703,700	N/A	19,067,082	N/A	0.04	7.70	Yes
	5-20	17.07	Yes	17.52	Yes	17.06	Yes	2.63	-2.61	Yes
% Crossover	> 1%	1.72	Yes	13.59	Yes	0.50	No	688.48	-96.29	No
% Adjusted Claims	N/A	.	N/A	95.44	N/A	90.03	N/A	N/A	-5.66	Yes
% Standard Adjustments	N/A	\$55	N/A	\$40	N/A	\$296	N/A	-27.52	645.58	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	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	1.11	N/A	3.13	N/A	4.45	N/A	181.18	42.28	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	No	\$3	No	\$3	Yes	0.02	0.00	N/A
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 1999										
Total Number of Claims	N/A	14,675,114	N/A	14,601,979	N/A	15,813,744	N/A	-0.50	8.30	Yes
% Claims with> \$0 Paid	>95%	99.98	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	4.35	N/A	2.80	N/A	3.13	N/A	-35.47	11.45	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.01	N/A	0.00	N/A	237.45	-41.14	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	-40.33	100.70	No
% Other Claims with Span Bills/All Other Claims	N/A	5.54	N/A	3.07	N/A	3.45	N/A	-44.52	12.14	Yes
% Claims W/ Service Place 11- Office	50-90	38.42	No	38.46	No	39.21	No	0.10	1.93	Yes
% Claims W/ Service Place 12 - Home	>0-5	4.28	Yes	4.14	Yes	3.37	Yes	-3.31	-18.53	No
% Claims W/ Service Place 21 - Hospital	>0-5	22.87	No	24.41	No	25.20	No	6.74	3.23	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.14	Yes	0.13	Yes	0.13	Yes	-2.29	-0.73	Yes
% Claims W/ Service Place 23 - ER	1-10	2.70	Yes	2.90	Yes	3.27	Yes	7.20	13.04	Yes
% Claims w/ Service Place 22 - OPD	>0-10	9.01	Yes	9.23	Yes	8.85	Yes	2.36	-4.11	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	15.88	No	14.14	No	13.46	No	-10.94	-4.86	N/A
% Claims with TPL	>0 - 15	0.10	Yes	0.08	Yes	0.10	Yes	-14.05	26.30	No
Aver. TPL Paid -claims with TPL	N/A	\$59	N/A	\$60	N/A	\$56	N/A	1.93	-7.68	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	28.06	Yes	26.34	Yes	25.79	Yes	-6.12	-2.10	Yes
% claims MAX TOS 09: Dental	2-20	6.05	Yes	6.00	Yes	7.05	Yes	-0.77	17.41	No
% claims MAX TOS 10: Other Practitioners	0.5-8	0.84	Yes	0.62	Yes	0.56	Yes	-25.76	-9.83	Yes
% claims MAX TOS 11: OPD	3-25	19.60	Yes	7.12	Yes	7.81	Yes	-63.65	9.62	Yes
% claims MAX TOS 12: Clinic	2-25	4.85	Yes	2.64	Yes	2.02	Yes	-45.53	-23.65	No
% claims MAX TOS 13: HH	>0-25	1.98	Yes	1.67	Yes	1.53	Yes	-15.79	-7.99	Yes
% claims MAX TOS 15: Lab/Xray	4-20	16.42	Yes	29.97	No	30.04	No	82.56	0.23	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	3.79	No	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	12.85	Yes	12.33	Yes	8.26	Yes	-4.05	-33.02	No
% claims MAX TOS 51: DME	>3	1.87	No	3.45	Yes	3.31	Yes	84.68	-4.13	Yes
% claims MAX TOS 26: Transportation	>1	2.93	Yes	3.02	Yes	2.82	Yes	3.09	-6.66	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.05	N/A	0.05	N/A	0.05	N/A	11.93	-1.20	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-72.59	-38.44	No
% claims MAX TOS 30: PCS	>0	0.04	Yes	0.03	Yes	0.03	Yes	-14.66	-7.60	Yes
% claims MAX TOS 31: TCM	>0	0.37	Yes	0.48	Yes	0.52	Yes	27.91	9.32	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.32	Yes	0.23	Yes	0.23	Yes	-28.38	3.43	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	3.25	Yes	3.37	Yes	3.47	Yes	3.70	2.99	N/A
% claims MAX TOS 35: Hospice	>0	0.01	Yes	0.02	Yes	0.03	Yes	59.74	37.68	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.36	N/A	0.48	N/A	0.59	N/A	32.72	23.22	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.03	N/A	0.04	N/A	0.04	N/A	5.95	5.43	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	0.00	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	0.04	No	0.93	No	0.97	No	2032.73	3.55	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.25	Yes	0.21	Yes	N/A	-18.42	No
% 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	\$47	N/A	\$49	N/A	\$53	N/A	5.89	7.92	Yes
08: Physicians	\$20-90	\$44	Yes	\$50	Yes	\$52	Yes	12.56	5.64	Yes
09: Dental	\$10-60	\$26	Yes	\$25	Yes	\$28	Yes	-5.20	13.33	Yes
10: Other Practitioner	\$10-100	\$57	Yes	\$73	Yes	\$85	Yes	27.87	15.66	No
11: OPD	\$20-100	\$54	Yes	\$70	Yes	\$79	Yes	29.36	13.41	Yes
12: Clinic	\$20-100	\$49	Yes	\$63	Yes	\$78	Yes	27.37	24.30	No
13: HH	N/A	\$69	N/A	\$84	N/A	\$94	N/A	21.59	12.30	Yes
15: Lab/Xray	10-60	\$18	Yes	\$24	Yes	\$25	Yes	38.09	4.68	Yes
16: Drugs	10-60	.	No	.	No	\$10	No	N/A	N/A	N/A
19: Other Service	N/A	\$63	N/A	\$77	N/A	\$120	N/A	21.11	55.96	No
51: DME	N/A	\$135	N/A	\$88	N/A	\$90	N/A	-34.43	1.49	Yes
26: Transportation	N/A	\$54	N/A	\$57	N/A	\$63	N/A	6.27	9.26	Yes
30: PCS	N/A	\$352	N/A	\$393	N/A	\$392	N/A	11.65	-0.25	Yes
31: Targeted Case Management	N/A	\$124	N/A	\$145	N/A	\$153	N/A	16.57	5.79	Yes
33: Rehabilitation	N/A	\$374	N/A	\$27	N/A	\$29	N/A	-92.69	4.47	Yes
34: PT/OT/hear/speech	N/A	\$17	N/A	\$16	N/A	\$17	N/A	-1.48	3.36	N/A
35: Hospice	N/A	\$1,130	N/A	\$1,188	N/A	\$1,402	N/A	5.15	18.05	No
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
53: Psych. Services	N/A	\$62	N/A	\$213	N/A	\$243	N/A	243.13	14.16	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	\$111	N/A	\$137	N/A	N/A	23.66	No
% Family Planning (code 2)	N/A	0.94	N/A	0.96	N/A	1.00	N/A	2.01	3.67	Yes
% RHC (code 3)	N/A	1.00	N/A	0.80	N/A	0.85	N/A	-20.11	5.40	Yes

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(code 4)	N/A	0.26	N/A	0.30	N/A	0.31	N/A	13.58	3.99	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	4.78	N/A	4.94	N/A	3.82	N/A	3.45	-22.60	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$35	N/A	\$37	N/A	\$38	N/A	4.70	3.41	Yes
RHC (code 3)	N/A	\$46	N/A	\$60	N/A	\$59	N/A	30.15	-0.48	Yes
FQHC (code 4)	N/A	\$84	N/A	\$85	N/A	\$86	N/A	0.15	1.29	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$156	N/A	\$193	N/A	\$278	N/A	23.93	44.38	No
% Claims with DX	> 60	86.58	Yes	88.33	Yes	87.48	Yes	2.03	-0.96	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	95.77	Yes	100.00	Yes	100.00	Yes	4.41	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	18.00	N/A	18.80	N/A	19.35	N/A	4.43	2.93	Yes
% Claims with DX, where length=3	5-25	10.72	Yes	10.64	Yes	9.70	Yes	-0.80	-8.83	Yes
% Claims with DX, where length=4	40-70	62.24	Yes	62.14	Yes	61.58	Yes	-0.15	-0.90	Yes
% Claims with DX, where length=5	20-55	27.04	Yes	27.22	Yes	28.72	Yes	0.67	5.51	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	99.95	Yes	99.95	Yes	99.94	Yes	0.00	-0.01	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	57.57	N/A	61.58	N/A	63.61	N/A	6.97	3.29	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	30.19	N/A	25.53	N/A	23.32	N/A	-15.45	-8.66	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	11.35	N/A	11.70	N/A	11.95	N/A	3.06	2.15	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 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	3,020,790	N/A	3,101,721	N/A	3,253,338	N/A	2.68	4.89	Yes
% 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	1.75	N/A	1.71	N/A	1.58	N/A	-2.06	-7.94	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	N/A	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	92.75	N/A	95.83	N/A	94.67	N/A	3.32	-1.21	N/A
% Other Claims with Span Bills/All Other Claims	N/A	1.76	N/A	1.72	N/A	1.57	N/A	-2.22	-8.75	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	61.17	N/A	60.25	N/A	60.61	N/A	-1.51	0.61	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	1.45	N/A	1.39	N/A	1.49	N/A	-4.55	7.43	Yes
% claims MAX TOS 11: OPD	N/A	0.82	N/A	0.58	N/A	0.27	N/A	-29.31	-52.69	No
% claims MAX TOS 12: Clinic	N/A	2.68	N/A	2.23	N/A	1.95	N/A	-16.81	-12.55	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.01	N/A	-66.12	1242.70	N/A
% claims MAX TOS 15: Lab/Xray	N/A	15.98	N/A	16.39	N/A	16.61	N/A	2.59	1.36	Yes
% claims MAX TOS 19: Other Services	N/A	1.34	N/A	0.17	N/A	0.20	N/A	-87.04	16.28	No
% claims MAX TOS 51: DME	N/A	8.45	N/A	9.62	N/A	9.35	N/A	13.89	-2.76	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	7.38	N/A	7.45	N/A	7.75	N/A	0.96	4.04	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	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.37	N/A	0.34	N/A	0.25	N/A	-8.49	-25.95	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.26	N/A	0.37	N/A	0.37	N/A	44.01	-0.84	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	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	1.10	N/A	0.95	N/A	N/A	-13.41	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
Average Amount Paid	N/A	\$22	N/A	\$22	N/A	\$22	N/A	-1.06	-1.39	Yes
% Claims with DX	N/A	99.55	N/A	99.98	N/A	99.98	N/A	0.43	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.32	Yes	99.99	Yes	99.99	Yes	0.67	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	7.12	N/A	7.94	N/A	8.91	N/A	11.54	12.31	Yes
% Claims with DX, where length=3	5-25	12.18	Yes	12.33	Yes	11.70	Yes	1.24	-5.13	Yes
% Claims with DX, where length=4	40-70	83.05	No	82.63	No	82.30	No	-0.51	-0.40	Yes
% Claims with DX, where length=5	20-55	4.77	No	5.04	No	6.01	No	5.68	19.08	No
% 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	N/A
% 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	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	98.35	Yes	98.21	Yes	97.81	No	-0.14	-0.41	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	80.25	N/A	80.12	N/A	80.06	N/A	-0.17	-0.07	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	19.62	N/A	19.77	N/A	19.87	N/A	0.76	0.49	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.12	N/A	0.11	N/A	0.07	N/A	-9.42	-37.78	N/A

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