

2002-2004 MAX OT Validation Table
State: LA

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	23,497,506	N/A	28,396,468	N/A	30,304,742	N/A	20.85	6.72	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	10.92	N/A	20.27	N/A	27.54	N/A	85.57	35.86	No
Total FFS Claims Excluding Capitation Payments	N/A	20,930,839	N/A	22,640,575	N/A	21,959,288	N/A	8.17	-3.01	Yes
	5-20	16.01	Yes	15.73	Yes	7.93	Yes	-1.74	-49.60	No
% Crossover	> 1%	5.06	Yes	3.24	Yes	1.83	Yes	-35.90	-43.50	No
% Adjusted Claims	N/A	83.77	N/A	96.10	N/A	90.58	N/A	14.71	-5.75	Yes
% Standard Adjustments	N/A	\$35	N/A	\$47	N/A	\$97	N/A	34.61	104.60	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	10.92	N/A	20.27	N/A	27.54	N/A	85.57	35.86	No
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	0.00	0.00	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	17,579,911	N/A	19,078,890	N/A	20,217,068	N/A	8.53	5.97	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	3.14	N/A	3.45	N/A	3.51	N/A	10.09	1.77	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.05	N/A	0.00	N/A	0.00	N/A	-96.90	-93.80	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.10	N/A	0.02	N/A	5,208.00	-83.60	No
% Other Claims with Span Bills/All Other Claims	N/A	3.48	N/A	3.93	N/A	3.98	N/A	12.92	1.16	Yes
% Claims W/ Service Place 11- Office	50-90	39.69	No	39.55	No	39.15	No	-0.36	-1.02	Yes
% Claims W/ Service Place 12 - Home	>0-5	3.08	Yes	3.96	Yes	5.06	No	28.50	27.89	No
% Claims W/ Service Place 21 - Hospital	>0-5	25.74	No	26.27	No	26.31	No	2.03	0.18	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.15	Yes	0.22	Yes	0.19	Yes	44.77	-13.40	Yes
% Claims W/ Service Place 23 - ER	1-10	3.59	Yes	5.97	Yes	6.84	Yes	66.26	14.57	Yes
% Claims w/ Service Place 22 - OPD	>0-10	6.75	Yes	4.23	Yes	3.99	Yes	-37.40	-5.65	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	14.60	No	11.52	No	6.72	No	-21.10	-41.70	No
% Claims with TPL	>0 - 15	0.14	Yes	0.15	Yes	0.14	Yes	12.62	-7.94	Yes
Aver. TPL Paid -claims with TPL	N/A	\$52	N/A	\$55	N/A	\$60	N/A	7.51	7.73	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	25.83	Yes	25.18	Yes	24.35	Yes	-2.50	-3.31	Yes
% claims MAX TOS 09: Dental	2-20	7.47	Yes	7.34	Yes	7.74	Yes	-1.68	5.42	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.58	Yes	1.37	Yes	1.13	Yes	136.00	-17.20	No
% claims MAX TOS 11: OPD	3-25	8.59	Yes	10.86	Yes	10.35	Yes	26.48	-4.69	Yes
% claims MAX TOS 12: Clinic	2-25	1.89	No	1.90	No	2.17	Yes	0.59	14.06	Yes
% claims MAX TOS 13: HH	>0-25	1.49	Yes	1.39	Yes	1.34	Yes	-6.60	-3.72	Yes
% claims MAX TOS 15: Lab/Xray	4-20	29.90	No	27.14	No	27.99	No	-9.22	3.13	Yes
% claims MAX TOS 16: Drugs	<3	3.78	No	2.89	Yes	0.02	Yes	-23.50	-99.40	No
% claims MAX TOS 19: Other Services	<25	7.32	Yes	8.13	Yes	11.37	Yes	11.08	39.84	No
% claims MAX TOS 51: DME	>3	3.08	Yes	3.00	Yes	3.13	Yes	-2.57	4.14	Yes
% claims MAX TOS 26: Transportation	>1	2.68	Yes	2.73	Yes	2.74	Yes	1.63	0.40	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.05	N/A	0.05	N/A	0.03	N/A	-5.25	-25.60	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	268.60	-76.40	No
% claims MAX TOS 30: PCS	>0	0.03	Yes	0.11	Yes	0.40	Yes	259.50	266.20	No
% claims MAX TOS 31: TCM	>0	0.51	Yes	0.50	Yes	0.54	Yes	-2.07	8.01	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.20	Yes	0.18	Yes	0.18	Yes	-11.90	-1.23	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	3.76	Yes	4.02	Yes	4.44	Yes	6.87	10.44	Yes
% claims MAX TOS 35: Hospice	>0	0.04	Yes	0.05	Yes	0.06	Yes	25.52	20.79	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.65	N/A	0.68	N/A	0.70	N/A	5.16	3.33	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.05	N/A	0.06	N/A	0.05	N/A	20.07	-8.44	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	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
% 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	>1	0.94	No	1.07	Yes	1.06	Yes	13.44	-0.92	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.16	Yes	0.32	Yes	0.22	Yes	93.48	-31.50	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	\$56	N/A	\$60	N/A	\$64	N/A	5.64	7.85	Yes
08: Physicians	\$20-90	\$52	Yes	\$55	Yes	\$58	Yes	5.36	4.98	Yes
09: Dental	\$10-60	\$29	Yes	\$32	Yes	\$34	Yes	8.59	7.04	Yes
10: Other Practioner	\$10-100	\$84	Yes	\$54	Yes	\$74	Yes	-35.60	37.70	No
11: OPD	\$20-100	\$91	Yes	\$72	Yes	\$75	Yes	-20.90	3.86	Yes
12: Clinic	\$20-100	\$88	Yes	\$101	No	\$101	No	14.97	-0.03	Yes
13: HF	N/A	\$99	N/A	\$106	N/A	\$105	N/A	7.17	-0.87	Yes
15: Lab/Xray	10-60	\$28	Yes	\$30	Yes	\$28	Yes	5.47	-4.33	Yes
16: Drugs	10-60	\$10	No	\$9	No	\$30	Yes	-5.36	221.20	No
19: Other Services	N/A	\$136	N/A	\$119	N/A	\$115	N/A	-12.80	-3.76	Yes
51: DME	N/A	\$92	N/A	\$94	N/A	\$76	N/A	2.61	-18.70	No
26: Transportation	N/A	\$69	N/A	\$73	N/A	\$72	N/A	5.05	-0.84	Yes
30: PCS	N/A	\$369	N/A	\$285	N/A	\$295	N/A	-22.70	3.62	Yes
31: Targeted Case Management	N/A	\$155	N/A	\$155	N/A	\$170	N/A	0.01	9.45	Yes
33: Rehabilitation	N/A	\$31	N/A	\$31	N/A	\$30	N/A	0.93	-4.74	Yes
34: PT/OT/speech/hear	N/A	\$16	N/A	\$16	N/A	\$20	N/A	-1.38	25.71	No
35: Hospice	N/A	\$1,449	N/A	\$1,599	N/A	\$1,749	N/A	10.36	9.42	Yes
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	\$272	N/A	\$277	N/A	\$330	N/A	1.87	19.28	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$154	N/A	\$692	N/A	\$966	N/A	350.10	39.66	No
% Family Planning (code 2)	N/A	1.01	N/A	0.88	N/A	0.73	N/A	-12.30	-17.20	No
% RHC (code 3)	N/A	0.87	N/A	0.82	N/A	0.81	N/A	-5.67	-0.27	Yes
% FQHC (code 4)	N/A	0.35	N/A	0.39	N/A	0.37	N/A	10.05	-5.30	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	3.22	N/A	3.51	N/A	3.81	N/A	8.74	8.65	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$35	N/A	\$37	N/A	\$41	N/A	5.22	11.26	Yes
RHC (code 3)	N/A	\$58	N/A	\$79	N/A	\$91	N/A	35.12	16.40	No
FQHC (code 4)	N/A	\$82	N/A	\$100	N/A	\$122	N/A	21.85	21.20	No
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$341	N/A	\$367	N/A	\$425	N/A	7.80	15.71	No
% Claims with DX	> 60	86.77	Yes	86.66	Yes	87.50	Yes	-0.12	0.97	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	20.16	N/A	21.66	N/A	32.23	N/A	7.46	48.77	No
% Claims with DX, where length=3	5-25	9.14	Yes	8.72	Yes	7.65	Yes	-4.62	-12.20	Yes
% Claims with DX, where length=4	40-70	60.67	Yes	60.28	Yes	59.51	Yes	-0.65	-1.28	Yes
% Claims with DX, where length=5	20-55	30.19	Yes	31.01	Yes	32.84	Yes	2.71	5.91	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	99.93	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	64.55	N/A	66.87	N/A	73.99	N/A	3.60	10.65	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	22.26	N/A	26.07	N/A	22.60	N/A	17.14	-13.30	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	11.97	N/A	5.78	N/A	3.41	N/A	-51.70	-40.90	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	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	3,350,928	N/A	3,561,685	N/A	1,742,220	N/A	6.29	-51.10	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	1.51	N/A	1.26	N/A	2.14	N/A	-16.30	70.06	No
% 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
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	94.38	N/A	89.66	N/A	.	N/A	-5.00	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	1.49	N/A	1.26	N/A	2.16	N/A	-15.10	71.20	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	60.71	N/A	60.22	N/A	46.02	N/A	-0.80	-23.60	No
% claims MAX TOS 10: Other Practitioner	N/A	1.58	N/A	1.97	N/A	1.67	N/A	24.17	-15.30	No
% claims MAX TOS 11: OPD	N/A	0.08	N/A	0.31	N/A	0.92	N/A	294.80	195.40	No
% claims MAX TOS 12: Clinic	N/A	1.97	N/A	1.93	N/A	3.84	N/A	-2.11	98.65	No
% claims MAX TOS 13: HH	N/A	0.02	N/A	0.00	N/A	0.00	N/A	-95.70	-100.00	No
% claims MAX TOS 15: Lab/Xray	N/A	16.98	N/A	16.18	N/A	24.74	N/A	-4.69	52.90	No
% claims MAX TOS 19: Other Services	N/A	0.23	N/A	0.01	N/A	0.02	N/A	-95.80	139.70	No
% claims MAX TOS 51: DME	N/A	8.88	N/A	9.25	N/A	10.01	N/A	4.10	8.18	Yes
% claims MAX TOS 26: Transportation	N/A	7.71	N/A	7.79	N/A	9.90	N/A	0.93	27.08	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	0.18	N/A	0.07	N/A	0.00	N/A	-59.40	-94.60	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.40	N/A	0.38	N/A	0.32	N/A	-4.89	-16.70	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	1.07	N/A	1.69	N/A	2.51	N/A	58.48	48.77	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	\$21	N/A	\$21	N/A	\$26	N/A	-0.24	23.52	No
% Claims with DX	N/A	99.99	N/A	99.97	N/A	100.00	N/A	-0.02	0.03	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.99	Yes	100.00	Yes	0.00	0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	8.65	N/A	8.68	N/A	10.56	N/A	0.36	21.68	No
% Claims with DX, where length=3	5-25	11.64	Yes	11.20	Yes	9.83	Yes	-3.81	-12.30	Yes
% Claims with DX, where length=4	40-70	82.77	No	82.95	No	82.66	No	0.22	-0.35	Yes
% Claims with DX, where length=5	20-55	5.59	No	5.85	No	7.51	No	4.64	28.38	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	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	100.00	N/A	.	N/A	0.00	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	98.06	Yes	98.20	Yes	95.10	No	0.14	-3.16	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	80.56	N/A	79.98	N/A	75.32	N/A	-0.72	-5.82	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	19.36	N/A	19.77	N/A	24.38	N/A	2.10	23.30	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.08	N/A	0.25	N/A	0.31	N/A	210.80	20.25	No

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