

1999-2001 MAX OT Validation Table
State: MO

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	26,270,628	N/A	29,769,484	N/A	33,459,118	N/A	13.32	12.39	Yes
*	N/A	9.28	N/A	12.35	N/A	12.54	N/A	33.07	1.55	Yes
% 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	13.15	N/A	13.97	N/A	14.94	N/A	6.24	6.95	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	20,378,536	N/A	21,934,941	N/A	24,264,448	N/A	7.64	10.62	Yes
Total FFS Claims Excluding Capitation Payments	5-20	13.27	Yes	13.33	Yes	13.30	Yes	0.48	-0.21	Yes
% Crossover	> 1%	3.89	Yes	1.43	Yes	8.00	Yes	-63.30	460.21	No
% Adjusted Claims	N/A	.	N/A	73.80	N/A	86.13	N/A	N/A	16.72	No
% Standard Adjustments	N/A	\$44	N/A	\$66	N/A	\$41	N/A	49.29	-36.75	No
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	14.49	N/A	15.94	N/A	17.08	N/A	9.96	7.19	Yes
% 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	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	\$87	Yes	\$96	Yes	\$105	Yes	9.69	9.50	Yes
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	.	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 1999										
Total Number of Claims	N/A	17,674,842	N/A	19,010,763	N/A	21,036,556	N/A	7.56	10.66	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	1.07	N/A	1.46	N/A	1.50	N/A	36.82	2.86	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.03	N/A	0.01	N/A	0.01	N/A	-70.66	-21.17	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.01	N/A	0.00	N/A	270.96	-48.58	No
% Other Claims with Span Bills/All Other Claims	N/A	1.19	N/A	1.53	N/A	1.57	N/A	27.99	2.84	Yes
% Claims W/ Service Place 11- Office	50-90	19.55	No	18.47	No	18.95	No	-5.56	2.62	Yes
% Claims W/ Service Place 12 - Home	>0-5	36.55	No	35.81	No	36.08	No	-2.04	0.76	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.20	Yes	3.49	Yes	3.47	Yes	8.94	-0.53	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.09	Yes	0.08	Yes	0.08	Yes	-10.83	-2.05	Yes
% Claims W/ Service Place 23 - ER	1-10	3.65	Yes	3.86	Yes	3.89	Yes	5.94	0.72	Yes
% Claims w/ Service Place 22 - OPD	>0-10	13.46	No	13.33	No	13.06	No	-0.93	-2.07	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	17.29	No	19.07	No	18.51	No	10.30	-2.96	N/A
% Claims with TPL	>0 - 15	0.10	Yes	0.11	Yes	0.11	Yes	11.04	-4.96	Yes
Aver. TPL Paid -claims with TPL	N/A	\$40	N/A	\$43	N/A	\$42	N/A	7.12	-3.41	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	7.79	No	6.06	No	5.26	No	-22.14	-13.15	Yes
% claims MAX TOS 09: Dental	2-20	3.02	Yes	2.85	Yes	3.09	Yes	-5.43	8.29	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	0.50	Yes	0.48	No	0.48	No	-4.33	-0.12	Yes
% claims MAX TOS 11: OPD	3-25	10.60	Yes	4.22	Yes	4.22	Yes	-60.23	0.08	Yes
% claims MAX TOS 12: Clinic	2-25	8.89	Yes	7.34	Yes	7.35	Yes	-17.45	0.13	Yes
% claims MAX TOS 13: HH	>0-25	0.25	Yes	0.25	Yes	0.22	Yes	0.25	-12.12	Yes
% claims MAX TOS 15: Lab/Xray	4-20	2.56	No	12.43	Yes	12.39	Yes	385.71	-0.27	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1999-2001 MAX OT Validation Table
State: MO

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			
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	1.06	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	26.43	No	23.77	Yes	23.45	Yes	-10.07	-1.37	Yes
% claims MAX TOS 51: DME	>3	3.09	Yes	3.36	Yes	3.31	Yes	8.49	-1.47	Yes
% claims MAX TOS 26: Transportation	>1	0.30	No	0.30	No	0.27	No	-0.21	-8.95	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% 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	20.66	Yes	19.24	Yes	19.97	Yes	-6.84	3.77	Yes
% claims MAX TOS 31: TCM	>0	4.67	Yes	4.50	Yes	4.69	Yes	-3.50	4.22	Yes
% claims MAX TOS 33: Rehabilitation	>0	2.54	Yes	2.48	Yes	2.53	Yes	-2.39	2.00	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.02	No	0.02	No	0.02	No	11.16	-0.26	N/A
% claims MAX TOS 35: Hospice	>0	0.01	Yes	0.01	Yes	0.01	Yes	-14.51	7.65	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.02	N/A	0.02	N/A	41.23	11.51	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.12	N/A	0.08	N/A	0.11	N/A	-29.90	35.43	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	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	N/A	N/A
% claims MAX TOS 52: Residential Care	N/A	4.46	N/A	4.21	N/A	3.87	N/A	-5.79	-8.10	Yes
% claims MAX TOS 53: Psych. Services	>1	3.47	Yes	7.67	Yes	7.00	Yes	121.06	-8.83	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.60	Yes	0.70	Yes	0.68	Yes	16.25	-3.49	Yes
% 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	\$52	N/A	\$55	N/A	10.28	5.72	Yes
08: Physicians	\$20-90	\$35	Yes	\$40	Yes	\$41	Yes	12.87	3.69	Yes
09: Dental	\$10-60	\$23	Yes	\$28	Yes	\$34	Yes	24.35	20.54	No
10: Other Practitioner	\$10-100	\$33	Yes	\$36	Yes	\$35	Yes	9.31	-2.56	Yes
11: OPD	\$20-100	\$56	Yes	\$87	Yes	\$88	Yes	56.28	0.23	Yes
12: Clinic	\$20-100	\$37	Yes	\$43	Yes	\$46	Yes	16.24	7.22	Yes
13: HH	N/A	\$64	N/A	\$64	N/A	\$64	N/A	-0.02	-0.94	Yes
15: Lab/Xray	10-60	\$12	Yes	\$33	Yes	\$34	Yes	167.96	2.93	Yes
16: Drugs	10-60	.	No	.	No	\$9	No	N/A	N/A	N/A
19: Other Service	N/A	\$53	N/A	\$51	N/A	\$54	N/A	-3.98	4.87	Yes
51: DME	N/A	\$112	N/A	\$117	N/A	\$118	N/A	4.62	1.23	Yes
26: Transportation	N/A	\$75	N/A	\$82	N/A	\$85	N/A	8.95	3.33	Yes
30: PCS	N/A	\$28	N/A	\$34	N/A	\$38	N/A	19.37	12.81	Yes
31: Targeted Case Management	N/A	\$48	N/A	\$50	N/A	\$49	N/A	4.27	-2.61	Yes
33: Rehabilitation	N/A	\$87	N/A	\$89	N/A	\$89	N/A	2.21	0.93	Yes
34: PT/OT/speech/hear	N/A	\$15	N/A	\$15	N/A	\$15	N/A	5.18	-3.39	N/A
35: Hospice	N/A	\$940	N/A	\$1,368	N/A	\$1,530	N/A	45.52	11.85	Yes
52: Residential Care	N/A	\$91	N/A	\$99	N/A	\$111	N/A	8.85	12.85	Yes
53: Psych. Services	N/A	\$42	N/A	\$75	N/A	\$93	N/A	75.84	24.27	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$41	N/A	\$41	N/A	\$43	N/A	0.73	4.27	Yes
% Family Planning (code 2)	N/A	0.30	N/A	0.33	N/A	0.30	N/A	8.80	-7.71	Yes
% RHC (code 3)	N/A	1.83	N/A	1.79	N/A	1.80	N/A	-2.04	0.70	Yes

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1999-2001 MAX OT Validation Table
State: MO

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			
(code 4)	N/A	0.51	N/A	0.55	N/A	0.61	N/A	8.37	10.68	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	13.50	N/A	12.82	N/A	11.73	N/A	-5.05	-8.52	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$74	N/A	\$71	N/A	\$72	N/A	-4.68	1.89	Yes
RHC (code 3)	N/A	\$50	N/A	\$52	N/A	\$55	N/A	4.72	6.15	Yes
FQHC (code 4)	N/A	\$54	N/A	\$58	N/A	\$63	N/A	6.11	10.10	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$82	N/A	\$86	N/A	\$93	N/A	5.31	7.82	Yes
% Claims with DX	> 60	99.19	Yes	98.10	Yes	98.04	Yes	-1.09	-0.06	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.96	Yes	99.68	Yes	99.52	Yes	-0.28	-0.16	Yes
% Claims with 1 DX that have 2 DX	N/A	8.26	N/A	7.82	N/A	7.98	N/A	-5.40	2.14	Yes
% Claims with DX, where length=3	5-25	20.31	Yes	17.96	Yes	15.36	Yes	-11.54	-14.51	Yes
% Claims with DX, where length=4	40-70	52.82	Yes	53.50	Yes	54.05	Yes	1.28	1.03	Yes
% Claims with DX, where length=5	20-55	26.87	Yes	28.54	Yes	30.60	Yes	6.21	7.22	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	31.59	N/A	32.85	N/A	33.15	N/A	4.00	0.89	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	68.41	N/A	67.15	N/A	66.85	N/A	-1.85	-0.44	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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 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	2,703,694	N/A	2,924,178	N/A	3,227,892	N/A	8.15	10.39	Yes
% Claims with> \$0 Paid	>95%	99.14	Yes	100.00	Yes	100.00	Yes	0.87	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	7.76	N/A	7.02	N/A	6.52	N/A	-9.59	-7.13	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	12.56	N/A	11.52	N/A	10.31	N/A	-8.26	-10.55	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	95.92	N/A	90.48	N/A	88.68	N/A	-5.67	-1.99	N/A
% Other Claims with Span Bills/All Other Claims	N/A	6.86	N/A	6.20	N/A	5.84	N/A	-9.62	-5.88	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1999-2001 MAX OT Validation Table
State: MO

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			
% claims MAX TOS 08: Physicians	N/A	26.91	N/A	25.73	N/A	23.76	N/A	-4.38	-7.63	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	3.53	N/A	3.60	N/A	3.69	N/A	2.06	2.60	Yes
% claims MAX TOS 11: OPD	N/A	15.76	N/A	15.30	N/A	15.17	N/A	-2.90	-0.84	Yes
% claims MAX TOS 12: Clinic	N/A	36.64	N/A	38.64	N/A	40.20	N/A	5.45	4.04	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-20.75	14.32	N/A
% claims MAX TOS 15: Lab/Xray	N/A	5.97	N/A	5.52	N/A	5.65	N/A	-7.51	2.30	Yes
% claims MAX TOS 19: Other Services	N/A	7.90	N/A	8.07	N/A	8.42	N/A	2.13	4.42	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	2.73	N/A	2.46	N/A	2.39	N/A	-9.84	-2.74	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	0.13	N/A	0.12	N/A	0.11	N/A	-4.79	-9.53	Yes
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-18.75	14.77	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	4.46	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	3.47	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.60	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
Average Amount Paid	N/A	\$39	N/A	\$39	N/A	\$36	N/A	-1.28	-6.98	Yes
% Claims with DX	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	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	45.91	N/A	47.09	N/A	47.82	N/A	2.58	1.55	Yes
% Claims with DX, where length=3	5-25	24.81	Yes	24.06	Yes	23.52	Yes	-3.02	-2.24	Yes
% Claims with DX, where length=4	40-70	38.15	No	38.05	No	37.16	No	-0.25	-2.36	Yes
% Claims with DX, where length=5	20-55	37.04	Yes	37.89	Yes	39.32	Yes	2.29	3.77	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	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	.	No	.	No	.	No	N/A	N/A	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.