

2002-2004 MAX OT Validation Table
State: MO

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	36,731,235	N/A	38,835,327	N/A	41,302,404	N/A	5.73	6.35	Yes
	N/A	13.67	N/A	14.82	N/A	14.36	N/A	8.41	-3.10	Yes
% 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	15.12	N/A	14.48	N/A	14.10	N/A	-4.28	-2.63	Yes
Total FFS Claims Excluding Capitation Payments	N/A	26,153,958	N/A	27,456,730	N/A	29,547,697	N/A	4.98	7.62	Yes
	5-20	13.37	Yes	14.89	Yes	15.39	Yes	11.34	3.37	Yes
% Crossover	> 1%	1.38	Yes	2.93	Yes	1.50	Yes	112.20	-48.70	No
% Adjusted Claims	N/A	57.48	N/A	83.83	N/A	76.33	N/A	45.83	-8.95	Yes
% Standard Adjustments	N/A	\$72	N/A	\$73	N/A	\$99	N/A	1.87	36.13	No
Average Paid per HMO Cap Payment	N/A	17.52	N/A	16.99	N/A	16.46	N/A	-2.98	-3.15	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
% 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
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$114	Yes	\$125	Yes	\$134	Yes	10.16	6.45	Yes
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	.	No	.	No	.	No	.	.	N/A
FFS 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	22,657,268	N/A	23,369,425	N/A	25,000,771	N/A	3.14	6.98	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	1.57	N/A	1.82	N/A	2.01	N/A	15.94	10.35	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.02	N/A	0.00	N/A	0.06	N/A	-92.40	4,152.00	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	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	1.65	N/A	1.92	N/A	2.12	N/A	16.32	10.74	Yes
% Claims W/ Service Place 11- Office	50-90	18.83	No	19.41	No	19.39	No	3.06	-0.10	Yes
% Claims W/ Service Place 12 - Home	>0-5	34.56	No	31.74	No	29.91	No	-8.17	-5.77	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.62	Yes	3.65	Yes	3.68	Yes	0.88	0.90	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.09	Yes	0.09	Yes	0.09	Yes	3.58	-4.78	Yes
% Claims W/ Service Place 23 - ER	1-10	3.96	Yes	4.11	Yes	4.02	Yes	3.71	-2.18	Yes
% Claims w/ Service Place 22 - OPD	>0-10	13.68	No	14.13	No	14.73	No	3.28	4.30	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	18.30	No	18.17	No	17.56	No	-0.69	-3.40	Yes
% Claims with TPL	>0 - 15	0.12	Yes	0.12	Yes	0.12	Yes	5.37	-4.46	Yes
Aver. TPL Paid -claims with TPL	N/A	\$45	N/A	\$45	N/A	\$49	N/A	-0.75	10.51	Yes
PERCENT CLAIMS/MAX TOS										
	10-35	5.06	No	5.01	No	4.90	No	-0.99	-2.23	Yes
% claims MAX TOS 08: Physicians	2-20	3.23	Yes	3.59	Yes	3.83	Yes	11.25	6.66	Yes
% claims MAX TOS 09: Dental	0.5-8	0.49	No	0.97	Yes	0.60	Yes	95.45	-38.10	No
% claims MAX TOS 10: Other Practioner	3-25	4.35	Yes	4.65	Yes	4.95	Yes	6.84	6.55	Yes
% claims MAX TOS 11: OPD	2-25	8.31	Yes	9.05	Yes	9.56	Yes	8.93	5.62	Yes
% claims MAX TOS 12: Clinic	>0-25	0.21	Yes	0.18	Yes	0.35	Yes	-14.70	95.48	No
% claims MAX TOS 13: HH	4-20	13.44	Yes	13.75	Yes	14.41	Yes	2.25	4.82	Yes
% claims MAX TOS 15: Lab/Xray	<3	0.97	Yes	0.89	Yes	0.77	Yes	-8.41	-13.20	Yes
% claims MAX TOS 16: Drugs	<25	22.60	Yes	21.98	Yes	19.29	Yes	-2.74	-12.20	Yes
% claims MAX TOS 19: Other Services	>3	3.25	Yes	3.12	Yes	3.35	Yes	-3.97	7.32	Yes
% claims MAX TOS 51: DME	>1	0.25	No	0.28	No	0.32	No	13.87	12.93	Yes
% claims MAX TOS 26: Transportation										

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	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
% claims MAX TOS 30: PCS	>0	19.02	Yes	15.64	Yes	15.34	Yes	-17.80	-1.95	Yes
% claims MAX TOS 31: TCM	>0	4.48	Yes	4.60	Yes	4.44	Yes	2.82	-3.44	Yes
% claims MAX TOS 33: Rehabilitation	>0	2.76	Yes	1.77	Yes	0.67	Yes	-36.00	-62.00	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.03	No	0.07	No	0.03	No	106.90	-60.80	No
% claims MAX TOS 35: Hospice	>0	0.01	Yes	0.01	Yes	0.01	Yes	16.72	-0.96	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.02	N/A	0.01	N/A	7.86	-21.60	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.14	N/A	0.14	N/A	0.14	N/A	-3.75	2.71	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.01	N/A	0.04	N/A	247,000.00	308.10	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	3.64	N/A	4.23	N/A	6.44	N/A	16.05	52.30	No
% claims MAX TOS 53: Psych. Services	>1	7.07	Yes	9.34	Yes	9.83	Yes	32.22	5.26	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.66	Yes	0.70	Yes	0.71	Yes	6.12	0.01	Yes
% 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	\$57	N/A	\$60	N/A	\$61	N/A	4.41	2.17	Yes
08: Physicians	\$20-90	\$42	Yes	\$42	Yes	\$44	Yes	0.77	2.63	Yes
09: Dental	\$10-60	\$37	Yes	\$37	Yes	\$39	Yes	2.49	3.77	Yes
10: Other Practioner	\$10-100	\$35	Yes	\$29	Yes	\$35	Yes	-18.00	20.99	No
11: OPD	\$20-100	\$90	Yes	\$87	Yes	\$95	Yes	-2.97	8.94	Yes
12: Clinic	\$20-100	\$48	Yes	\$50	Yes	\$54	Yes	3.84	7.35	Yes
13: HH	N/A	\$66	N/A	\$65	N/A	\$59	N/A	-1.41	-9.74	Yes
15: Lab/Xray	10-60	\$34	Yes	\$35	Yes	\$37	Yes	2.37	6.08	Yes
16: Drugs	10-60	\$9	No	\$10	No	\$10	Yes	3.72	9.21	Yes
19: Other Services	N/A	\$55	N/A	\$55	N/A	\$41	N/A	1.32	-25.30	No
51: DME	N/A	\$123	N/A	\$119	N/A	\$105	N/A	-3.39	-11.70	Yes
26: Transportation	N/A	\$108	N/A	\$107	N/A	\$107	N/A	-1.31	0.50	Yes
30: PCS	N/A	\$45	N/A	\$50	N/A	\$54	N/A	12.52	8.09	Yes
31: Targeted Case Management	N/A	\$48	N/A	\$48	N/A	\$49	N/A	0.85	1.79	Yes
33: Rehabilitation	N/A	\$92	N/A	\$81	N/A	\$32	N/A	-11.80	-60.80	No
34: PT/OT/speech/hear	N/A	\$38	N/A	\$82	N/A	\$11	N/A	113.70	-86.40	No
35: Hospice	N/A	\$1,730	N/A	\$1,869	N/A	\$2,014	N/A	8.06	7.74	Yes
52: Residential Care	N/A	\$123	N/A	\$132	N/A	\$146	N/A	7.22	10.51	Yes
53: Pysch. Services	N/A	\$84	N/A	\$88	N/A	\$90	N/A	4.36	2.38	Yes
99: Unknown	N/A	\$46	N/A	\$48	N/A	\$50	N/A	3.10	4.79	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.31	N/A	0.26	N/A	0.22	N/A	-17.00	-15.00	Yes
% RHC (code 3)	N/A	2.15	N/A	2.66	N/A	2.87	N/A	23.78	7.77	Yes
% FQHC (code 4)	N/A	0.86	N/A	1.10	N/A	1.46	N/A	27.71	32.52	No
% 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	10.84	N/A	10.59	N/A	10.20	N/A	-2.31	-3.66	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$70	N/A	\$78	N/A	\$82	N/A	11.97	5.06	Yes
RHC (code 3)	N/A	\$59	N/A	\$63	N/A	\$67	N/A	5.48	6.48	Yes
FQHC (code 4)	N/A	\$72	N/A	\$71	N/A	\$78	N/A	-0.08	9.13	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$98	N/A	\$101	N/A	\$104	N/A	2.72	2.85	Yes
% Claims with DX	> 60	97.77	Yes	97.11	Yes	95.71	Yes	-0.68	-1.44	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	98.95	Yes	97.73	Yes	96.13	Yes	-1.24	-1.63	Yes
% Claims with 1 DX that have 2 DX	N/A	8.72	N/A	9.38	N/A	10.22	N/A	7.57	8.94	Yes
% Claims with DX, where length=3	5-25	13.68	Yes	11.55	Yes	9.51	Yes	-15.60	-17.60	No
% Claims with DX, where length=4	40-70	52.67	Yes	46.25	Yes	45.37	Yes	-12.20	-1.90	Yes
% Claims with DX, where length=5	20-55	33.64	Yes	42.20	Yes	45.11	Yes	25.44	6.90	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	34.92	N/A	35.85	N/A	37.12	N/A	2.67	3.54	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	65.08	N/A	64.15	N/A	62.88	N/A	-1.43	-1.98	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	0.00	N/A	0.00	N/A	0.00	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 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	3,496,690	N/A	4,087,305	N/A	4,546,926	N/A	16.89	11.25	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	6.55	N/A	5.64	N/A	5.82	N/A	-13.80	3.17	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	7.87	N/A	2.96	N/A	2.78	N/A	-62.40	-6.18	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	95.71	N/A	88.57	N/A	88.71	N/A	-7.46	0.16	Yes
% Other Claims with Span Bills/All Other Claims	N/A	6.31	N/A	6.05	N/A	6.28	N/A	-4.10	3.82	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	21.70	N/A	18.63	N/A	17.70	N/A	-14.10	-4.98	Yes
% claims MAX TOS 10: Other Practitioner	N/A	3.57	N/A	3.62	N/A	3.50	N/A	1.52	-3.40	Yes
% claims MAX TOS 11: OPD	N/A	15.37	N/A	13.14	N/A	13.07	N/A	-14.50	-0.55	Yes
% claims MAX TOS 12: Clinic	N/A	42.05	N/A	44.04	N/A	45.71	N/A	4.74	3.80	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-14.40	-20.40	No
% claims MAX TOS 15: Lab/Xray	N/A	5.50	N/A	5.53	N/A	5.22	N/A	0.60	-5.59	Yes
% claims MAX TOS 19: Other Services	N/A	8.37	N/A	11.05	N/A	11.18	N/A	32.10	1.16	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	2.50	N/A	2.80	N/A	2.73	N/A	11.90	-2.57	Yes
% 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	0.37	N/A	0.72	N/A	0.54	N/A	95.05	-25.20	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.02	N/A	0.02	N/A	0.02	N/A	35.02	14.65	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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	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
Average Amount Paid	N/A	\$34	N/A	\$26	N/A	\$27	N/A	-21.70	0.98	Yes
% Claims with DX	N/A	94.20	N/A	98.52	N/A	100.00	N/A	4.59	1.50	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	94.20	Yes	98.52	Yes	100.00	Yes	4.59	1.50	Yes
% Claims with 1 DX that have 2 DX	N/A	52.28	N/A	52.41	N/A	53.90	N/A	0.25	2.84	Yes
% Claims with DX, where length=3	5-25	17.86	Yes	20.86	Yes	22.30	Yes	16.83	6.92	Yes
% Claims with DX, where length=4	40-70	39.46	No	37.72	No	36.51	No	-4.42	-3.20	Yes
% Claims with DX, where length=5	20-55	42.64	Yes	41.42	Yes	41.18	Yes	-2.86	-0.57	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	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	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	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
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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