

1999-2001 MAX OT Validation Table
State: NY

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	120,052,781	N/A	125,240,732	N/A	134,939,434	N/A	4.32	7.74	Yes
*	N/A	4.40	N/A	5.75	N/A	6.62	N/A	30.55	15.19	No
% Encounter Claims (Claim Type=3)	N/A	4.75	N/A	4.82	N/A	4.44	N/A	1.39	-7.81	Yes
% Supplemental Claims	N/A	6.88	N/A	6.96	N/A	6.76	N/A	1.27	-2.93	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	100,809,015	N/A	103,288,954	N/A	110,770,094	N/A	2.46	7.24	Yes
Total FFS Claims Excluding Capitation Payments	5-20	9.65	Yes	9.98	Yes	10.22	Yes	3.43	2.41	Yes
% Crossover	> 1%	25.73	Yes	29.61	Yes	22.82	Yes	15.06	-22.93	No
% Adjusted Claims	N/A	.	N/A	99.28	N/A	99.46	N/A	N/A	0.19	Yes
% Standard Adjustments	N/A	\$147	N/A	\$129	N/A	\$145	N/A	-11.86	11.97	Yes
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	7.25	N/A	7.70	N/A	7.24	N/A	6.28	-6.00	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.14	N/A	0.08	N/A	0.36	N/A	-41.81	349.28	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.18	N/A	0.00	N/A	0.00	N/A	-97.94	-100.00	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$155	Yes	\$169	Yes	\$186	Yes	9.23	10.01	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$131	Yes	\$585	No	\$220	Yes	346.25	-62.45	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$213	No	\$10	No	.	No	-95.20	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	91,084,935	N/A	92,983,579	N/A	99,451,687	N/A	2.08	6.96	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% 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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims W/ Service Place 11- Office	50-90	11.10	No	10.52	No	11.03	No	-5.26	4.84	Yes
% Claims W/ Service Place 12 - Home	>0-5	45.12	No	47.82	No	46.37	No	5.98	-3.05	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.64	Yes	2.56	Yes	2.52	Yes	-3.08	-1.27	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.63	Yes	0.72	Yes	0.81	Yes	14.25	13.07	Yes
% Claims W/ Service Place 23 - ER	1-10	1.76	Yes	1.86	Yes	2.18	Yes	5.91	17.27	No
% Claims w/ Service Place 22 - OPD	>0-10	28.17	No	27.25	No	27.27	No	-3.27	0.06	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	3.87	Yes	2.19	Yes	2.00	Yes	-43.34	-8.92	N/A
% Claims with TPL	>0 - 15	0.41	Yes	0.45	Yes	0.33	Yes	9.17	-26.89	No
Aver. TPL Paid -claims with TPL	N/A	\$62	N/A	\$68	N/A	\$63	N/A	10.28	-7.99	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	7.86	No	6.30	No	5.91	No	-19.81	-6.19	Yes
% claims MAX TOS 09: Dental	2-20	5.20	Yes	4.88	Yes	5.27	Yes	-6.17	8.19	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	0.39	No	0.36	No	0.33	No	-7.32	-8.84	Yes
% claims MAX TOS 11: OPD	3-25	9.21	Yes	8.05	Yes	5.05	Yes	-12.62	-37.29	No
% claims MAX TOS 12: Clinic	2-25	13.38	Yes	13.43	Yes	5.05	Yes	0.39	-62.37	No
% claims MAX TOS 13: HH	>0-25	9.44	Yes	9.77	Yes	9.14	Yes	3.54	-6.45	Yes
% claims MAX TOS 15: Lab/Xray	4-20	3.07	No	3.88	No	5.67	Yes	26.18	46.33	No

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.43	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	11.55	Yes	15.89	Yes	6.23	Yes	37.57	-60.80	No
% claims MAX TOS 51: DME	>3	2.50	No	1.64	No	1.91	No	-34.46	17.03	No
% claims MAX TOS 26: Transportation	>1	6.77	Yes	6.80	Yes	6.03	Yes	0.52	-11.39	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-24.08	-14.74	Yes
% 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	22.93	Yes	22.27	Yes	20.85	Yes	-2.87	-6.37	Yes
% claims MAX TOS 31: TCM	>0	0.94	Yes	0.87	Yes	0.51	Yes	-7.62	-41.01	No
% claims MAX TOS 33: Rehabilitation	>0	4.13	Yes	4.17	Yes	3.89	Yes	1.09	-6.90	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.03	No	0.02	No	0.03	No	-17.44	11.47	N/A
% claims MAX TOS 35: Hospice	>0	0.01	Yes	0.01	Yes	0.01	Yes	1.96	10.31	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.01	N/A	54.24	6.28	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.02	N/A	0.03	N/A	0.04	N/A	51.24	30.61	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.95	N/A	0.92	N/A	0.85	N/A	-3.39	-7.83	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	0.30	N/A	7.51	N/A	N/A	2408.47	No
% claims MAX TOS 53: Psych. Services	>1	0.00	No	0.34	No	8.41	Yes	N/A	2389.75	No
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.00	No	6.81	Yes	N/A	N/A	N/A
% claims MAX TOS 99: Unknown	<1	0.02	Yes	0.04	Yes	0.03	Yes	59.17	-14.54	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$95	N/A	\$98	N/A	\$99	N/A	2.83	1.15	Yes
08: Physicians	\$20-90	\$31	Yes	\$33	Yes	\$37	Yes	6.48	11.70	Yes
09: Dental	\$10-60	\$40	Yes	\$50	Yes	\$62	No	24.55	23.89	No
10: Other Practitioner	\$10-100	\$18	Yes	\$19	Yes	\$21	Yes	5.36	9.03	Yes
11: OPD	\$20-100	\$118	No	\$122	No	\$125	No	3.08	2.80	Yes
12: Clinic	\$20-100	\$120	No	\$119	No	\$110	No	-0.52	-8.05	Yes
13: HH	N/A	\$86	N/A	\$91	N/A	\$97	N/A	6.48	6.42	Yes
15: Lab/Xray	10-60	\$15	Yes	\$20	Yes	\$16	Yes	35.02	-21.53	No
16: Drugs	10-60	.	No	.	No	\$18	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$180	N/A	\$148	N/A	\$86	N/A	-17.85	-42.04	No
51: DME	N/A	\$55	N/A	\$52	N/A	\$60	N/A	-5.85	15.33	No
26: Transportation	N/A	\$32	N/A	\$32	N/A	\$36	N/A	1.76	12.04	Yes
30: PCS	N/A	\$81	N/A	\$85	N/A	\$88	N/A	4.21	3.86	Yes
31: Targeted Case Management	N/A	\$27	N/A	\$133	N/A	\$36	N/A	390.06	-73.31	No
33: Rehabilitation	N/A	\$229	N/A	\$218	N/A	\$197	N/A	-4.87	-9.53	Yes
34: PT/OT/speech/hear	N/A	\$12	N/A	\$12	N/A	\$12	N/A	5.29	-0.06	N/A
35: Hospice	N/A	\$2,369	N/A	\$2,454	N/A	\$2,489	N/A	3.61	1.44	Yes
52: Residential Care	N/A	.	N/A	\$35	N/A	\$208	N/A	N/A	501.64	No
53: Psych. Services	N/A	.	N/A	\$39	N/A	\$114	N/A	N/A	192.35	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	.	N/A	\$145	N/A	N/A	N/A	N/A
% Family Planning (code 2)	N/A	0.44	N/A	0.44	N/A	0.51	N/A	-0.37	15.94	No
% 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	0.21	N/A	0.18	N/A	0.22	N/A	-15.49	22.58	No
% 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	9.75	N/A	11.39	N/A	12.08	N/A	16.87	6.04	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$71	N/A	\$67	N/A	\$55	N/A	-5.69	-17.36	No
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
FQHC (code 4)	N/A	\$34	N/A	\$37	N/A	\$44	N/A	7.95	19.18	No
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$188	N/A	\$173	N/A	\$174	N/A	-7.64	0.62	Yes
% Claims with DX	> 60	59.02	No	58.55	No	59.62	No	-0.78	1.83	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	96.68	Yes	96.75	Yes	99.99	Yes	0.07	3.36	Yes
% Claims with 1 DX that have 2 DX	N/A	21.67	N/A	21.76	N/A	21.37	N/A	0.38	-1.76	Yes
% Claims with DX, where length=3	5-25	12.00	Yes	12.51	Yes	12.36	Yes	4.19	-1.19	Yes
% Claims with DX, where length=4	40-70	52.77	Yes	52.42	Yes	53.01	Yes	-0.67	1.13	Yes
% Claims with DX, where length=5	20-55	34.80	Yes	34.74	Yes	34.32	Yes	-0.16	-1.21	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	98.03	Yes	99.97	Yes	99.97	Yes	1.97	0.00	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	14.19	N/A	13.41	N/A	15.94	N/A	-5.54	18.90	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	4.01	N/A	3.68	N/A	3.49	N/A	-8.22	-5.25	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	81.79	N/A	82.91	N/A	80.57	N/A	1.36	-2.82	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	99.29	N/A	99.24	N/A	99.25	N/A	-0.06	0.01	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	9,724,080	N/A	10,305,375	N/A	11,318,407	N/A	5.98	9.83	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% 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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	51.89	N/A	49.11	N/A	48.63	N/A	-5.35	-0.98	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	7.30	N/A	6.69	N/A	5.76	N/A	-8.42	-13.91	Yes
% claims MAX TOS 11: OPD	N/A	13.57	N/A	12.01	N/A	10.27	N/A	-11.49	-14.52	Yes
% claims MAX TOS 12: Clinic	N/A	5.96	N/A	6.21	N/A	3.51	N/A	4.25	-43.53	No
% claims MAX TOS 13: HH	N/A	1.19	N/A	2.37	N/A	1.74	N/A	98.39	-26.32	N/A
% claims MAX TOS 15: Lab/Xray	N/A	10.01	N/A	12.51	N/A	12.55	N/A	24.94	0.29	Yes
% claims MAX TOS 19: Other Services	N/A	0.37	N/A	2.08	N/A	1.95	N/A	467.28	-6.11	Yes
% claims MAX TOS 51: DME	N/A	6.65	N/A	3.93	N/A	4.55	N/A	-40.95	15.88	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	2.44	N/A	2.30	N/A	2.36	N/A	-5.90	2.78	Yes
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.02	N/A	49.40	2223.20	N/A
% claims MAX TOS 31: TCM	N/A	0.02	N/A	0.00	N/A	0.00	N/A	-87.00	-100.00	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.01	N/A	100.74	244.06	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.22	N/A	0.38	N/A	0.49	N/A	76.62	27.91	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	0.01	N/A	0.01	N/A	N/A	15.57	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	1.80	N/A	6.79	N/A	N/A	276.58	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.00	N/A	0.00	N/A	0.62	N/A	N/A	N/A	N/A
Average Amount Paid	N/A	\$96	N/A	\$34	N/A	\$34	N/A	-64.76	1.43	Yes
% Claims with DX	N/A	97.15	N/A	97.27	N/A	97.27	N/A	0.12	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	18.71	N/A	20.68	N/A	21.45	N/A	10.51	3.72	Yes
% Claims with DX, where length=3	5-25	11.41	Yes	11.41	Yes	11.01	Yes	0.00	-3.58	Yes
% Claims with DX, where length=4	40-70	48.09	Yes	47.64	Yes	46.92	Yes	-0.92	-1.52	Yes
% Claims with DX, where length=5	20-55	40.49	Yes	40.92	Yes	42.05	Yes	1.07	2.76	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	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	99.95	Yes	99.92	Yes	99.82	Yes	-0.02	-0.10	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	71.18	N/A	70.70	N/A	70.80	N/A	-0.68	0.14	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	1.28	N/A	1.51	N/A	1.64	N/A	18.60	8.18	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	27.54	N/A	27.79	N/A	27.56	N/A	0.89	-0.80	N/A

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