

2002-2004 MAX OT Validation Table
State: NY

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	149,589,646	N/A	163,280,235	N/A	180,027,015	N/A	9.15	10.26	Yes
	N/A	10.27	N/A	17.09	N/A	23.01	N/A	66.42	34.66	No
% Encounter Claims (Claim Type=3) *	N/A	4.60	N/A	3.61	N/A	2.93	N/A	-21.60	-18.80	No
% Supplemental Claims	N/A	9.33	N/A	13.67	N/A	15.33	N/A	46.54	12.12	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	113,237,224	N/A	106,982,278	N/A	105,530,053	N/A	-5.52	-1.36	Yes
Total FFS Claims Excluding Capitation Payments	5-20	11.08	Yes	11.95	Yes	11.17	Yes	7.91	-6.52	Yes
% Crossover	> 1%	29.89	Yes	25.37	Yes	27.33	Yes	-15.10	7.73	Yes
% Adjusted Claims	N/A	99.09	N/A	99.71	N/A	99.20	N/A	0.62	-0.51	Yes
% Standard Adjustments	N/A	\$140	N/A	\$183	N/A	\$200	N/A	30.52	9.03	Yes
Average Paid per HMO Cap Payment	N/A	9.89	N/A	15.80	N/A	19.07	N/A	59.81	20.68	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	1.07	N/A	1.43	N/A	1.62	N/A	34.18	13.29	Yes
% 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	\$194	Yes	\$198	Yes	\$205	Yes	2.03	3.34	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$224	Yes	\$224	Yes	\$221	Yes	-0.32	-1.30	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	.	.	N/A
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	100,695,891	N/A	94,196,485	N/A	93,740,395	N/A	-6.45	-0.48	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	0.00	N/A	0.00	N/A	0.00	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
% 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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Claims W/ Service Place 11- Office	50-90	11.73	No	10.60	No	10.05	No	-9.63	-5.22	Yes
% Claims W/ Service Place 12 - Home	>0-5	44.55	No	44.95	No	42.49	No	0.91	-5.47	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.58	Yes	2.59	Yes	2.56	Yes	0.37	-1.35	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.80	Yes	0.80	Yes	1.50	Yes	0.49	87.03	No
% Claims W/ Service Place 23 - ER	1-10	2.41	Yes	2.47	Yes	2.38	Yes	2.86	-3.81	Yes
% Claims w/ Service Place 22 - OPD	>0-10	28.25	No	28.41	No	27.78	No	0.58	-2.22	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	2.03	Yes	2.29	Yes	2.52	Yes	13.12	9.78	Yes
% Claims with TPL	>0 - 15	0.43	Yes	0.34	Yes	0.42	Yes	-21.20	22.12	No
Aver. TPL Paid -claims with TPL	N/A	\$71	N/A	\$67	N/A	\$75	N/A	-5.05	11.36	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	5.92	No	5.62	No	5.06	No	-4.96	-9.98	Yes
% claims MAX TOS 09: Dental	2-20	6.01	Yes	5.54	Yes	5.48	Yes	-7.87	-1.10	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.30	No	0.72	Yes	0.22	No	140.80	-69.80	No
% claims MAX TOS 11: OPD	3-25	5.11	Yes	4.63	Yes	3.89	Yes	-9.39	-16.10	No
% claims MAX TOS 12: Clinic	2-25	5.02	Yes	4.60	Yes	4.79	Yes	-8.20	4.03	Yes
% claims MAX TOS 13: HH	>0-25	9.27	Yes	10.10	Yes	10.31	Yes	8.91	2.11	Yes
% claims MAX TOS 15: Lab/Xray	4-20	6.28	Yes	5.86	Yes	5.58	Yes	-6.74	-4.77	Yes
% claims MAX TOS 16: Drugs	<3	0.40	Yes	0.34	Yes	0.24	Yes	-16.00	-28.90	No
% claims MAX TOS 19: Other Services	<25	6.39	Yes	7.38	Yes	7.84	Yes	15.38	6.21	Yes
% claims MAX TOS 51: DME	>3	2.25	No	0.85	No	1.12	No	-62.10	31.61	No
% claims MAX TOS 26: Transportation	>1	5.55	Yes	6.14	Yes	6.49	Yes	10.63	5.61	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-18.30	-6.02	Yes
% 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	20.74	Yes	22.20	Yes	22.81	Yes	7.07	2.75	Yes
% claims MAX TOS 31: TCM	>0	0.63	Yes	0.75	Yes	0.70	Yes	19.86	-6.77	Yes
% claims MAX TOS 33: Rehabilitation	>0	4.47	Yes	5.02	Yes	4.47	Yes	12.24	-10.90	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.04	No	0.05	No	0.04	No	18.53	-14.60	Yes
% claims MAX TOS 35: Hospice	>0	0.02	Yes	0.04	Yes	0.05	Yes	58.60	31.12	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.01	N/A	7.22	-6.89	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.05	N/A	0.07	N/A	0.08	N/A	30.74	11.41	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.84	N/A	0.85	N/A	0.82	N/A	1.25	-2.90	Yes
% 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	4.78	N/A	1.52	N/A	1.61	N/A	-68.20	5.51	Yes
% claims MAX TOS 53: Psych. Services	>1	8.72	Yes	9.44	Yes	9.55	Yes	8.24	1.12	Yes
% claims MAX TOS 54: Adult Day Care	>0	7.15	Yes	8.08	Yes	8.58	Yes	12.98	6.12	Yes
% claims MAX TOS 99: Unknown	<1	0.03	Yes	0.03	Yes	0.05	Yes	-13.20	53.14	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$105	N/A	\$117	N/A	\$122	N/A	11.58	4.42	Yes
08: Physicians	\$20-90	\$36	Yes	\$36	Yes	\$35	Yes	-1.66	-0.95	Yes
09: Dental	\$10-60	\$72	No	\$77	No	\$78	No	6.96	1.97	Yes
10: Other Practioner	\$10-100	\$19	Yes	\$13	Yes	\$19	Yes	-29.40	38.78	No
11: OPD	\$20-100	\$120	No	\$131	No	\$136	No	8.93	4.18	Yes
12: Clinic	\$20-100	\$111	No	\$108	No	\$107	No	-2.24	-0.84	Yes
13: HH	N/A	\$100	N/A	\$103	N/A	\$108	N/A	2.75	5.11	Yes
15: Lab/Xray	10-60	\$17	Yes	\$20	Yes	\$21	Yes	15.26	6.57	Yes
16: Drugs	10-60	\$19	Yes	\$20	Yes	\$20	Yes	5.90	0.78	Yes
19: Other Services	N/A	\$86	N/A	\$77	N/A	\$80	N/A	-10.00	4.19	Yes
51: DME	N/A	\$70	N/A	\$121	N/A	\$72	N/A	73.31	-40.20	No
26: Transportation	N/A	\$43	N/A	\$43	N/A	\$43	N/A	0.81	0.66	Yes
30: PCS	N/A	\$94	N/A	\$99	N/A	\$105	N/A	5.97	5.94	Yes
31: Targeted Case Management	N/A	\$35	N/A	\$35	N/A	\$34	N/A	-0.17	-2.99	Yes
33: Rehabilitation	N/A	\$185	N/A	\$176	N/A	\$183	N/A	-4.54	3.76	Yes
34: PT/OT/speech/hear	N/A	\$12	N/A	\$11	N/A	\$11	N/A	-10.30	-1.02	Yes
35: Hospice	N/A	\$1,993	N/A	\$1,807	N/A	\$1,700	N/A	-9.33	-5.93	Yes
52: Residential Care	N/A	\$346	N/A	\$1,453	N/A	\$1,525	N/A	320.50	4.97	Yes
53: Pysch. Services	N/A	\$116	N/A	\$123	N/A	\$130	N/A	6.29	5.26	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$145	N/A	\$143	N/A	\$136	N/A	-1.37	-4.64	Yes
% Family Planning (code 2)	N/A	0.59	N/A	0.65	N/A	0.67	N/A	11.57	3.20	Yes
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% FQHC (code 4)	N/A	0.41	N/A	0.73	N/A	1.01	N/A	79.23	38.35	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	10.00	N/A	8.21	N/A	9.04	N/A	-17.90	10.09	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$55	N/A	\$61	N/A	\$64	N/A	11.50	5.50	Yes
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	\$47	N/A	\$55	N/A	\$63	N/A	18.15	13.42	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$228	N/A	\$359	N/A	\$366	N/A	57.17	2.06	Yes
% Claims with DX	> 60	59.90	No	59.67	No	76.54	Yes	-0.38	28.28	No
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	99.98	Yes	0.00	-0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	21.53	N/A	24.15	N/A	21.04	N/A	12.15	-12.90	Yes
% Claims with DX, where length=3	5-25	12.09	Yes	12.14	Yes	9.47	Yes	0.40	-22.00	No
% Claims with DX, where length=4	40-70	51.20	Yes	48.51	Yes	58.84	Yes	-5.25	21.29	No
% Claims with DX, where length=5	20-55	36.39	Yes	39.04	Yes	31.50	Yes	7.28	-19.30	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	99.90	N/A	0.00	-0.10	Yes
% Other Claims with Service Codes /All Other Claims (Excluding OPD/HH)	98-100	99.91	Yes	99.43	Yes	99.34	Yes	-0.48	-0.09	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	17.57	N/A	13.29	N/A	11.78	N/A	-24.40	-11.40	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	3.21	N/A	5.62	N/A	6.06	N/A	75.14	7.76	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	79.22	N/A	81.09	N/A	82.16	N/A	2.36	1.32	Yes
% 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	99.22	N/A	99.14	N/A	98.81	N/A	-0.08	-0.34	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	12,541,333	N/A	12,785,793	N/A	11,789,658	N/A	1.95	-7.79	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	0.00	N/A	0.00	N/A	0.00	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
% 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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	48.30	N/A	46.83	N/A	44.65	N/A	-3.04	-4.67	Yes
% claims MAX TOS 10: Other Practitioner	N/A	4.88	N/A	4.84	N/A	4.97	N/A	-0.79	2.74	Yes
% claims MAX TOS 11: OPD	N/A	10.23	N/A	10.80	N/A	11.14	N/A	5.62	3.15	Yes
% claims MAX TOS 12: Clinic	N/A	3.19	N/A	2.98	N/A	3.31	N/A	-6.57	11.01	Yes
% claims MAX TOS 13: HH	N/A	2.00	N/A	2.13	N/A	2.28	N/A	6.78	6.93	Yes
% claims MAX TOS 15: Lab/Xray	N/A	13.00	N/A	12.89	N/A	13.18	N/A	-0.86	2.24	Yes
% claims MAX TOS 19: Other Services	N/A	1.95	N/A	1.91	N/A	2.00	N/A	-1.82	4.57	Yes
% claims MAX TOS 51: DME	N/A	4.10	N/A	3.95	N/A	4.10	N/A	-3.79	3.95	Yes
% claims MAX TOS 26: Transportation	N/A	2.25	N/A	2.36	N/A	2.79	N/A	4.55	18.49	No
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	32.04	-14.60	Yes
% 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	0.00	N/A	0.00	N/A	0.00	N/A	-78.20	33.48	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.62	N/A	0.91	N/A	0.85	N/A	45.52	-5.71	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	0.01	N/A	0.11	N/A	0.10	N/A	1,332.00	-8.86	Yes
% claims MAX TOS 53: Psych. Services	N/A	8.07	N/A	8.67	N/A	9.08	N/A	7.51	4.71	Yes
% claims MAX TOS 54: Adult Day Care	N/A	0.69	N/A	0.87	N/A	0.76	N/A	26.40	-12.10	Yes
Average Amount Paid	N/A	\$33	N/A	\$31	N/A	\$28	N/A	-8.70	-6.95	Yes
% Claims with DX	N/A	97.42	N/A	97.25	N/A	97.64	N/A	-0.17	0.41	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	22.09	N/A	23.24	N/A	27.05	N/A	5.22	16.39	No
% Claims with DX, where length=3	5-25	10.58	Yes	9.94	Yes	9.49	Yes	-6.05	-4.45	Yes
% Claims with DX, where length=4	40-70	45.95	Yes	45.18	Yes	44.24	Yes	-1.67	-2.08	Yes
% Claims with DX, where length=5	20-55	43.45	Yes	44.87	Yes	46.24	Yes	3.25	3.06	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	84.04	N/A	0.00	-16.00	No
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	99.53	Yes	98.09	Yes	97.54	No	-1.45	-0.56	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	71.08	N/A	70.25	N/A	69.68	N/A	-1.17	-0.81	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	1.82	N/A	1.59	N/A	0.92	N/A	-12.40	-42.10	No
% Other Codes Indicator /Claims with Service Codes	N/A	27.10	N/A	28.16	N/A	29.40	N/A	3.90	4.40	Yes

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