

2002-2004 MAX OT Validation Table
State: OK

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	14,915,567	N/A	16,994,203	N/A	20,588,664	N/A	13.94	21.15	No
	N/A	15.77	N/A	14.08	N/A	3.50	N/A	-10.70	-75.20	No
% 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	26.20	N/A	23.09	N/A	24.80	N/A	-11.90	7.42	Yes
Total FFS Claims Excluding Capitation Payments	N/A	8,655,736	N/A	10,677,247	N/A	14,762,136	N/A	23.35	38.26	No
	5-20	8.21	Yes	15.36	Yes	12.65	Yes	86.95	-17.60	No
% Crossover	> 1%	0.90	No	5.02	Yes	1.85	Yes	455.90	-63.10	No
% Adjusted Claims	N/A	68.94	N/A	94.33	N/A	60.67	N/A	36.82	-35.70	No
% Standard Adjustments	N/A	\$69	N/A	\$61	N/A	\$70	N/A	-11.90	14.05	Yes
Average Paid per HMO Cap Payment	N/A	17.09	N/A	14.31	N/A	0.00	N/A	-16.30	-100.00	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	13.82	N/A	12.41	N/A	25.50	N/A	-10.20	105.50	No
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.20	N/A	0.24	N/A	0.31	N/A	25.13	25.20	No
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$160	Yes	\$167	Yes	.	No	4.45	.	N/A
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$16	No	\$16	No	\$14	No	-0.33	-16.70	No
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$2	No	\$2	No	\$2	No	-0.81	0.24	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	7,944,745	N/A	9,037,623	N/A	12,894,831	N/A	13.76	42.68	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	7.72	N/A	5.09	N/A	3.46	N/A	-34.10	-32.10	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	1.05	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	17.05	N/A	8.38	N/A	2.34	N/A	-50.80	-72.10	No
% Other Claims with Span Bills/All Other Claims	N/A	8.00	N/A	5.38	N/A	3.71	N/A	-32.80	-31.00	No
% Claims W/ Service Place 11- Office	50-90	18.03	No	21.46	No	26.74	No	18.99	24.64	No
% Claims W/ Service Place 12 - Home	>0-5	44.25	No	43.77	No	32.85	No	-1.07	-25.00	No
% Claims W/ Service Place 21 - Hospital	>0-5	4.22	Yes	3.49	Yes	4.28	Yes	-17.40	22.57	No
% Claims W/ Service Place 32 - NF	>0-5	1.33	Yes	0.62	Yes	0.50	Yes	-53.40	-19.30	No
% Claims W/ Service Place 23 - ER	1-10	1.49	Yes	2.30	Yes	3.62	Yes	53.97	57.47	No
% Claims w/ Service Place 22 - OPD	>0-10	8.01	Yes	14.00	No	18.08	No	74.84	29.15	No
% Claims W/ Service Place 99 - Unknown/Other	<5	15.51	No	8.15	No	6.28	No	-47.50	-22.90	No
% Claims with TPL	>0 - 15	0.12	Yes	0.13	Yes	0.15	Yes	7.35	10.87	Yes
Aver. TPL Paid -claims with TPL	N/A	\$96	N/A	\$94	N/A	\$63	N/A	-1.83	-32.90	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	10.68	Yes	11.35	Yes	13.13	Yes	6.28	15.70	No
% claims MAX TOS 09: Dental	2-20	6.11	Yes	5.89	Yes	9.89	Yes	-3.47	67.74	No
% claims MAX TOS 10: Other Practioner	0.5-8	1.04	Yes	1.05	Yes	0.58	Yes	1.02	-44.80	No
% claims MAX TOS 11: OPD	3-25	4.24	Yes	5.45	Yes	6.55	Yes	28.30	20.29	No
% claims MAX TOS 12: Clinic	2-25	5.92	Yes	5.46	Yes	1.55	No	-7.69	-71.60	No
% claims MAX TOS 13: HH	>0-25	0.22	Yes	0.31	Yes	0.47	Yes	40.33	50.58	No
% claims MAX TOS 15: Lab/Xray	4-20	8.63	Yes	12.85	Yes	17.15	Yes	48.80	33.45	No
% claims MAX TOS 16: Drugs	<3	0.20	Yes	0.33	Yes	0.24	Yes	67.77	-26.10	No
% claims MAX TOS 19: Other Services	<25	24.67	Yes	26.22	No	21.14	Yes	6.25	-19.30	No
% claims MAX TOS 51: DME	>3	4.07	Yes	3.32	Yes	4.84	Yes	-18.50	45.72	No
% claims MAX TOS 26: Transportation	>1	0.66	No	0.93	No	0.91	No	41.60	-2.56	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.05	N/A	0.05	N/A	0.07	N/A	-2.09	31.80	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	47.88	72.34	No
% claims MAX TOS 30: PCS	>0	18.13	Yes	13.35	Yes	6.78	Yes	-26.40	-49.20	No
% claims MAX TOS 31: TCM	>0	3.18	Yes	3.95	Yes	2.92	Yes	24.21	-26.30	No
% claims MAX TOS 33: Rehabilitation	>0	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.95	No	0.35	No	0.30	No	-63.10	-15.40	No
% claims MAX TOS 35: Hospice	>0	0.00	No	0.00	Yes	0.01	Yes	.	390.00	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-18.30	8.56	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.16	N/A	0.13	N/A	0.13	N/A	-16.40	-2.72	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	0.81	N/A	0.03	N/A	1.54	N/A	-95.80	4,379.00	No
% claims MAX TOS 53: Psych. Services	>1	8.22	Yes	7.42	Yes	11.62	Yes	-9.79	56.66	No
% claims MAX TOS 54: Adult Day Care	>0	2.05	Yes	1.55	Yes	0.20	Yes	-24.10	-87.10	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	93.27	-78.50	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$80	N/A	\$72	N/A	\$68	N/A	-10.20	-5.45	Yes
08: Physicians	\$20-90	\$74	Yes	\$72	Yes	\$88	Yes	-2.91	22.40	No
09: Dental	\$10-60	\$50	Yes	\$54	Yes	\$54	Yes	7.53	0.22	Yes
10: Other Practioner	\$10-100	\$55	Yes	\$46	Yes	\$51	Yes	-17.00	10.48	Yes
11: OPD	\$20-100	\$110	No	\$88	Yes	\$73	Yes	-19.70	-16.70	No
12: Clinic	\$20-100	\$76	Yes	\$76	Yes	\$81	Yes	0.65	5.71	Yes
13: HH	N/A	\$122	N/A	\$174	N/A	\$155	N/A	42.31	-10.90	Yes
15: Lab/Xray	10-60	\$22	Yes	\$17	Yes	\$19	Yes	-22.10	10.37	Yes
16: Drugs	10-60	\$63	No	\$46	Yes	\$30	Yes	-27.10	-33.50	No
19: Other Services	N/A	\$81	N/A	\$65	N/A	\$41	N/A	-20.20	-36.60	No
51: DME	N/A	\$94	N/A	\$101	N/A	\$79	N/A	7.42	-21.70	No
26: Transportation	N/A	\$126	N/A	\$120	N/A	\$118	N/A	-5.21	-1.63	Yes
30: PCS	N/A	\$30	N/A	\$29	N/A	\$28	N/A	-1.60	-5.62	Yes
31: Targeted Case Management	N/A	\$141	N/A	\$120	N/A	\$134	N/A	-14.40	10.85	Yes
33: Rehabilitation	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
34: PT/OT/speech/hear	N/A	\$50	N/A	\$52	N/A	\$55	N/A	5.23	4.51	Yes
35: Hospice	N/A	.	N/A	\$660	N/A	\$351	N/A	.	-46.80	No
52: Residential Care	N/A	\$441	N/A	\$523	N/A	\$742	N/A	18.71	41.66	No
53: Pysch. Services	N/A	\$60	N/A	\$103	N/A	\$83	N/A	70.78	-20.10	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$655	N/A	\$647	N/A	\$50	N/A	-1.15	-92.30	No
% Family Planning (code 2)	N/A	0.23	N/A	0.14	N/A	0.27	N/A	-37.00	92.92	No
% RHC (code 3)	N/A	0.06	N/A	0.15	N/A	0.12	N/A	154.00	-19.90	No
% FQHC (code 4)	N/A	0.14	N/A	0.18	N/A	0.31	N/A	22.89	72.64	No
% FQHC (code 5)	N/A	1.67	N/A	1.61	N/A	1.27	N/A	-3.65	-20.80	No
% IHS (code 6,7)	N/A	25.30	N/A	30.10	N/A	24.75	N/A	19.00	-17.80	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$83	N/A	\$128	N/A	\$95	N/A	53.39	-25.20	No
RHC (code 3)	N/A	\$60	N/A	\$56	N/A	\$56	N/A	-6.78	0.86	Yes
FQHC (code 4)	N/A	\$116	N/A	\$124	N/A	\$113	N/A	6.97	-8.62	Yes
IHS (code 5)	N/A	\$180	N/A	\$198	N/A	\$207	N/A	9.90	4.76	Yes

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Waiver (code 6-7)	N/A	\$135	N/A	\$99	N/A	\$90	N/A	-26.70	-8.81	Yes
% Claims with DX	> 60	76.29	Yes	86.80	Yes	84.47	Yes	13.77	-2.69	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	98.46	Yes	96.89	Yes	99.51	Yes	-1.59	2.70	Yes
% Claims with 1 DX that have 2 DX	N/A	24.76	N/A	28.67	N/A	32.87	N/A	15.78	14.68	Yes
% Claims with DX, where length=3	5-25	20.90	Yes	20.27	Yes	16.83	Yes	-3.01	-17.00	No
% Claims with DX, where length=4	40-70	44.99	Yes	48.20	Yes	47.26	Yes	7.13	-1.95	Yes
% Claims with DX, where length=5	20-55	33.98	Yes	31.53	Yes	35.91	Yes	-7.19	13.89	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	99.46	Yes	99.61	Yes	99.35	Yes	0.15	-0.27	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	22.35	N/A	28.89	N/A	44.80	N/A	29.24	55.10	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	77.32	N/A	71.11	N/A	55.20	N/A	-8.03	-22.40	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.33	N/A	0.00	N/A	0.00	N/A	-100.00	-100.00	No
% 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	98.63	N/A	100.00	N/A	100.00	N/A	1.39	0.00	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	710,991	N/A	1,639,624	N/A	1,867,305	N/A	130.60	13.89	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	9.56	N/A	6.20	N/A	4.82	N/A	-35.10	-22.30	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.88	N/A	13.31	N/A	9.89	N/A	22.32	-25.60	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	3.09	N/A	66.67	N/A	68.09	N/A	2,058.00	2.13	Yes
% Other Claims with Span Bills/All Other Claims	N/A	9.52	N/A	5.87	N/A	4.80	N/A	-38.30	-18.20	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	37.34	N/A	49.54	N/A	56.26	N/A	32.66	13.58	Yes
% claims MAX TOS 10: Other Practitioner	N/A	0.91	N/A	1.16	N/A	1.55	N/A	27.11	33.66	No
% claims MAX TOS 11: OPD	N/A	3.51	N/A	4.39	N/A	0.24	N/A	25.05	-94.50	No
% claims MAX TOS 12: Clinic	N/A	3.35	N/A	3.80	N/A	1.61	N/A	13.33	-57.70	No
% claims MAX TOS 13: HH	N/A	0.12	N/A	0.00	N/A	0.00	N/A	-98.10	5.82	Yes
% claims MAX TOS 15: Lab/Xray	N/A	11.19	N/A	17.81	N/A	18.42	N/A	59.08	3.46	Yes
% claims MAX TOS 19: Other Services	N/A	20.88	N/A	15.85	N/A	15.55	N/A	-24.10	-1.93	Yes
% claims MAX TOS 51: DME	N/A	18.58	N/A	1.15	N/A	0.44	N/A	-93.80	-62.20	No
% claims MAX TOS 26: Transportation	N/A	2.09	N/A	3.13	N/A	3.40	N/A	49.73	8.83	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	.	-100.00	No
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.06	N/A	0.11	N/A	0.04	N/A	68.00	-59.50	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	0.90	N/A	0.00	N/A	0.01	N/A	-100.00	.	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	\$31	N/A	\$29	N/A	\$16	N/A	-5.79	-45.20	No
% Claims with DX	N/A	99.89	N/A	99.99	N/A	99.98	N/A	0.09	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.99	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	23.14	N/A	58.88	N/A	58.46	N/A	154.40	-0.73	Yes
% Claims with DX, where length=3	5-25	21.10	Yes	15.24	Yes	14.52	Yes	-27.80	-4.75	Yes
% Claims with DX, where length=4	40-70	41.87	Yes	43.16	Yes	41.49	Yes	3.08	-3.86	Yes
% Claims with DX, where length=5	20-55	37.03	Yes	41.60	Yes	43.99	Yes	12.35	5.75	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	37.68	N/A	100.00	N/A	100.00	N/A	165.40	0.00	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	99.77	N/A	100.00	N/A	100.00	N/A	0.23	0.00	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	46.79	No	.	No	.	No	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	50.68	N/A	.	N/A	.	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	49.32	N/A	.	N/A	.	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.00	N/A	.	N/A	.	N/A	.	.	N/A

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