

1999-2001 MAX OT Validation Table
State: SD

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	1,895,657	N/A	2,767,217	N/A	3,052,784	N/A	45.98	10.32	Yes
*	N/A	1.06	N/A	3.59	N/A	3.80	N/A	238.18	5.78	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									
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	31.71	N/A	47.38	N/A	47.50	N/A	49.40	0.26	Yes
Total FFS Claims Excluding Capitation Payments	N/A	1,274,391	N/A	1,356,824	N/A	1,486,699	N/A	6.47	9.57	Yes
	5-20	18.91	Yes	18.47	Yes	18.08	Yes	-2.33	-2.14	Yes
% Crossover	> 1%	0.70	No	0.59	No	0.63	No	-14.97	6.95	Yes
% Adjusted Claims	N/A	.	N/A	80.27	N/A	77.50	N/A	N/A	-3.45	Yes
% Standard Adjustments	N/A	\$615	N/A	\$412	N/A	\$350	N/A	-32.95	-15.00	Yes
Average Paid per HMO Cap Clms (TOS 20)	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 21: PHP Cap Payments	N/A	13.46	N/A	34.69	N/A	34.60	N/A	157.72	-0.26	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	18.59	N/A	14.45	N/A	14.78	N/A	-22.25	2.25	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	.	No	.	No	.	No	N/A	N/A	N/A
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$9	No	\$6	No	\$6	No	-32.59	0.51	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	0.00	0.00	N/A
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199										
Total Number of Claims	N/A	1,033,354	N/A	1,106,177	N/A	1,217,931	N/A	7.05	10.10	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	8.42	N/A	8.49	N/A	8.19	N/A	0.89	-3.54	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.56	N/A	9.25	N/A	10.78	N/A	8.11	16.45	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	37.35	N/A	32.43	N/A	28.44	N/A	-13.19	-12.28	Yes
% Other Claims with Span Bills/All Other Claims	N/A	8.34	N/A	8.39	N/A	8.04	N/A	0.57	-4.12	Yes
% Claims W/ Service Place 11- Office	50-90	48.61	No	48.25	No	48.50	No	-0.74	0.52	Yes
% Claims W/ Service Place 12 - Home	>0-5	2.66	Yes	2.64	Yes	2.47	Yes	-1.06	-6.28	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	7.88	No	7.86	No	8.08	No	-0.32	2.87	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.08	Yes	0.08	Yes	0.08	Yes	4.17	-1.27	Yes
% Claims W/ Service Place 23 - ER	1-10	2.06	Yes	2.15	Yes	2.39	Yes	4.01	11.40	Yes
% Claims w/ Service Place 22 - OPD	>0-10	19.16	No	19.01	No	19.02	No	-0.81	0.06	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	9.61	No	9.89	No	9.65	No	2.91	-2.37	N/A
% Claims with TPL	>0 - 15	0.94	Yes	1.18	Yes	1.19	Yes	24.88	0.87	Yes
Aver. TPL Paid -claims with TPL	N/A	\$59	N/A	\$53	N/A	\$55	N/A	-10.36	2.64	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	43.18	No	28.81	Yes	27.14	Yes	-33.28	-5.80	Yes
% claims MAX TOS 09: Dental	2-20	0.01	No	0.01	No	0.01	No	-9.18	10.72	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	9.63	No	6.19	Yes	5.98	Yes	-35.72	-3.36	Yes
% claims MAX TOS 11: OPD	3-25	6.45	Yes	6.14	Yes	4.06	Yes	-4.83	-33.76	No
% claims MAX TOS 12: Clinic	2-25	14.82	Yes	13.40	Yes	12.70	Yes	-9.62	-5.21	Yes
% claims MAX TOS 13: HH	>0-25	0.20	Yes	0.20	Yes	0.17	Yes	-4.24	-15.17	No
% claims MAX TOS 15: Lab/Xray	4-20	8.38	Yes	23.47	No	25.07	No	179.91	6.83	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	2.66	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	2.80	Yes	2.56	Yes	2.51	Yes	-8.46	-1.87	Yes
% claims MAX TOS 51: DME	>3	3.98	Yes	4.23	Yes	4.34	Yes	6.15	2.75	Yes
% claims MAX TOS 26: Transportation	>1	3.22	Yes	3.39	Yes	3.20	Yes	5.32	-5.79	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	2.23	Yes	2.24	Yes	2.22	Yes	0.46	-0.98	Yes
% claims MAX TOS 31: TCM	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 33: Rehabilitation	>0	0.80	Yes	0.57	Yes	0.69	Yes	-29.28	22.41	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	1.76	Yes	1.88	Yes	1.90	Yes	6.64	1.30	N/A
% claims MAX TOS 35: Hospice	>0	0.00	Yes	0.00	Yes	0.00	Yes	-4.75	1.30	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.10	N/A	0.08	N/A	0.09	N/A	-14.28	4.81	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.10	N/A	0.10	N/A	0.06	N/A	-6.93	-33.13	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	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 53: Psych. Services	>1	2.32	Yes	6.74	Yes	7.11	Yes	190.98	5.56	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.00	Yes	0.01	Yes	0.00	Yes	11.73	-59.80	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.07	Yes	N/A	38727.38	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$132	N/A	\$134	N/A	\$140	N/A	1.80	4.64	Yes
08: Physicians	\$20-90	\$45	Yes	\$60	Yes	\$62	Yes	32.75	3.87	Yes
09: Dental	\$10-60	\$154	No	\$287	No	\$214	No	86.18	-25.63	No
10: Other Practitioner	\$10-100	\$36	Yes	\$38	Yes	\$38	Yes	5.10	-0.38	Yes
11: OPD	\$20-100	\$222	No	\$235	No	\$303	No	5.88	29.00	No
12: Clinic	\$20-100	\$137	No	\$143	No	\$153	No	4.82	7.01	Yes
13: HH	N/A	\$212	N/A	\$187	N/A	\$176	N/A	-11.73	-6.23	Yes
15: Lab/Xray	10-60	\$25	Yes	\$23	Yes	\$30	Yes	-7.25	28.83	No
16: Drugs	10-60	.	No	.	No	\$10	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$1,690	N/A	\$1,833	N/A	\$1,859	N/A	8.44	1.43	Yes
51: DME	N/A	\$90	N/A	\$86	N/A	\$108	N/A	-4.07	25.55	No
26: Transportation	N/A	\$77	N/A	\$76	N/A	\$76	N/A	-1.32	-0.19	Yes
30: PCS	N/A	\$153	N/A	\$173	N/A	\$197	N/A	13.21	13.34	Yes
31: Targeted Case Management	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
33: Rehabilitation	N/A	\$983	N/A	\$943	N/A	\$1,513	N/A	-4.08	60.43	No
34: PT/OT/speech/hear	N/A	\$74	N/A	\$81	N/A	\$79	N/A	9.36	-1.97	N/A
35: Hospice	N/A	\$1,253	N/A	\$1,187	N/A	\$1,432	N/A	-5.30	20.63	No
52: Residential Care	N/A	.	N/A	.	N/A	\$33	N/A	N/A	N/A	N/A
53: Psych. Services	N/A	\$238	N/A	\$162	N/A	\$152	N/A	-31.90	-5.93	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$239	N/A	\$206	N/A	\$310	N/A	-13.65	50.00	No
% Family Planning (code 2)	N/A	0.30	N/A	0.30	N/A	0.31	N/A	-1.44	2.60	Yes
% RHC (code 3)	N/A	2.63	N/A	2.64	N/A	2.80	N/A	0.63	5.85	Yes

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(code 4)	N/A	1.04	N/A	1.00	N/A	1.18	N/A	-3.65	17.83	No
% FQHC (code 5)	N/A	10.96	N/A	10.53	N/A	10.13	N/A	-3.95	-3.79	N/A
% IHS Waiver (code 6,7)	N/A	2.05	N/A	1.99	N/A	1.91	N/A	-3.08	-4.15	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$133	N/A	\$110	N/A	\$115	N/A	-17.78	4.52	Yes
RHC (code 3)	N/A	\$53	N/A	\$52	N/A	\$55	N/A	-1.94	7.31	Yes
FQHC (code 4)	N/A	\$78	N/A	\$85	N/A	\$94	N/A	8.82	10.60	Yes
IHS (code 5)	N/A	\$172	N/A	\$172	N/A	\$184	N/A	0.02	7.31	N/A
Waiver (code 6-7)	N/A	\$2,281	N/A	\$2,340	N/A	\$2,430	N/A	2.61	3.85	Yes
% Claims with DX	> 60	88.15	Yes	88.05	Yes	88.07	Yes	-0.11	0.03	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.71	Yes	99.82	Yes	99.84	Yes	0.11	0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	41.63	N/A	42.19	N/A	41.54	N/A	1.35	-1.56	Yes
% Claims with DX, where length=3	5-25	7.60	Yes	7.38	Yes	7.32	Yes	-2.81	-0.82	Yes
% Claims with DX, where length=4	40-70	58.05	Yes	57.68	Yes	57.15	Yes	-0.65	-0.90	Yes
% Claims with DX, where length=5	20-55	34.35	Yes	34.94	Yes	35.52	Yes	1.71	1.66	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	87.72	No	87.76	No	85.85	No	0.04	-2.18	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	74.23	N/A	73.80	N/A	74.18	N/A	-0.57	0.51	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	14.42	N/A	14.54	N/A	13.98	N/A	0.80	-3.79	Yes
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	1.36	N/A	1.34	N/A	1.13	N/A	-1.97	-15.68	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	9.99	N/A	10.32	N/A	10.71	N/A	3.32	3.71	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	54.78	N/A	56.55	N/A	56.47	N/A	3.22	-0.13	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	241,037	N/A	250,647	N/A	268,768	N/A	3.99	7.23	Yes
% Claims with> \$0 Paid	>95%	99.21	Yes	100.00	Yes	100.00	Yes	0.80	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	5.84	N/A	4.80	N/A	4.88	N/A	-17.77	1.53	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	17.02	N/A	16.67	N/A	18.24	N/A	-2.08	9.46	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	0.00	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	4.80	N/A	3.65	N/A	3.72	N/A	-24.12	1.99	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	55.03	N/A	53.29	N/A	52.59	N/A	-3.17	-1.32	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	8.29	N/A	8.73	N/A	9.37	N/A	5.41	7.27	Yes
% claims MAX TOS 11: OPD	N/A	8.50	N/A	8.91	N/A	7.99	N/A	4.71	-10.31	Yes
% claims MAX TOS 12: Clinic	N/A	8.53	N/A	8.83	N/A	8.52	N/A	3.53	-3.51	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.01	N/A	0.00	N/A	N/A	-100.00	N/A
% claims MAX TOS 15: Lab/Xray	N/A	10.24	N/A	10.59	N/A	10.76	N/A	3.42	1.62	Yes
% claims MAX TOS 19: Other Services	N/A	6.72	N/A	6.47	N/A	7.39	N/A	-3.60	14.21	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	1.92	N/A	2.10	N/A	2.15	N/A	9.25	2.81	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	0.00	N/A	0.03	N/A	0.08	N/A	4083.22	137.97	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.77	N/A	1.04	N/A	1.14	N/A	35.01	10.33	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	0.00	N/A	0.00	N/A	N/A	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	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	N/A	N/A
Average Amount Paid	N/A	\$29	N/A	\$30	N/A	\$31	N/A	2.84	1.12	Yes
% Claims with DX	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with DX (MAX TOS 8, 11, 12)	85-100	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% Claims with 1 DX that have 2 DX	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Claims with DX, where length=3	5-25	.	No	.	No	.	No	N/A	N/A	N/A
% Claims with DX, where length=4	40-70	.	No	.	No	.	No	N/A	N/A	N/A
% Claims with DX, where length=5	20-55	.	No	.	No	.	No	N/A	N/A	N/A
% 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	.	N/A	100.00	N/A	.	N/A	N/A	N/A	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

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