

1999-2001 MAX OT Validation Table
State: TX

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	61,790,925	N/A	68,948,698	N/A	71,779,085	N/A	11.58	4.11	Yes
*	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% 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	7.75	N/A	12.05	N/A	13.46	N/A	55.54	11.69	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	57,000,249	N/A	60,414,393	N/A	62,116,536	N/A	5.99	2.82	Yes
Total FFS Claims Excluding Capitation Payments	5-20	24.44	No	22.51	No	21.47	No	-7.90	-4.63	Yes
% Crossover	> 1%	6.51	Yes	5.01	Yes	7.63	Yes	-22.95	52.24	No
% Adjusted Claims	N/A	.	N/A	29.44	N/A	42.61	N/A	N/A	44.72	No
% Standard Adjustments	N/A	\$65	N/A	\$89	N/A	\$120	N/A	35.72	35.15	No
Average Paid per HMO Cap Clms (TOS 20)	N/A	5.48	N/A	6.21	N/A	6.94	N/A	13.20	11.89	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.32	N/A	2.58	N/A	2.88	N/A	701.64	11.77	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	1.95	N/A	3.27	N/A	3.64	N/A	67.99	11.49	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$204	Yes	\$180	Yes	\$178	Yes	-12.02	-1.02	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$13	No	\$15	No	\$16	No	18.34	1.71	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$151	No	\$3	Yes	\$3	Yes	-98.01	-0.05	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	43,067,838	N/A	46,814,341	N/A	48,780,680	N/A	8.70	4.20	Yes
% Claims with> \$0 Paid	>95%	99.91	Yes	100.00	Yes	100.00	Yes	0.09	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	5.62	N/A	4.86	N/A	5.08	N/A	-13.54	4.51	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.05	N/A	0.04	N/A	0.01	N/A	-6.13	-88.21	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.01	N/A	0.01	N/A	0.02	N/A	-17.01	92.87	No
% Other Claims with Span Bills/All Other Claims	N/A	6.52	N/A	5.31	N/A	5.32	N/A	-18.68	0.25	Yes
% Claims W/ Service Place 11- Office	50-90	47.72	No	46.65	No	45.19	No	-2.24	-3.13	Yes
% Claims W/ Service Place 12 - Home	>0-5	3.59	Yes	4.63	Yes	5.87	No	29.19	26.62	No
% Claims W/ Service Place 21 - Hospital	>0-5	5.70	No	5.61	No	5.53	No	-1.60	-1.38	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.41	Yes	0.39	Yes	0.39	Yes	-5.34	0.61	Yes
% Claims W/ Service Place 23 - ER	1-10	10.42	No	9.78	Yes	4.99	Yes	-6.15	-48.97	No
% Claims w/ Service Place 22 - OPD	>0-10	9.47	Yes	9.68	Yes	14.35	No	2.23	48.28	No
% Claims W/ Service Place 99 - Unknown/Other	<5	5.18	No	12.68	No	13.45	No	144.81	6.08	N/A
% Claims with TPL	>0 - 15	0.00	No	0.01	Yes	0.07	Yes	N/A	830.48	No
Aver. TPL Paid -claims with TPL	N/A	.	N/A	\$104	N/A	\$73	N/A	N/A	-29.52	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	39.55	No	25.24	Yes	23.15	Yes	-36.20	-8.27	Yes
% claims MAX TOS 09: Dental	2-20	11.04	Yes	9.42	Yes	11.23	Yes	-14.70	19.22	No
% claims MAX TOS 10: Other Practitioners	0.5-8	0.79	Yes	1.90	Yes	0.54	Yes	142.05	-71.67	No
% claims MAX TOS 11: OPD	3-25	13.02	Yes	6.90	Yes	3.46	Yes	-46.97	-49.92	No
% claims MAX TOS 12: Clinic	2-25	2.68	Yes	2.16	Yes	1.79	No	-19.57	-17.29	No
% claims MAX TOS 13: HH	>0-25	0.87	Yes	1.49	Yes	0.99	Yes	72.19	-33.87	No
% claims MAX TOS 15: Lab/Xray	4-20	6.34	Yes	24.11	No	27.39	No	280.34	13.60	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.05	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	12.62	Yes	11.62	Yes	12.53	Yes	-7.94	7.78	Yes
% claims MAX TOS 51: DME	>3	2.54	No	3.49	Yes	5.36	Yes	37.14	53.75	No
% claims MAX TOS 26: Transportation	>1	1.96	Yes	2.85	Yes	1.96	Yes	45.98	-31.44	No
% claims MAX TOS 24: Sterilizations	N/A	0.06	N/A	0.04	N/A	0.04	N/A	-42.46	7.14	Yes
% claims MAX TOS 25: Abortions	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-22.43	27.99	No
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	Yes	0.01	Yes	N/A	269606.40	No
% claims MAX TOS 31: TCM	>0	3.97	Yes	6.66	Yes	2.43	Yes	67.98	-63.52	No
% claims MAX TOS 33: Rehabilitation	>0	0.29	Yes	0.33	Yes	0.55	Yes	14.40	69.53	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.23	No	0.22	No	0.14	No	-4.60	-35.57	N/A
% claims MAX TOS 35: Hospice	>0	0.09	Yes	0.07	Yes	0.10	Yes	-19.49	30.06	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.15	N/A	0.10	N/A	0.07	N/A	-38.49	-22.11	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.32	N/A	0.25	N/A	0.33	N/A	-21.17	32.61	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.01	N/A	0.02	N/A	166.87	55.50	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	3.46	Yes	3.12	Yes	7.87	Yes	-9.88	152.23	No
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.01	Yes	0.00	Yes	317106.63	-100.00	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$62	N/A	\$61	N/A	\$69	N/A	-0.85	11.87	Yes
08: Physicians	\$20-90	\$41	Yes	\$48	Yes	\$54	Yes	16.95	11.49	Yes
09: Dental	\$10-60	\$29	Yes	\$30	Yes	\$31	Yes	3.74	4.31	Yes
10: Other Practitioner	\$10-100	\$59	Yes	\$54	Yes	\$73	Yes	-8.32	36.00	No
11: OPD	\$20-100	\$49	Yes	\$62	Yes	\$69	Yes	28.04	9.88	Yes
12: Clinic	\$20-100	\$48	Yes	\$53	Yes	\$63	Yes	10.88	18.15	No
13: HH	N/A	\$216	N/A	\$171	N/A	\$232	N/A	-20.68	35.61	No
15: Lab/Xray	10-60	\$16	Yes	\$31	Yes	\$28	Yes	98.01	-10.66	Yes
16: Drugs	10-60	.	No	.	No	\$682	No	N/A	N/A	N/A
19: Other Service	N/A	\$176	N/A	\$173	N/A	\$173	N/A	-1.78	0.07	Yes
51: DME	N/A	\$86	N/A	\$71	N/A	\$70	N/A	-16.62	-2.60	Yes
26: Transportation	N/A	\$30	N/A	\$27	N/A	\$33	N/A	-9.93	23.68	No
30: PCS	N/A	.	N/A	\$640	N/A	\$708	N/A	N/A	10.60	Yes
31: Targeted Case Management	N/A	\$74	N/A	\$44	N/A	\$138	N/A	-41.09	215.93	No
33: Rehabilitation	N/A	\$103	N/A	\$112	N/A	\$114	N/A	8.55	1.58	Yes
34: PT/OT/speech/hear	N/A	\$44	N/A	\$44	N/A	\$51	N/A	-0.31	14.79	N/A
35: Hospice	N/A	\$1,438	N/A	\$1,563	N/A	\$3,170	N/A	8.65	102.87	No
52: Residential Care	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
53: Psych. Services	N/A	\$44	N/A	\$50	N/A	\$61	N/A	14.41	20.33	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Family Planning (code 2)	N/A	0.99	N/A	0.85	N/A	0.84	N/A	-13.73	-1.73	Yes
% RHC (code 3)	N/A	1.55	N/A	1.36	N/A	1.25	N/A	-12.24	-8.58	Yes

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(code 4)	N/A	0.66	N/A	0.63	N/A	0.65	N/A	-3.53	2.63	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-65.50	-100.00	N/A
% IHS Waiver (code 6,7)	N/A	4.13	N/A	11.49	N/A	9.92	N/A	178.26	-13.65	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$35	N/A	\$37	N/A	\$42	N/A	8.31	12.03	Yes
RHC (code 3)	N/A	\$46	N/A	\$49	N/A	\$56	N/A	6.08	14.51	Yes
FQHC (code 4)	N/A	\$74	N/A	\$73	N/A	\$71	N/A	-0.98	-3.17	Yes
IHS (code 5)	N/A	\$172	N/A	\$172	N/A	.	N/A	0.00	N/A	N/A
Waiver (code 6-7)	N/A	\$188	N/A	\$175	N/A	\$156	N/A	-7.07	-10.59	Yes
% Claims with DX	> 60	88.31	Yes	92.19	Yes	89.55	Yes	4.39	-2.87	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	98.62	Yes	0.00	-1.38	Yes
% Claims with 1 DX that have 2 DX	N/A	2.53	N/A	7.03	N/A	5.69	N/A	177.93	-19.00	No
% Claims with DX, where length=3	5-25	5.11	Yes	4.78	No	5.29	Yes	-6.55	10.76	Yes
% Claims with DX, where length=4	40-70	63.91	Yes	61.23	Yes	55.72	Yes	-4.19	-8.99	Yes
% Claims with DX, where length=5	20-55	30.83	Yes	33.91	Yes	35.89	Yes	10.01	5.82	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	95.61	No	92.03	No	86.53	No	-3.74	-5.98	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	43.99	N/A	44.52	N/A	46.08	N/A	1.22	3.49	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	14.17	N/A	15.54	N/A	16.58	N/A	9.69	6.67	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	-100.00	N/A	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	32.99	N/A	33.45	N/A	36.86	N/A	1.39	10.21	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	91.45	No	74.90	No	99.99	Yes	-18.10	33.50	No
% HCPCS Format Codes Cnnnn or Cnnnn /Claims with HCPCS	98-100	95.89	No	78.98	No	100.00	Yes	-17.64	26.62	No
% 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	13,932,411	N/A	13,600,052	N/A	13,335,856	N/A	-2.39	-1.94	Yes
% Claims with> \$0 Paid	>95%	94.23	No	100.00	Yes	100.00	Yes	6.12	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	9.55	N/A	5.56	N/A	2.49	N/A	-41.77	-55.17	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	32.31	N/A	28.00	N/A	24.20	N/A	-13.34	-13.58	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	95.07	N/A	90.85	N/A	12.16	N/A	-4.44	-86.62	N/A
% Other Claims with Span Bills/All Other Claims	N/A	5.28	N/A	3.45	N/A	2.02	N/A	-34.57	-41.55	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	54.97	N/A	45.64	N/A	52.79	N/A	-16.99	15.66	No
% claims MAX TOS 10: Other Practitioners ^r	N/A	1.60	N/A	2.77	N/A	3.26	N/A	73.61	17.71	No
% claims MAX TOS 11: OPD	N/A	15.75	N/A	8.55	N/A	2.13	N/A	-45.68	-75.04	No
% claims MAX TOS 12: Clinic	N/A	1.43	N/A	1.06	N/A	0.33	N/A	-26.38	-69.13	No
% claims MAX TOS 13: HH	N/A	0.01	N/A	0.01	N/A	0.00	N/A	-49.95	-60.62	N/A
% claims MAX TOS 15: Lab/Xray	N/A	14.71	N/A	27.36	N/A	18.11	N/A	85.95	-33.82	No
% claims MAX TOS 19: Other Services	N/A	0.21	N/A	0.00	N/A	0.12	N/A	-100.00	N/A	N/A
% claims MAX TOS 51: DME	N/A	5.29	N/A	6.60	N/A	8.97	N/A	24.80	35.87	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	4.25	N/A	5.14	N/A	9.34	N/A	20.94	81.73	No
% 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	0.65	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.52	N/A	0.17	N/A	0.02	N/A	-66.67	-88.15	No
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.16	N/A	0.43	N/A	0.44	N/A	166.71	1.70	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	1.65	N/A	3.86	N/A	179915.38	133.28	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	\$51	N/A	\$49	N/A	\$23	N/A	-3.81	-52.93	No
% Claims with DX	N/A	99.79	N/A	100.00	N/A	99.20	N/A	0.21	-0.80	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	100.00	Yes	99.27	Yes	0.00	-0.73	Yes
% Claims with 1 DX that have 2 DX	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Claims with DX, where length=3	5-25	11.42	Yes	11.11	Yes	14.19	Yes	-2.65	27.66	No
% Claims with DX, where length=4	40-70	46.07	Yes	45.19	Yes	42.37	Yes	-1.90	-6.24	Yes
% Claims with DX, where length=5	20-55	42.52	Yes	43.69	Yes	42.96	Yes	2.77	-1.69	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	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	65.14	N/A	67.43	N/A	72.07	N/A	3.51	6.89	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	14.15	N/A	16.29	N/A	18.85	N/A	15.15	15.69	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	20.50	N/A	16.28	N/A	5.98	N/A	-20.57	-63.25	N/A

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