

**2002-2004 MAX OT Validation Table**  
**State: TX**

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	84,291,009	N/A	95,525,771	N/A	82,982,715	N/A	13.33	-13.10	Yes
% 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	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Cap Claims (Claim Type=2, and MAX TOS 20,21,22) **	N/A	14.82	N/A	16.35	N/A	17.45	N/A	10.31	6.73	Yes
Total FFS Claims Excluding Capitation Payments	N/A	71,800,128	N/A	79,910,932	N/A	68,505,730	N/A	11.30	-14.30	Yes
% Crossover	5-20	20.80	No	19.01	Yes	0.00	No	-8.62	-100.00	No
% Adjusted Claims	> 1%	4.68	Yes	5.08	Yes	7.69	Yes	8.41	51.38	No
% Standard Adjustments	N/A	46.23	N/A	46.21	N/A	44.18	N/A	-0.03	-4.41	Yes
Aver. Amt. Pd Adjust. ( include \$0)	N/A	\$138	N/A	\$114	N/A	\$132	N/A	-17.80	15.82	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	7.84	N/A	8.81	N/A	10.94	N/A	12.47	24.15	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	3.17	N/A	3.50	N/A	3.20	N/A	10.58	-8.74	Yes
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	3.82	N/A	4.04	N/A	3.32	N/A	5.62	-17.90	No
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$186	Yes	\$169	Yes	\$159	Yes	-9.23	-5.82	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$13	No	\$12	No	\$12	No	-9.12	0.06	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$3	Yes	\$3	Yes	\$3	Yes	0.11	-0.13	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	56,864,752	N/A	64,722,009	N/A	68,505,445	N/A	13.82	5.85	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	5.07	N/A	4.88	N/A	4.87	N/A	-3.86	-0.18	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.03	N/A	0.02	N/A	18,104.00	-44.70	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.05	N/A	0.00	N/A	0.03	N/A	-99.70	19,240.00	No
% Other Claims with Span Bills/All Other Claims	N/A	5.32	N/A	5.20	N/A	5.12	N/A	-2.28	-1.55	Yes
% Claims W/ Service Place 11- Office	50-90	44.95	No	44.83	No	44.14	No	-0.25	-1.54	Yes
% Claims W/ Service Place 12 - Home	>0-5	6.45	No	6.27	No	6.15	No	-2.67	-1.92	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	5.46	No	5.13	No	5.07	No	-6.15	-1.14	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.37	Yes	0.31	Yes	0.19	Yes	-15.30	-37.60	No
% Claims W/ Service Place 23 - ER	1-10	4.16	Yes	3.63	Yes	1.94	Yes	-12.70	-46.60	No
% Claims w/ Service Place 22 - OPD	>0-10	15.98	No	16.07	No	17.91	No	0.59	11.44	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	13.27	No	13.19	No	14.00	No	-0.60	6.15	Yes
% Claims with TPL	>0 - 15	0.07	Yes	0.07	Yes	0.08	Yes	4.24	16.10	No
Aver. TPL Paid -claims with TPL	N/A	\$80	N/A	\$81	N/A	\$86	N/A	1.97	5.54	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	22.76	Yes	23.05	Yes	22.59	Yes	1.29	-2.02	Yes
% claims MAX TOS 09: Dental	2-20	12.10	Yes	13.25	Yes	14.78	Yes	9.51	11.54	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	0.56	Yes	1.22	Yes	1.78	Yes	117.80	46.63	No
% claims MAX TOS 11: OPD	3-25	3.53	Yes	5.21	Yes	3.53	Yes	47.52	-32.30	No
% claims MAX TOS 12: Clinic	2-25	1.68	No	1.51	No	1.54	No	-10.10	1.97	Yes
% claims MAX TOS 13: HH	>0-25	1.09	Yes	0.97	Yes	1.34	Yes	-11.30	37.76	No
% claims MAX TOS 15: Lab/Xray	4-20	28.09	No	27.33	No	27.65	No	-2.72	1.17	Yes
% claims MAX TOS 16: Drugs	<3	0.06	Yes	0.13	Yes	0.09	Yes	109.80	-32.70	No
% claims MAX TOS 19: Other Services	<25	12.32	Yes	12.32	Yes	12.74	Yes	0.05	3.36	Yes
% claims MAX TOS 51: DME	>3	5.68	Yes	4.26	Yes	5.52	Yes	-25.00	29.62	No
% claims MAX TOS 26: Transportation	>1	1.22	Yes	2.49	Yes	2.26	Yes	103.50	-9.18	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.04	N/A	0.04	N/A	0.04	N/A	-7.39	-1.48	Yes
% claims MAX TOS 25: Abortions	N/A	0.01	N/A	0.01	N/A	0.01	N/A	-5.08	1.04	Yes
% claims MAX TOS 30: PCS	>0	0.02	Yes	0.02	Yes	0.02	Yes	13.30	8.65	Yes
% claims MAX TOS 31: TCM	>0	2.07	Yes	1.77	Yes	1.61	Yes	-14.60	-8.96	Yes
% claims MAX TOS 33: Rehabilitation	>0	0.77	Yes	1.18	Yes	1.43	Yes	52.77	20.76	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.14	No	0.21	No	0.15	No	55.47	-29.90	No
% claims MAX TOS 35: Hospice	>0	0.10	Yes	0.12	Yes	0.14	Yes	25.15	16.66	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.07	N/A	0.05	N/A	0.05	N/A	-20.70	-7.33	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.35	N/A	0.37	N/A	0.37	N/A	5.80	0.51	Yes
% claims MAX TOS 38: Private Nursing	N/A	0.02	N/A	0.01	N/A	0.01	N/A	-25.90	-1.56	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	0.00	N/A	0.00	N/A	0.01	N/A	.	1,858.00	No
% claims MAX TOS 53: Pysch. Services	>1	7.32	Yes	4.42	Yes	1.59	Yes	-39.60	-64.00	No
% claims MAX TOS 54: Adult Day Care	>0	0.00	No	0.04	Yes	0.75	Yes	.	2,035.00	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	-7.26	-4.53	Yes
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$70	N/A	\$70	N/A	\$72	N/A	-0.54	3.23	Yes
08: Physicians	\$20-90	\$54	Yes	\$52	Yes	\$56	Yes	-3.17	8.05	Yes
09: Dental	\$10-60	\$34	Yes	\$35	Yes	\$36	Yes	3.85	1.75	Yes
10: Other Practioner	\$10-100	\$73	Yes	\$56	Yes	\$60	Yes	-22.80	6.98	Yes
11: OPD	\$20-100	\$72	Yes	\$91	Yes	\$116	No	26.18	26.97	No
12: Clinic	\$20-100	\$71	Yes	\$84	Yes	\$83	Yes	17.35	-0.53	Yes
13: HH	N/A	\$232	N/A	\$259	N/A	\$234	N/A	11.59	-9.83	Yes
15: Lab/Xray	10-60	\$30	Yes	\$31	Yes	\$31	Yes	2.26	2.11	Yes
16: Drugs	10-60	\$600	No	\$340	No	\$738	No	-43.40	117.40	No
19: Other Services	N/A	\$180	N/A	\$169	N/A	\$151	N/A	-6.07	-10.70	Yes
51: DME	N/A	\$71	N/A	\$84	N/A	\$79	N/A	18.96	-6.10	Yes
26: Transportation	N/A	\$46	N/A	\$36	N/A	\$42	N/A	-21.10	16.80	No
30: PCS	N/A	\$781	N/A	\$676	N/A	\$688	N/A	-13.50	1.85	Yes
31: Targeted Case Management	N/A	\$144	N/A	\$158	N/A	\$170	N/A	10.12	7.22	Yes
33: Rehabilitation	N/A	\$126	N/A	\$125	N/A	\$132	N/A	-0.67	5.80	Yes
34: PT/OT/speech/hear	N/A	\$55	N/A	\$37	N/A	\$43	N/A	-32.30	16.37	No
35: Hospice	N/A	\$2,055	N/A	\$1,670	N/A	\$1,700	N/A	-18.80	1.80	Yes
52: Residential Care	N/A	.	N/A	\$1,291	N/A	\$931	N/A	.	-27.80	No
53: Pysch. Services	N/A	\$63	N/A	\$54	N/A	\$71	N/A	-14.90	31.31	No
54: Adult Day Care	N/A	.	N/A	\$262	N/A	\$191	N/A	.	-27.00	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.85	N/A	0.76	N/A	0.66	N/A	-11.10	-12.90	Yes
% RHC (code 3)	N/A	1.14	N/A	1.04	N/A	1.01	N/A	-8.71	-3.01	Yes
% FQHC (code 4)	N/A	0.64	N/A	0.49	N/A	0.53	N/A	-24.50	8.19	Yes
% IHS (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	325.10	No
% Waiver (code 6,7)	N/A	9.29	N/A	8.99	N/A	9.28	N/A	-3.20	3.24	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$43	N/A	\$45	N/A	\$47	N/A	2.99	5.78	Yes
RHC (code 3)	N/A	\$64	N/A	\$74	N/A	\$73	N/A	15.87	-1.89	Yes
FQHC (code 4)	N/A	\$81	N/A	\$138	N/A	\$143	N/A	70.45	3.16	Yes
IHS (code 5)	N/A	.	N/A	\$172	N/A	\$169	N/A	.	-1.77	Yes

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Waiver (code 6, 7)	N/A	\$159	N/A	\$153	N/A	\$144	N/A	-4.34	-5.81	Yes
% Claims with DX	> 60	82.13	Yes	79.12	Yes	75.73	Yes	-3.67	-4.29	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	96.78	Yes	99.98	Yes	100.00	Yes	3.31	0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	6.15	N/A	6.04	N/A	5.96	N/A	-1.80	-1.21	Yes
% Claims with DX, where length=3	5-25	5.91	Yes	5.85	Yes	5.72	Yes	-1.12	-2.07	Yes
% Claims with DX, where length=4	40-70	52.01	Yes	53.41	Yes	53.54	Yes	2.70	0.24	Yes
% Claims with DX, where length=5	20-55	40.18	Yes	40.40	Yes	40.65	Yes	0.56	0.61	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	86.50	No	88.14	No	92.44	No	1.89	4.88	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	46.79	N/A	46.59	N/A	50.42	N/A	-0.42	8.22	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	17.76	N/A	21.62	N/A	30.62	N/A	21.75	41.60	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	0.00	N/A	1.29	N/A	5.64	N/A	.	338.10	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	35.45	N/A	30.50	N/A	13.32	N/A	-14.00	-56.30	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	99.99	Yes	99.98	Yes	100.00	Yes	-0.02	0.02	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	100.00	Yes	95.39	No	100.00	Yes	-4.61	4.83	Yes
% 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
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	14,935,376	N/A	15,188,923	N/A	285	N/A	1.70	-100.00	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	3.41	N/A	3.52	N/A	8.77	N/A	3.23	149.10	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	3.14	N/A	8.59	N/A	.	173.70	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	5.56	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	3.41	N/A	3.52	N/A	10.34	N/A	3.25	193.60	No
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	53.76	N/A	56.28	N/A	6.67	N/A	4.70	-88.20	No
% claims MAX TOS 10: Other Practioner	N/A	3.33	N/A	3.44	N/A	0.35	N/A	3.42	-89.80	No
% claims MAX TOS 11: OPD	N/A	0.00	N/A	0.24	N/A	89.82	N/A	.	37,310.00	No
% claims MAX TOS 12: Clinic	N/A	0.00	N/A	0.00	N/A	0.00	N/A	714.00	-100.00	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	-100.00	No
% claims MAX TOS 15: Lab/Xray	N/A	16.59	N/A	16.40	N/A	0.70	N/A	-1.11	-95.70	No
% claims MAX TOS 19: Other Services	N/A	0.28	N/A	0.06	N/A	0.00	N/A	-76.90	-100.00	No
% claims MAX TOS 51: DME	N/A	9.32	N/A	10.12	N/A	1.75	N/A	8.57	-82.70	No
% claims MAX TOS 26: Transportation	N/A	11.71	N/A	7.47	N/A	0.00	N/A	-36.20	-100.00	No
% 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	.	.	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	-100.00	No

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.49	N/A	0.51	N/A	0.00	N/A	3.72	-100.00	No
% claims MAX TOS 35: 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: Pysch. Services	N/A	4.01	N/A	4.84	N/A	0.35	N/A	20.84	-92.80	No
% 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	\$19	N/A	\$21	N/A	\$331	N/A	6.50	1,499.00	No
% Claims with DX	N/A	98.09	N/A	98.16	N/A	100.00	N/A	0.06	1.88	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	98.82	Yes	99.21	Yes	100.00	Yes	0.40	0.79	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
% Claims with DX, where length=3	5-25	16.71	Yes	11.66	Yes	6.32	Yes	-30.20	-45.80	No
% Claims with DX, where length=4	40-70	41.25	Yes	42.95	Yes	57.54	Yes	4.13	33.96	No
% Claims with DX, where length=5	20-55	42.00	Yes	45.38	Yes	36.14	Yes	8.07	-20.40	No
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	100.00	N/A	100.00	N/A	.	0.00	Yes
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	N/A	100.00	N/A	.	N/A	.	.	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	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	72.93	N/A	76.69	N/A	4.56	N/A	5.17	-94.10	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	19.54	N/A	21.97	N/A	5.61	N/A	12.43	-74.40	No
% Other Codes Indicator /Claims with Service Codes	N/A	1.91	N/A	1.34	N/A	89.82	N/A	-29.90	6,614.00	No

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