

1999-2001 MAX OT Validation Table
State: WI

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	13,432,545	N/A	18,030,706	N/A	21,848,017	N/A	34.23	21.17	No
*	N/A	0.00	N/A	14.73	N/A	16.78	N/A	N/A	13.90	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										
% Cap Payments (Claim Type=2, and MAX TOS	N/A	17.74	N/A	19.82	N/A	18.26	N/A	11.71	-7.86	Yes
Total FFS Claims Excluding Capitation Payments	N/A	11,049,089	N/A	11,800,105	N/A	14,191,078	N/A	6.80	20.26	No
	5-20	8.90	Yes	8.54	Yes	7.69	Yes	-4.08	-9.96	Yes
% Crossover	> 1%	6.45	Yes	1.77	Yes	36.24	Yes	-72.59	1949.41	No
% Adjusted Claims	N/A	.	N/A	67.06	N/A	24.92	N/A	N/A	-62.84	No
% Standard Adjustments	N/A	\$60	N/A	\$65	N/A	\$51	N/A	8.09	-21.28	No
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	17.61	N/A	23.00	N/A	21.42	N/A	30.63	-6.85	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.13	N/A	0.24	N/A	0.52	N/A	83.44	113.58	N/A
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-20.17	-53.80	N/A
Average Paid per HMO Cap Clms (TOS 20	\$75-\$300	\$142	Yes	\$139	Yes	\$146	Yes	-2.55	5.16	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$1,997	No	\$2,057	No	\$1,946	No	3.03	-5.42	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	\$83	No	\$87	No	\$91	No	4.72	4.32	N/A
FS 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	10,065,471	N/A	10,792,484	N/A	13,099,929	N/A	7.22	21.38	No
% Claims with> \$0 Paid	>95%	99.99	Yes	99.99	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	17.90	N/A	17.22	N/A	14.73	N/A	-3.80	-14.50	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.33	N/A	7.89	N/A	7.32	N/A	-5.26	-7.29	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	31.20	N/A	29.08	N/A	30.43	N/A	-6.79	4.62	Yes
% Other Claims with Span Bills/All Other Claims	N/A	17.92	N/A	17.31	N/A	14.66	N/A	-3.42	-15.30	No
% Claims W/ Service Place 11- Office	50-90	31.78	No	32.33	No	32.96	No	1.73	1.94	Yes
% Claims W/ Service Place 12 - Home	>0-5	29.99	No	29.83	No	31.43	No	-0.52	5.34	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.49	Yes	3.58	Yes	3.84	Yes	2.84	7.16	Yes
% Claims W/ Service Place 32 - NF	>0-5	2.91	Yes	2.78	Yes	2.75	Yes	-4.47	-0.81	Yes
% Claims W/ Service Place 23 - ER	1-10	1.07	Yes	1.19	Yes	1.05	Yes	11.55	-11.58	Yes
% Claims w/ Service Place 22 - OPD	>0-10	9.52	Yes	8.97	Yes	8.72	Yes	-5.76	-2.78	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	18.59	No	18.46	No	16.79	No	-0.74	-9.03	N/A
% Claims with TPL	>0 - 15	0.19	Yes	0.22	Yes	0.22	Yes	20.03	-2.67	Yes
Aver. TPL Paid -claims with TPL	N/A	\$77	N/A	\$99	N/A	\$74	N/A	28.44	-24.81	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	3.66	No	3.63	No	3.57	No	-0.88	-1.54	Yes
% claims MAX TOS 09: Dental	2-20	4.88	Yes	5.03	Yes	5.73	Yes	3.01	14.06	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	2.57	Yes	3.30	Yes	3.42	Yes	28.62	3.46	Yes
% claims MAX TOS 11: OPD	3-25	3.69	Yes	3.69	Yes	3.27	Yes	-0.13	-11.44	Yes
% claims MAX TOS 12: Clinic	2-25	9.47	Yes	9.04	Yes	9.58	Yes	-4.57	5.96	Yes
% claims MAX TOS 13: HH	>0-25	2.55	Yes	2.24	Yes	1.95	Yes	-12.11	-13.03	Yes
% claims MAX TOS 15: Lab/Xray	4-20	7.06	Yes	8.26	Yes	7.88	Yes	17.04	-4.56	Yes

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.97	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	15.25	Yes	13.47	Yes	11.61	Yes	-11.71	-13.78	Yes
% claims MAX TOS 51: DME	>3	4.27	Yes	5.49	Yes	5.61	Yes	28.47	2.24	Yes
% claims MAX TOS 26: Transportation	>1	18.82	Yes	16.00	Yes	14.61	Yes	-15.01	-8.69	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.01	N/A	0.01	N/A	14.99	-24.09	No
% 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	13.21	Yes	13.71	Yes	15.94	Yes	3.76	16.29	No
% claims MAX TOS 31: TCM	>0	1.59	Yes	1.49	Yes	1.47	Yes	-6.54	-1.31	Yes
% claims MAX TOS 33: Rehabilitation	>0	2.26	Yes	2.03	Yes	1.93	Yes	-10.37	-4.59	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.76	No	0.75	No	0.85	No	-0.92	13.09	N/A
% claims MAX TOS 35: Hospice	>0	0.18	Yes	0.05	Yes	0.26	Yes	-72.44	428.68	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-27.14	-100.00	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.01	N/A	0.02	N/A	0.02	N/A	101.32	-10.72	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.78	N/A	0.82	N/A	0.99	N/A	5.43	20.38	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	0.27	N/A	0.44	N/A	0.23	N/A	61.21	-48.23	No
% claims MAX TOS 53: Psych. Services	>1	7.35	Yes	9.07	Yes	8.47	Yes	23.38	-6.57	Yes
% claims MAX TOS 54: Adult Day Care	>0	0.71	Yes	0.76	Yes	0.92	Yes	7.75	21.17	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	86.53	-72.54	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$80	N/A	\$83	N/A	\$80	N/A	3.57	-3.27	Yes
08: Physicians	\$20-90	\$60	Yes	\$63	Yes	\$66	Yes	5.97	4.92	Yes
09: Dental	\$10-100	\$36	Yes	\$38	Yes	\$38	Yes	6.87	0.33	Yes
10: Other Practitioner	\$10-100	\$62	Yes	\$56	Yes	\$55	Yes	-10.49	-1.95	Yes
11: OPD	\$20-100	\$137	No	\$141	No	\$142	No	2.73	0.80	Yes
12: Clinic	\$20-100	\$53	Yes	\$58	Yes	\$62	Yes	10.00	7.99	Yes
13: HH	N/A	\$132	N/A	\$129	N/A	\$132	N/A	-2.23	2.57	Yes
15: Lab/Xray	10-60	\$24	Yes	\$36	Yes	\$28	Yes	49.23	-22.38	No
16: Drugs	10-60	.	No	.	No	\$8	No	N/A	N/A	N/A
19: Other Service	N/A	\$210	N/A	\$221	N/A	\$239	N/A	5.11	7.97	Yes
51: DME	N/A	\$87	N/A	\$79	N/A	\$67	N/A	-9.23	-15.90	No
26: Transportation	N/A	\$15	N/A	\$16	N/A	\$17	N/A	6.88	1.95	Yes
30: PCS	N/A	\$60	N/A	\$65	N/A	\$63	N/A	8.14	-3.38	Yes
31: Targeted Case Management	N/A	\$65	N/A	\$69	N/A	\$80	N/A	7.11	14.85	Yes
33: Rehabilitation	N/A	\$53	N/A	\$51	N/A	\$49	N/A	-3.29	-4.20	Yes
34: PT/OT/speech/hear	N/A	\$46	N/A	\$44	N/A	\$41	N/A	-3.36	-7.89	N/A
35: Hospice	N/A	\$229	N/A	\$279	N/A	\$256	N/A	22.00	-8.19	Yes
52: Residential Care	N/A	\$1,889	N/A	\$1,215	N/A	\$2,096	N/A	-35.67	72.42	No
53: Psych. Services	N/A	\$30	N/A	\$45	N/A	\$34	N/A	49.05	-24.09	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$68	N/A	\$78	N/A	\$91	N/A	15.46	16.08	No
% Family Planning (code 2)	N/A									
% RHC (code 3)	N/A	0.52	N/A	0.64	N/A	1.48	N/A	21.56	132.81	No
	N/A	0.28	N/A	0.31	N/A	0.34	N/A	11.99	10.39	Yes

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(code 4)	N/A	0.35	N/A	0.36	N/A	0.46	N/A	5.51	25.04	No
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS (code 6,7)	N/A	6.41	N/A	6.43	N/A	5.18	N/A	0.38	-19.44	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$32	N/A	\$36	N/A	\$26	N/A	11.78	-29.45	No
RHC (code 3)	N/A	\$24	N/A	\$26	N/A	\$28	N/A	5.55	7.95	Yes
FQHC (code 4)	N/A	\$25	N/A	\$27	N/A	\$30	N/A	8.27	9.49	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$553	N/A	\$553	N/A	\$593	N/A	-0.06	7.26	Yes
% Claims with DX	> 60	91.32	Yes	91.47	Yes	93.00	Yes	0.17	1.67	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	48.24	N/A	46.53	N/A	47.34	N/A	-3.55	1.76	Yes
% Claims with DX, where length=3	5-25	34.32	No	30.47	No	28.03	No	-11.22	-8.00	Yes
% Claims with DX, where length=4	40-70	42.17	Yes	42.93	Yes	43.61	Yes	1.81	1.59	Yes
% Claims with DX, where length=5	20-55	23.51	Yes	26.60	Yes	28.36	Yes	13.14	6.60	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	99.88	Yes	99.76	Yes	99.77	Yes	-0.13	0.01	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	31.35	N/A	32.80	N/A	31.35	N/A	4.61	-4.42	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	59.64	N/A	58.34	N/A	61.41	N/A	-2.19	5.26	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	N/A	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	6.65	N/A	6.69	N/A	5.36	N/A	0.61	-19.79	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	73.60	N/A	77.17	N/A	87.48	N/A	4.86	13.36	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	983,618	N/A	1,007,621	N/A	1,091,149	N/A	2.44	8.29	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	12.36	N/A	12.02	N/A	11.72	N/A	-2.82	-2.49	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	13.48	N/A	12.57	N/A	12.02	N/A	-6.78	-4.39	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	100.00	N/A	18.18	N/A	19.50	N/A	-81.82	7.24	N/A
% Other Claims with Span Bills/All Other Claims	N/A	12.07	N/A	11.87	N/A	11.63	N/A	-1.67	-2.00	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	12.02	N/A	11.04	N/A	11.04	N/A	-8.16	0.02	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	4.61	N/A	5.10	N/A	5.13	N/A	10.66	0.66	Yes
% claims MAX TOS 11: OPD	N/A	20.63	N/A	20.55	N/A	20.53	N/A	-0.38	-0.08	Yes
% claims MAX TOS 12: Clinic	N/A	23.44	N/A	23.44	N/A	22.72	N/A	0.00	-3.07	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.02	N/A	0.05	N/A	14933.15	210.61	N/A
% claims MAX TOS 15: Lab/Xray	N/A	19.96	N/A	20.80	N/A	21.09	N/A	4.18	1.41	Yes
% claims MAX TOS 19: Other Services	N/A	15.20	N/A	15.08	N/A	15.24	N/A	-0.76	1.01	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	3.55	N/A	3.31	N/A	3.55	N/A	-6.69	7.10	Yes
% claims MAX TOS 30: PCS	N/A	0.01	N/A	0.01	N/A	0.01	N/A	25.02	-7.66	N/A
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.00	N/A	127.77	-73.62	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.28	N/A	0.31	N/A	0.35	N/A	9.96	12.45	Yes
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.23	N/A	0.26	N/A	0.23	N/A	13.47	-14.05	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	56.19	3.89	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	\$42	N/A	\$43	N/A	\$44	N/A	2.72	3.14	Yes
% Claims with DX	N/A	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	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	43.43	N/A	43.90	N/A	44.34	N/A	1.09	1.00	Yes
% Claims with DX, where length=3	5-25	9.86	Yes	9.33	Yes	9.24	Yes	-5.33	-0.96	Yes
% Claims with DX, where length=4	40-70	48.95	Yes	48.34	Yes	47.09	Yes	-1.26	-2.58	Yes
% Claims with DX, where length=5	20-55	41.19	Yes	42.33	Yes	43.67	Yes	2.77	3.16	Yes
% 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	100.00	N/A	100.00	N/A	84.17	N/A	0.00	-15.83	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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