

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

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	21,886,750	N/A	23,699,291	N/A	26,458,634	N/A	8.28	11.64	Yes
	N/A	18.63	N/A	20.02	N/A	20.57	N/A	7.47	2.75	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	20.83	N/A	16.40	N/A	15.48	N/A	-21.30	-5.61	Yes
Total FFS Claims Excluding Capitation Payments	N/A	13,251,890	N/A	15,069,001	N/A	16,921,511	N/A	13.71	12.29	Yes
	5-20	9.19	Yes	8.60	Yes	7.69	Yes	-6.42	-10.50	Yes
% Crossover	> 1%	7.14	Yes	1.94	Yes	1.64	Yes	-72.80	-15.80	No
% Adjusted Claims	N/A	71.65	N/A	47.51	N/A	46.43	N/A	-33.70	-2.29	Yes
% Standard Adjustments	N/A	\$59	N/A	\$76	N/A	\$81	N/A	28.73	6.28	Yes
Average Paid per HMO Cap Payment	N/A	24.42	N/A	19.91	N/A	18.87	N/A	-18.50	-5.26	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	1.17	N/A	0.59	N/A	0.62	N/A	-49.60	5.06	Yes
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$151	Yes	\$159	Yes	\$171	Yes	4.86	8.10	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$1,870	No	\$1,949	No	\$1,922	No	4.19	-1.35	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	.	.	N/A
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	12,034,676	N/A	13,773,806	N/A	15,620,214	N/A	14.45	13.41	Yes
% Claims with> \$0 Paid	>95%	99.99	Yes	99.96	Yes	99.97	Yes	-0.03	0.01	Yes
% Claims with< \$0 Paid	0	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
% Claims with Span Bill	N/A	12.54	N/A	11.60	N/A	7.91	N/A	-7.46	-31.80	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	6.75	N/A	6.10	N/A	6.03	N/A	-9.66	-1.08	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	30.89	N/A	23.99	N/A	9.78	N/A	-22.40	-59.20	No
% Other Claims with Span Bills/All Other Claims	N/A	12.50	N/A	11.66	N/A	7.96	N/A	-6.76	-31.70	No
% Claims W/ Service Place 11- Office	50-90	32.63	No	31.71	No	31.90	No	-2.83	0.60	Yes
% Claims W/ Service Place 12 - Home	>0-5	30.48	No	31.40	No	29.81	No	3.00	-5.05	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	3.62	Yes	3.28	Yes	3.06	Yes	-9.25	-6.73	Yes
% Claims W/ Service Place 32 - NF	>0-5	2.53	Yes	1.84	Yes	0.98	Yes	-27.30	-46.60	No
% Claims W/ Service Place 23 - ER	1-10	1.30	Yes	1.49	Yes	2.47	Yes	14.19	66.28	No
% Claims w/ Service Place 22 - OPD	>0-10	8.89	Yes	8.06	Yes	6.45	Yes	-9.42	-19.90	No
% Claims W/ Service Place 99 - Unknown/Other	<5	17.92	No	15.68	No	10.21	No	-12.50	-34.90	No
% Claims with TPL	>0 - 15	0.24	Yes	0.23	Yes	0.22	Yes	-2.62	-5.38	Yes
Aver. TPL Paid -claims with TPL	N/A	\$81	N/A	\$76	N/A	\$80	N/A	-6.80	5.59	Yes
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	3.22	No	2.90	No	2.65	No	-9.97	-8.49	Yes
% claims MAX TOS 09: Dental	2-20	5.45	Yes	5.20	Yes	5.13	Yes	-4.61	-1.40	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	4.00	Yes	4.40	Yes	2.61	Yes	9.92	-40.60	No
% claims MAX TOS 11: OPD	3-25	4.06	Yes	4.02	Yes	3.89	Yes	-1.10	-3.19	Yes
% claims MAX TOS 12: Clinic	2-25	9.73	Yes	11.26	Yes	9.63	Yes	15.67	-14.50	Yes
% claims MAX TOS 13: HH	>0-25	1.46	Yes	1.36	Yes	1.60	Yes	-7.09	18.04	No
% claims MAX TOS 15: Lab/Xray	4-20	8.49	Yes	8.13	Yes	8.41	Yes	-4.22	3.51	Yes
% claims MAX TOS 16: Drugs	<3	0.92	Yes	0.90	Yes	0.77	Yes	-1.88	-14.40	Yes
% claims MAX TOS 19: Other Services	<25	10.81	Yes	14.78	Yes	15.77	Yes	36.76	6.69	Yes
% claims MAX TOS 51: DME	>3	6.44	Yes	4.25	Yes	4.27	Yes	-34.00	0.36	Yes
% claims MAX TOS 26: Transportation	>1	12.77	Yes	10.99	Yes	9.78	Yes	-14.00	-11.00	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.01	N/A	0.01	N/A	0.81	-1.09	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 30: PCS	>0	15.80	Yes	16.50	Yes	18.64	Yes	4.39	12.99	Yes
% claims MAX TOS 31: TCM	>0	1.57	Yes	1.35	Yes	1.25	Yes	-14.30	-7.32	Yes
% claims MAX TOS 33: Rehabilitation	>0	1.75	Yes	1.52	Yes	1.31	Yes	-13.20	-13.60	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.85	No	0.90	No	0.87	No	5.67	-3.02	Yes
% claims MAX TOS 35: Hospice	>0	0.35	Yes	0.25	Yes	0.46	Yes	-27.80	82.14	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	100.50	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.02	N/A	0.02	N/A	0.01	N/A	-28.70	-17.80	No
% claims MAX TOS 38: Private Nursing	N/A	0.97	N/A	0.94	N/A	0.87	N/A	-3.30	-7.48	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	0.17	N/A	0.74	N/A	0.55	N/A	332.40	-26.10	No
% claims MAX TOS 53: Psych. Services	>1	9.18	Yes	7.57	Yes	9.70	Yes	-17.50	28.15	No
% claims MAX TOS 54: Adult Day Care	>0	1.02	Yes	0.80	Yes	0.18	Yes	-21.70	-77.90	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	-41.80	-100.00	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$78	N/A	\$86	N/A	\$81	N/A	10.28	-5.78	Yes
08: Physicians	\$20-90	\$71	Yes	\$75	Yes	\$82	Yes	6.20	8.82	Yes
09: Dental	\$10-60	\$39	Yes	\$39	Yes	\$39	Yes	-0.52	0.29	Yes
10: Other Practioner	\$10-100	\$61	Yes	\$45	Yes	\$24	Yes	-27.00	-45.70	No
11: OPD	\$20-100	\$159	No	\$159	No	\$154	No	-0.11	-2.98	Yes
12: Clinic	\$20-100	\$65	Yes	\$62	Yes	\$65	Yes	-4.38	3.74	Yes
13: HH	N/A	\$132	N/A	\$119	N/A	\$94	N/A	-9.91	-20.90	No
15: Lab/Xray	10-60	\$29	Yes	\$29	Yes	\$27	Yes	0.07	-5.67	Yes
16: Drugs	10-60	\$9	No	\$9	No	\$10	Yes	-5.14	15.37	No
19: Other Services	N/A	\$222	N/A	\$173	N/A	\$139	N/A	-22.20	-19.40	No
51: DME	N/A	\$60	N/A	\$77	N/A	\$70	N/A	27.77	-9.33	Yes
26: Transportation	N/A	\$17	N/A	\$18	N/A	\$19	N/A	2.98	7.42	Yes
30: PCS	N/A	\$60	N/A	\$54	N/A	\$46	N/A	-9.15	-14.50	Yes
31: Targeted Case Management	N/A	\$88	N/A	\$91	N/A	\$103	N/A	2.70	13.99	Yes
33: Rehabilitation	N/A	\$47	N/A	\$46	N/A	\$43	N/A	-3.72	-5.33	Yes
34: PT/OT/speech/hear	N/A	\$43	N/A	\$43	N/A	\$35	N/A	0.40	-18.40	No
35: Hospice	N/A	\$263	N/A	\$246	N/A	\$261	N/A	-6.74	6.11	Yes
52: Residential Care	N/A	\$2,155	N/A	\$1,719	N/A	\$2,186	N/A	-20.20	27.14	No
53: Pysch. Services	N/A	\$37	N/A	\$44	N/A	\$50	N/A	17.51	15.46	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$99	N/A	\$121	N/A	\$998	N/A	22.86	722.30	No
% Family Planning (code 2)	N/A	1.13	N/A	1.60	N/A	2.74	N/A	41.43	71.61	No
% RHC (code 3)	N/A	0.35	N/A	0.37	N/A	0.38	N/A	6.82	1.23	Yes
% FQHC (code 4)	N/A	0.55	N/A	0.61	N/A	0.73	N/A	11.23	19.39	No
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% IHS Waiver (code 6,7)	N/A	4.06	N/A	5.51	N/A	5.10	N/A	35.85	-7.48	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$25	N/A	\$28	N/A	\$27	N/A	11.73	-2.36	Yes
RHC (code 3)	N/A	\$30	N/A	\$32	N/A	\$31	N/A	6.82	-2.25	Yes
FQHC (code 4)	N/A	\$30	N/A	\$30	N/A	\$32	N/A	0.36	7.41	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$624	N/A	\$641	N/A	\$652	N/A	2.71	1.73	Yes
% Claims with DX	> 60	93.89	Yes	92.68	Yes	93.27	Yes	-1.30	0.64	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	43.54	N/A	38.46	N/A	32.55	N/A	-11.70	-15.40	No
% Claims with DX, where length=3	5-25	27.48	No	18.07	Yes	6.84	Yes	-34.30	-62.10	No
% Claims with DX, where length=4	40-70	43.08	Yes	50.51	Yes	62.40	Yes	17.23	23.55	No
% Claims with DX, where length=5	20-55	29.43	Yes	31.43	Yes	30.75	Yes	6.76	-2.14	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	99.71	Yes	99.73	Yes	99.65	Yes	0.01	-0.08	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	31.39	N/A	32.83	N/A	38.38	N/A	4.56	16.92	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	62.23	N/A	59.53	N/A	54.60	N/A	-4.34	-8.28	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
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	4.24	N/A	5.75	N/A	5.32	N/A	35.76	-7.54	Yes
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	99.30	Yes	98.72	Yes	-0.70	-0.58	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	86.69	N/A	88.41	N/A	89.40	N/A	1.98	1.12	Yes
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	1,217,214	N/A	1,295,195	N/A	1,301,297	N/A	6.41	0.47	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	11.28	N/A	10.79	N/A	10.71	N/A	-4.41	-0.72	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	11.18	N/A	11.30	N/A	12.89	N/A	1.08	14.06	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	13.50	N/A	9.40	N/A	13.01	N/A	-30.40	38.49	No
% Other Claims with Span Bills/All Other Claims	N/A	11.31	N/A	10.65	N/A	10.25	N/A	-5.80	-3.79	Yes
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	10.91	N/A	11.15	N/A	11.84	N/A	2.24	6.16	Yes
% claims MAX TOS 10: Other Practitioner	N/A	5.03	N/A	4.29	N/A	3.66	N/A	-14.80	-14.80	Yes
% claims MAX TOS 11: OPD	N/A	21.71	N/A	20.28	N/A	17.29	N/A	-6.58	-14.70	Yes
% claims MAX TOS 12: Clinic	N/A	23.66	N/A	25.59	N/A	25.04	N/A	8.18	-2.16	Yes
% claims MAX TOS 13: HH	N/A	0.02	N/A	0.01	N/A	0.03	N/A	-40.90	177.20	No
% claims MAX TOS 15: Lab/Xray	N/A	20.13	N/A	19.79	N/A	21.15	N/A	-1.69	6.87	Yes
% claims MAX TOS 19: Other Services	N/A	14.30	N/A	12.61	N/A	11.46	N/A	-11.80	-9.15	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 26: Transportation	N/A	3.62	N/A	3.58	N/A	3.77	N/A	-1.06	5.32	Yes
% claims MAX TOS 30: PCS	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-56.40	-100.00	No
% claims MAX TOS 31: TCM	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-53.00	-100.00	No
% claims MAX TOS 33: Rehabilitation	N/A	0.32	N/A	0.36	N/A	0.38	N/A	12.20	5.74	Yes

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.23	N/A	0.24	N/A	0.40	N/A	7.15	63.30	No
% claims MAX TOS 36: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-37.30	-100.00	No
% 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	0.00	N/A	0.00	N/A	0.00	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
Average Amount Paid	N/A	\$44	N/A	\$40	N/A	\$34	N/A	-9.13	-14.80	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	45.79	N/A	46.81	N/A	47.92	N/A	2.22	2.38	Yes
% Claims with DX, where length=3	5-25	8.87	Yes	8.64	Yes	9.34	Yes	-2.58	8.02	Yes
% Claims with DX, where length=4	40-70	46.43	Yes	43.97	Yes	41.17	Yes	-5.29	-6.36	Yes
% Claims with DX, where length=5	20-55	44.70	Yes	47.38	Yes	49.49	Yes	6.01	4.44	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	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	100.00	N/A	0.00	0.00	Yes
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	.	No	.	No	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	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
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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