2002-2004 MAX OT Validation Table
State: CA

Measure	Expected Range	2002 Value	2002 Within Range	2003 Value	2003 Within Range	2004 Value	2004 Within Range	% Change 2002 - 2003	% Change 2003 - 2004	Cross Year Change Within Expected Range (+/-15%)
All OT Claims										
Total Number of Claims	N/A	225,454,636	N/A	237,429,743	N/A	239,836,405	N/A	5.31	1.01	Yes
	N/A	15.71	N/A	16.64	N/A	16.27	N/A	5.91	-2.19	Yes
% Encounter Claims (Claim Type=3) *	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% Supplemental Claims (20,21,22)*										
% Cap Claims (Claim Type=2, and MAX TOS	N/A	36.82	N/A	36.60	N/A	36.31	N/A	-0.60	-0.79	Yes
Total FFS Claims Excluding Capitation Payments	N/A	107,021,846	N/A	111,028,359	N/A	113,720,430	N/A	3.74	2.43	Yes
	5-20	4.85	No	4.74	No	4.68	No	-2.35	-1.33	Yes
% Crossover	> 1%	4.98	Yes	2.14	Yes	1.10	Yes	-57.00	-48.60	No
% Adjusted Claims	N/A	93.81	N/A	86.41	N/A	88.92	N/A	-7.89	2.91	Yes
% Standard Adjustments	N/A	$71	N/A	$83	N/A	$122	N/A	16.99	45.93	No
Aver. Amt Per Adjust (include $0)										
% Claims(TOC 1,2) TOS 20: HMO Cap Payment	N/A	19.05	N/A	19.11	N/A	18.52	N/A	0.28	-3.07	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	24.61	N/A	24.80	N/A	24.85	N/A	0.78	0.21	Yes
% Claims(TOC 1,2) TOS 22: PCCM Cap Pay.	N/A	0.02	N/A	0.00	N/A	0.00	N/A	-100.00	.	N/A
Average Paid per HMO Cap Clms (TOS 20)	$75-$300	$117	Yes	$118	Yes	$119	Yes	0.73	0.70	Yes
Average Paid per PHP Cap Clms (TOS 21)	$20-$250	$12	No	$12	No	$12	No	0.63	-2.44	Yes
Average Paid per PCCM Cap Clms (TOS 22)	3-5	$2	No	.	No	.	No	.	.	N/A
FFS 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	101,827,337	N/A	105,766,040	N/A	108,402,029	N/A	3.87	2.49	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	10.96	N/A	11.38	N/A	11.98	N/A	3.84	5.31	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.05	N/A	0.05	N/A	0.04	N/A	-13.70	-2.92	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	5.52	N/A	4.87	N/A	4.53	N/A	-11.80	-7.00	Yes
% Other Claims with Span Bills/All Other Claims	N/A	11.52	N/A	12.01	N/A	12.64	N/A	4.23	5.24	Yes
% Claims W/ Service Place 11- Office	50-90	26.04	No	25.89	No	26.12	No	-0.59	0.91	Yes
% Claims W/ Service Place 12 - Home	>0-5	9.55	No	9.75	No	9.72	No	2.05	-0.22	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	5.73	No	6.01	No	6.31	No	4.79	5.11	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.21	Yes	0.24	Yes	0.27	Yes	17.47	11.19	Yes
% Claims W/ Service Place 23 - ER	1-10	5.22	Yes	5.71	Yes	5.55	Yes	9.34	-2.72	Yes
% Claims w/ Service Place 22 - OPD	>0-10	9.23	Yes	9.25	Yes	9.45	Yes	0.18	2.13	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	25.09	No	24.80	No	23.85	No	-1.18	-3.83	Yes
% Claims with TPL	>0 - 15	0.03	Yes	0.03	Yes	0.03	Yes	6.62	0.41	Yes
Aver. TPL Paid -claims with TPL	N/A	$230	N/A	$192	N/A	$79	N/A	-16.70	-58.80	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	11.85	Yes	11.57	Yes	11.14	Yes	-2.42	-3.67	Yes
% claims MAX TOS 09: Dental	2-20	0.67	No	0.67	No	0.56	No	0.12	-15.70	No
% claims MAX TOS 10: Other Practioner	0.5-8	1.12	Yes	1.36	Yes	0.98	Yes	21.14	-28.00	No
% claims MAX TOS 11: OPD	3-25	4.60	Yes	4.89	Yes	4.79	Yes	6.29	-2.15	Yes
% claims MAX TOS 12: Clinic	2-25	8.53	Yes	9.06	Yes	9.92	Yes	6.24	9.56	Yes
% claims MAX TOS 13: HH	>0-25	0.66	Yes	0.67	Yes	0.68	Yes	2.49	1.43	Yes
% claims MAX TOS 15: Lab/Xray	4-20	25.31	No	23.97	No	23.72	No	-5.30	-1.01	Yes
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.07	Yes	0.34	Yes	1,150,000.00	406.00	No
% claims MAX TOS 19: Other Services	<25	4.22	Yes	4.95	Yes	5.55	Yes	17.29	12.08	Yes
% claims MAX TOS 51: DME	>3	6.88	Yes	6.00	Yes	5.36	Yes	-12.70	-10.60	Yes
% claims MAX TOS 26: Transportation	>1	2.65	Yes	2.77	Yes	3.01	Yes	4.40	8.60	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-5.22	0.10	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	0.01	Yes	6.17	Yes	6.55	Yes	105,000.00	6.09	Yes
% claims MAX TOS 31: TCM	>0	5.38	Yes	4.97	Yes	3.15	Yes	-7.68	-36.70	No
% claims MAX TOS 33: Rehabilitation	>0	0.64	Yes	0.60	Yes	0.59	Yes	-6.42	-1.31	Yes
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.40	No	0.38	No	0.30	No	-6.23	-20.50	No
% claims MAX TOS 35: Hospice	>0	0.00	No	0.15	Yes	0.21	Yes	.	42.11	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.05	N/A	0.05	N/A	0.05	N/A	0.10	-4.11	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.08	N/A	0.07	N/A	0.05	N/A	-11.00	-33.40	No
% claims MAX TOS 38: Private Nursing	N/A	0.10	N/A	0.11	N/A	0.12	N/A	10.67	5.06	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	6.39	N/A	0.63	N/A	0.65	N/A	-90.10	3.59	Yes
% claims MAX TOS 53: Pysch. Services	>1	14.44	Yes	14.07	Yes	14.71	Yes	-2.52	4.56	Yes
% claims MAX TOS 54: Adult Day Care	>0	3.13	Yes	4.05	Yes	4.81	Yes	29.20	18.78	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	-100.00	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=$0 paid)										
Total	N/A	$80	N/A	$85	N/A	$90	N/A	6.20	5.18	Yes
08: Physicians	$20-90	$62	Yes	$63	Yes	$65	Yes	2.20	3.28	Yes
09: Dental	$10-60	$32	Yes	$31	Yes	$30	Yes	-3.80	-3.70	Yes
10: Other Practioner	$10-100	$25	Yes	$25	Yes	$25	Yes	1.02	-1.27	Yes
11: OPD	$20-100	$44	Yes	$45	Yes	$47	Yes	2.53	3.78	Yes
12: Clinic	$20-100	$86	Yes	$90	Yes	$93	Yes	4.28	4.22	Yes
13: HH	N/A	$260	N/A	$253	N/A	$249	N/A	-2.65	-1.42	Yes
15: Lab/Xray	10-60	$20	Yes	$20	Yes	$20	Yes	3.18	-0.22	Yes
16: Drugs	10-60	$6	No	$70	No	$53	Yes	1,066.00	-24.80	No
19: Other Services	N/A	$47	N/A	$91	N/A	$100	N/A	91.66	9.57	Yes
51: DME	N/A	$45	N/A	$44	N/A	$39	N/A	-2.87	-9.96	Yes
26: Transportation	N/A	$57	N/A	$60	N/A	$61	N/A	4.10	1.16	Yes
30: PCS	N/A	$86	N/A	$344	N/A	$347	N/A	299.40	0.96	Yes
31: Targeted Case Management	N/A	$74	N/A	$71	N/A	$82	N/A	-4.15	16.95	No
33: Rehabiltation	N/A	$78	N/A	$84	N/A	$83	N/A	8.43	-1.33	Yes
34: PT/OT/speech/hear	N/A	$54	N/A	$59	N/A	$38	N/A	9.18	-34.80	No
35: Hospice	N/A	.	N/A	$511	N/A	$447	N/A	.	-12.50	Yes
52: Residential Care	N/A	$389	N/A	$697	N/A	$692	N/A	78.98	-0.72	Yes
53: Pysch. Services	N/A	$94	N/A	$97	N/A	$100	N/A	3.22	3.46	Yes
54: Adult Day Care	N/A	$120	N/A	$111	N/A	$109	N/A	-7.51	-1.55	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	9.34	N/A	9.16	N/A	9.19	N/A	-1.89	0.25	Yes
% RHC (code 3)	N/A	1.14	N/A	1.24	N/A	1.30	N/A	8.79	4.52	Yes
% FQHC (code 4)	N/A	3.49	N/A	3.87	N/A	4.37	N/A	10.93	12.85	Yes
% IHS (code 5)	N/A	0.09	N/A	0.12	N/A	0.13	N/A	26.08	10.04	Yes
% Waiver (code 6,7)	N/A	1.56	N/A	1.65	N/A	1.88	N/A	6.16	13.40	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	$27	N/A	$27	N/A	$26	N/A	2.10	-2.93	Yes
RHC (code 3)	N/A	$79	N/A	$88	N/A	$95	N/A	11.22	7.46	Yes
FQHC (code 4)	N/A	$120	N/A	$121	N/A	$124	N/A	1.03	2.83	Yes
IHS (code 5)	N/A	$179	N/A	$189	N/A	$198	N/A	5.29	5.12	Yes

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Waiver (code 6, 7)	N/A	$621	N/A	$628	N/A	$630	N/A	1.17	0.30	Yes
% Claims with DX	> 60	84.43	Yes	84.39	Yes	83.86	Yes	-0.05	-0.63	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.84	Yes	99.85	Yes	99.82	Yes	0.01	-0.03	Yes
% Claims with 1 DX that have 2 DX	N/A	27.90	N/A	28.47	N/A	29.18	N/A	2.06	2.48	Yes
% Claims with DX, where length=3	5-25	7.94	Yes	7.84	Yes	7.78	Yes	-1.24	-0.75	Yes
% Claims with DX, where length=4	40-70	72.88	No	71.57	No	70.32	No	-1.79	-1.74	Yes
% Claims with DX, where length=5	20-55	19.18	No	20.58	Yes	21.89	Yes	7.31	6.34	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	99.80	Yes	99.83	Yes	99.91	Yes	0.03	0.08	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	37.90	N/A	37.12	N/A	37.37	N/A	-2.05	0.68	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	39.49	N/A	39.89	N/A	39.49	N/A	0.99	-0.99	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	19.72	N/A	20.23	N/A	20.40	N/A	2.56	0.83	Yes
% 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 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	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	5,194,509	N/A	5,262,319	N/A	5,318,401	N/A	1.31	1.07	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	8.80	N/A	9.23	N/A	8.85	N/A	4.87	-4.06	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	8.08	N/A	9.05	N/A	8.94	N/A	11.99	-1.25	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	92.31	N/A	38.89	N/A	8.00	N/A	-57.90	-79.40	No
% Other Claims with Span Bills/All Other Claims	N/A	8.92	N/A	9.26	N/A	8.84	N/A	3.80	-4.50	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	37.99	N/A	39.13	N/A	40.37	N/A	3.02	3.17	Yes
% claims MAX TOS 10: Other Practioner	N/A	4.34	N/A	4.37	N/A	4.06	N/A	0.63	-7.12	Yes
% claims MAX TOS 11: OPD	N/A	14.09	N/A	13.71	N/A	13.39	N/A	-2.71	-2.35	Yes
% claims MAX TOS 12: Clinic	N/A	3.48	N/A	3.63	N/A	3.91	N/A	4.47	7.64	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	36.68	37.42	No
% claims MAX TOS 15: Lab/Xray	N/A	0.50	N/A	0.52	N/A	0.39	N/A	4.15	-24.10	No
% claims MAX TOS 19: Other Services	N/A	14.19	N/A	15.07	N/A	15.45	N/A	6.19	2.50	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	3.69	N/A	1.10	N/A	0.59	N/A	-70.20	-46.40	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	5.29	N/A	5.25	N/A	4.55	N/A	-0.71	-13.30	Yes
% claims MAX TOS 33: Rehabilitation	N/A	16.31	N/A	17.10	N/A	17.22	N/A	4.89	0.67	Yes

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.09	N/A	0.08	N/A	0.04	N/A	-10.90	-51.70	No
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-2.32	28.26	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: Pysch. 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	$66	N/A	$67	N/A	$70	N/A	1.63	3.42	Yes
% Claims with DX	N/A	94.67	N/A	94.94	N/A	95.54	N/A	0.28	0.63	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	94.22	Yes	94.59	Yes	94.82	Yes	0.38	0.24	Yes
% Claims with 1 DX that have 2 DX	N/A	39.42	N/A	37.91	N/A	37.96	N/A	-3.84	0.15	Yes
% Claims with DX, where length=3	5-25	13.36	Yes	13.06	Yes	13.90	Yes	-2.27	6.41	Yes
% Claims with DX, where length=4	40-70	56.16	Yes	54.99	Yes	52.91	Yes	-2.07	-3.78	Yes
% Claims with DX, where length=5	20-55	30.48	Yes	31.95	Yes	33.19	Yes	4.82	3.88	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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