

1999-2001 MAX OT Validation Table
State: CT

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	10,384,219	N/A	10,515,604	N/A	11,269,336	N/A	1.27	7.17	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										
% Capitated Claims (Claim Type=2, and MAX TOS 20, 21, 22)	N/A	26.64	N/A	26.57	N/A	25.92	N/A	-0.24	-2.47	Yes
Total FFS Claims Excluding Capitation Payments	N/A	7,618,056	N/A	7,721,241	N/A	8,348,734	N/A	1.35	8.13	Yes
	5-20	13.20	Yes	11.29	Yes	12.11	Yes	-14.42	7.22	Yes
% Crossover	> 1%	4.33	Yes	8.18	Yes	13.01	Yes	89.04	59.03	No
% Adjusted Claims	N/A	.	N/A	87.35	N/A	46.69	N/A	N/A	-46.55	No
% Standard Adjustments	N/A	\$463	N/A	\$223	N/A	\$299	N/A	-51.82	34.24	No
Average Paid per Adjusted Claim	N/A	26.64	N/A	26.57	N/A	25.92	N/A	-0.24	-2.47	Yes
% Claims (TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	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	N/A	N/A	N/A
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$145	Yes	\$150	Yes	\$157	Yes	3.38	4.22	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	No	.	No	N/A	N/A	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	N/A	N/A	N/A
S 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	6,612,810	N/A	6,849,337	N/A	7,337,868	N/A	3.58	7.13	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	8.95	N/A	9.62	N/A	9.23	N/A	7.53	-4.01	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	436.69	-10.88	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.01	N/A	0.00	N/A	2847.88	-93.87	No
% Other Claims with Span Bills/All Other Claims	N/A	15.87	N/A	15.25	N/A	15.02	N/A	-3.90	-1.51	Yes
% Claims W/ Service Place 11- Office	50-90	13.07	No	12.99	No	13.10	No	-0.63	0.83	Yes
% Claims W/ Service Place 12 - Home	>0-5	29.04	No	30.87	No	24.54	No	6.29	-20.49	No
% Claims W/ Service Place 21 - Hospital	>0-5	2.14	Yes	2.43	Yes	2.44	Yes	13.61	0.59	Yes
% Claims W/ Service Place 32 - NF	>0-5	1.04	Yes	1.19	Yes	1.21	Yes	14.23	2.15	Yes
% Claims W/ Service Place 23 - ER	1-10	0.66	No	0.67	No	0.70	No	2.37	4.45	Yes
% Claims w/ Service Place 22 - OPD	>0-10	44.30	No	44.15	No	46.95	No	-0.34	6.35	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	2.36	Yes	0.00	Yes	2.22	Yes	-99.98	523553.75	N/A
% Claims with TPL	>0 - 15	0.02	Yes	0.02	Yes	0.03	Yes	6.15	32.59	No
Aver. TPL Paid -claims with TPL	N/A	\$164	N/A	\$86	N/A	\$187	N/A	-47.48	117.00	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	5.31	No	5.01	No	4.89	No	-5.60	-2.51	Yes
% claims MAX TOS 09: Dental	2-20	2.86	Yes	2.73	Yes	2.56	Yes	-4.64	-5.94	Yes
% claims MAX TOS 10: Other Practitioner	0.5-8	1.23	Yes	1.12	Yes	1.23	Yes	-9.11	9.33	Yes
% claims MAX TOS 11: OPD	3-25	13.00	Yes	6.24	Yes	4.90	Yes	-52.03	-21.44	No
% claims MAX TOS 12: Clinic	2-25	1.56	No	1.64	No	1.84	No	5.31	11.83	Yes
% claims MAX TOS 13: HH	>0-25	30.63	No	30.69	No	33.62	No	0.22	9.54	Yes
% claims MAX TOS 15: Lab/Xray	4-20	5.61	Yes	12.66	Yes	14.38	Yes	125.87	13.57	Yes
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.08	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	3.00	Yes	3.54	Yes	3.48	Yes	17.88	-1.78	Yes

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	>3	4.78	Yes	2.52	No	3.83	Yes	-47.30	51.81	No
% claims MAX TOS 51: DME	>1	0.54	No	0.54	No	0.51	No	-0.45	-4.26	Yes
% claims MAX TOS 26: Transportation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	124.33	8.31	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.01	N/A	0.00	N/A	0.00	N/A	-93.45	230.29	No
% claims MAX TOS 25: Abortions	>0	24.00	Yes	25.02	Yes	19.61	Yes	4.24	-21.62	No
% claims MAX TOS 30: PCS	>0	0.80	Yes	0.82	Yes	0.66	Yes	2.72	-19.81	No
% claims MAX TOS 31: TCM	>0	0.01	Yes	0.00	Yes	0.00	Yes	-29.31	-12.70	Yes
% claims MAX TOS 33: Rehabilitation	>1	0.13	No	0.19	No	0.32	No	53.55	63.29	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>0	0.00	Yes	0.00	Yes	0.00	Yes	-0.57	-1.25	Yes
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	222.10	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.02	N/A	0.02	N/A	0.04	N/A	-14.66	128.10	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	0.69	N/A	0.70	N/A	0.72	N/A	0.12	4.05	Yes
% claims MAX TOS 52: Residential Care	>1	2.67	Yes	3.20	Yes	2.89	Yes	19.82	-9.72	Yes
% claims MAX TOS 53: Psych. Services	>0	3.00	Yes	3.35	Yes	3.11	Yes	11.52	-7.05	Yes
% claims MAX TOS 54: Adult Day Care	<1	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
% claims MAX TOS 99: Unknown										
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
	N/A	\$102	N/A	\$104	N/A	\$112	N/A	1.55	7.31	Yes
Total	\$20-90	\$59	Yes	\$61	Yes	\$63	Yes	3.44	3.66	Yes
08: Physicians	\$10-60	\$38	Yes	\$38	Yes	\$39	Yes	1.61	2.34	Yes
09: Dental	\$10-100	\$99	Yes	\$95	Yes	\$100	Yes	-4.02	5.55	Yes
10: Other Practioner	\$20-100	\$52	Yes	\$92	Yes	\$93	Yes	76.73	1.09	Yes
11: OPD	\$20-100	\$81	Yes	\$99	Yes	\$94	Yes	21.96	-5.49	Yes
12: Clinic	N/A	\$63	N/A	\$66	N/A	\$71	N/A	6.08	7.36	Yes
13: HH	10-60	\$20	Yes	\$17	Yes	\$25	Yes	-16.46	44.78	No
15: Lab/Xray	10-60	.	No	.	No	\$21	Yes	N/A	N/A	N/A
16: Drugs	N/A	\$279	N/A	\$280	N/A	\$320	N/A	0.19	14.39	Yes
19: Other Services	N/A	\$59	N/A	\$22	N/A	\$35	N/A	-62.00	57.96	No
51: DME	N/A	\$99	N/A	\$99	N/A	\$114	N/A	0.05	14.96	Yes
26: Transportation	N/A	\$31	N/A	\$33	N/A	\$45	N/A	6.05	36.31	No
30: PCS	N/A	\$224	N/A	\$197	N/A	\$199	N/A	-11.94	1.00	Yes
31: Targeted Case Management	N/A	\$1,430	N/A	\$88	N/A	\$106	N/A	-93.86	20.80	No
33: Rehabilitation	N/A	\$25	N/A	\$20	N/A	\$18	N/A	-18.06	-10.12	N/A
34: PT/OT/speech/hear	N/A	\$4,679	N/A	\$6,469	N/A	\$5,742	N/A	38.26	-11.25	Yes
35: Hospice	N/A	\$5,362	N/A	\$5,261	N/A	\$5,008	N/A	-1.89	-4.81	Yes
52: Residential Care	N/A	\$77	N/A	\$75	N/A	\$71	N/A	-2.45	-5.54	Yes
53: Psych. Services	N/A	\$265	N/A	\$268	N/A	\$266	N/A	1.31	-0.61	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.10	N/A	0.07	N/A	0.10	N/A	-35.25	58.95	No
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% FQHC (code 4)	N/A	1.02	N/A	1.10	N/A	1.14	N/A	7.57	3.52	Yes
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS Waiver (code 6,7)	N/A	30.58	N/A	32.39	N/A	26.60	N/A	5.92	-17.88	No
AVERAGE EXPENDITURES BY PROGRAM										

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(code 2)	N/A	\$95	N/A	\$40	N/A	\$33	N/A	-58.47	-17.52	No
Family Planning (code 3)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
RHC (code 4)	N/A	\$95	N/A	\$98	N/A	\$100	N/A	2.39	2.29	Yes
FGHC (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
IHS (code 6, 7)	N/A	\$188	N/A	\$183	N/A	\$222	N/A	-2.31	20.98	No
Waiver (code 6, 7)	> 60	94.87	Yes	98.86	Yes	97.75	Yes	4.21	-1.12	Yes
% Claims with DX	85-100	99.96	Yes	99.95	Yes	99.94	Yes	-0.02	-0.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	N/A	24.89	N/A	25.00	N/A	28.58	N/A	0.41	14.32	Yes
% Claims with 1 DX that have 2 DX	5-25	20.74	Yes	20.04	Yes	19.60	Yes	-3.34	-2.19	Yes
% Claims with DX, where length=3	40-70	49.83	Yes	49.00	Yes	46.51	Yes	-1.67	-5.07	Yes
% Claims with DX, where length=4	20-55	29.43	Yes	30.96	Yes	33.88	Yes	5.19	9.45	Yes
% Claims with DX, where length=5										
% 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	100.00	Yes	100.00	Yes	98.12	Yes	0.00	-1.87	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	20.06	N/A	21.58	N/A	22.13	N/A	7.61	2.54	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	4.45	N/A	4.32	N/A	5.12	N/A	-2.94	18.64	No
% 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	72.97	N/A	74.10	N/A	70.39	N/A	1.54	-5.01	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 Cnnnnn or Cnnnn/Claims with HCPCS	98-100	100.00	Yes	100.00	Yes	99.00	Yes	0.00	-1.00	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	1,005,246	N/A	871,904	N/A	1,010,866	N/A	-13.26	15.94	No
% Claims with > \$0 Paid	>95%	99.72	Yes	100.00	Yes	100.00	Yes	0.28	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	15.87	N/A	8.34	N/A	1.94	N/A	-47.45	-76.73	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	19.27	N/A	8.59	N/A	0.85	N/A	-55.43	-90.08	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	100.00	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	15.05	N/A	8.28	N/A	2.13	N/A	-45.00	-74.30	No
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	46.28	N/A	18.79	N/A	15.05	N/A	-59.39	-19.89	No
% claims MAX TOS 10: Other Practitioner	N/A	8.10	N/A	5.93	N/A	5.45	N/A	-26.86	-7.98	Yes
% claims MAX TOS 11: OPD	N/A	19.47	N/A	20.36	N/A	14.56	N/A	4.61	-28.50	No
% claims MAX TOS 12: Clinic	N/A	4.47	N/A	5.07	N/A	3.79	N/A	13.54	-25.27	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 15: Lab/Xray	N/A	1.76	N/A	18.95	N/A	24.50	N/A	976.64	29.32	No

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% claims MAX TOS 19: Other Services	N/A	8.39	N/A	6.27	N/A	1.09	N/A	-25.24	-82.56	No
% claims MAX TOS 51: DME	N/A	0.00	N/A	7.45	N/A	15.86	N/A	N/A	112.79	N/A
% claims MAX TOS 26: Transportation	N/A	5.50	N/A	9.29	N/A	10.85	N/A	68.68	16.83	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	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 33: Rehabilitation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.51	N/A	0.29	N/A	0.37	N/A	-43.19	27.65	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	-100.00	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	N/A	0.00	N/A	3.89	N/A	7.19	N/A	N/A	84.87	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	\$77	N/A	\$59	N/A	\$33	N/A	-22.56	-45.28	No
% 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	51.80	N/A	46.59	N/A	86.34	N/A	-10.07	85.32	No
% Claims with DX, where length=3	5-25	0.00	No	0.88	No	1.43	No	88214.59	62.90	No
% Claims with DX, where length=4	40-70	0.00	No	4.26	No	6.12	No	856597.61	43.74	No
% Claims with DX, where length=5	20-55	100.00	No	94.86	No	92.44	No	-5.14	-2.55	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	42.41	N/A	95.44	N/A	N/A	125.06	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	100.00	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	.	No	55.71	No	95.10	No	N/A	70.71	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	63.90	N/A	62.98	N/A	N/A	-1.44	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	34.12	N/A	36.49	N/A	N/A	6.94	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	1.98	N/A	0.53	N/A	N/A	-73.16	N/A

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