

2002-2004 MAX OT Validation Table
State: DC

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	3,776,900	N/A	3,957,162	N/A	4,080,798	N/A	4.77	3.12	Yes
	N/A	0.00	N/A	0.00	N/A	0.00	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
% Supplemental Claims	N/A	27.04	N/A	25.13	N/A	25.12	N/A	-7.06	-0.03	Yes
Total FFS Claims Excluding Capitation Payments	N/A	2,755,694	N/A	2,962,793	N/A	3,055,623	N/A	7.52	3.13	Yes
	5-20	6.63	Yes	8.53	Yes	6.54	Yes	28.65	-23.40	No
% Crossover	> 1%	10.33	Yes	18.12	Yes	4.78	Yes	75.45	-73.70	No
% Adjusted Claims	N/A	82.36	N/A	84.81	N/A	81.94	N/A	2.97	-3.38	Yes
% Standard Adjustments	N/A	\$92	N/A	\$109	N/A	\$163	N/A	18.50	48.86	No
Average Paid per HMO Cap Payment	N/A	27.04	N/A	25.13	N/A	25.12	N/A	-7.06	-0.03	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	.	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
Average Paid per HMO Cap Clms (TOS 20)	\$75-\$300	\$202	Yes	\$231	Yes	\$245	Yes	14.33	5.85	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$20	Yes	.	No	.	No	.	.	N/A
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	2,572,905	N/A	2,709,961	N/A	2,855,908	N/A	5.33	5.39	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	4.63	N/A	6.47	N/A	4.80	N/A	39.64	-25.90	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	17.49	N/A	8.58	N/A	2.67	N/A	-51.00	-68.90	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.11	N/A	0.23	N/A	0.05	N/A	101.50	-77.80	No
% Other Claims with Span Bills/All Other Claims	N/A	4.69	N/A	6.94	N/A	5.43	N/A	47.84	-21.80	No
% Claims W/ Service Place 11- Office	50-90	13.00	No	7.51	No	7.21	No	-42.20	-3.95	Yes
% Claims W/ Service Place 12 - Home	>0-5	13.67	No	13.88	No	15.95	No	1.50	14.93	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.63	Yes	4.15	Yes	6.02	No	57.48	45.08	No
% Claims W/ Service Place 32 - NF	>0-5	0.17	Yes	0.21	Yes	0.24	Yes	24.40	12.40	Yes
% Claims W/ Service Place 23 - ER	1-10	0.78	No	0.89	No	1.20	Yes	14.23	34.62	No
% Claims w/ Service Place 22 - OPD	>0-10	15.48	No	10.83	No	11.33	No	-30.00	4.60	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	7.71	No	16.35	No	12.19	No	112.00	-25.40	No
% Claims with TPL	>0 - 15	0.07	Yes	0.01	Yes	0.02	Yes	-80.00	14.58	Yes
Aver. TPL Paid -claims with TPL	N/A	\$57	N/A	\$71	N/A	\$110	N/A	23.89	56.69	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	9.55	No	8.87	No	9.55	No	-7.14	7.70	Yes
% claims MAX TOS 09: Dental	2-20	0.45	No	0.39	No	0.47	No	-14.70	22.36	No
% claims MAX TOS 10: Other Practioner	0.5-8	1.26	Yes	1.54	Yes	0.74	Yes	22.06	-52.20	No
% claims MAX TOS 11: OPD	3-25	2.54	No	2.99	No	3.10	Yes	17.64	3.61	Yes
% claims MAX TOS 12: Clinic	2-25	23.38	Yes	16.23	Yes	5.21	Yes	-30.60	-67.90	No
% claims MAX TOS 13: HH	>0-25	8.44	Yes	7.74	Yes	10.11	Yes	-8.23	30.64	No
% claims MAX TOS 15: Lab/Xray	4-20	10.19	Yes	10.18	Yes	11.04	Yes	-0.01	8.45	Yes
% claims MAX TOS 16: Drugs	<3	0.10	Yes	0.09	Yes	0.12	Yes	-9.28	33.20	No
% claims MAX TOS 19: Other Services	<25	2.83	Yes	7.63	Yes	17.49	Yes	169.70	129.10	No
% claims MAX TOS 51: DME	>3	3.43	Yes	2.98	No	4.43	Yes	-13.00	48.78	No
% claims MAX TOS 26: Transportation	>1	19.17	Yes	17.87	Yes	18.70	Yes	-6.78	4.62	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.06	N/A	0.03	N/A	0.00	N/A	-43.60	-99.10	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-22.30	-97.40	No
% claims MAX TOS 30: PCS	>0	0.03	Yes	0.17	Yes	0.00	No	454.30	-100.00	No
% claims MAX TOS 31: TCM	>0	0.02	Yes	0.00	No	0.00	No	-100.00	.	N/A
% claims MAX TOS 33: Rehabilitation	>0	0.01	Yes	0.01	Yes	0.07	Yes	116.60	407.70	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.00	No	0.00	No	0.00	No	.	.	N/A
% claims MAX TOS 35: Hospice	>0	0.01	Yes	0.01	Yes	0.02	Yes	1.53	26.13	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.04	N/A	0.07	N/A	0.11	N/A	92.90	52.17	No
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	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
% claims MAX TOS 52: Residential Care	N/A	0.00	N/A	6.86	N/A	0.00	N/A	.	-100.00	No
% claims MAX TOS 53: Psych. Services	>1	8.39	Yes	8.43	Yes	18.83	Yes	0.55	123.30	No
% claims MAX TOS 54: Adult Day Care	>0	10.11	Yes	7.88	Yes	0.00	No	-22.10	-100.00	No
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	-68.40	-100.00	No
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$80	N/A	\$83	N/A	\$89	N/A	3.46	8.17	Yes
08: Physicians	\$20-90	\$43	Yes	\$49	Yes	\$59	Yes	13.12	21.45	No
09: Dental	\$10-60	\$21	Yes	\$44	Yes	\$62	No	114.40	40.84	No
10: Other Practioner	\$10-100	\$22	Yes	\$26	Yes	\$37	Yes	19.44	43.47	No
11: OPD	\$20-100	\$120	No	\$112	No	\$117	No	-6.23	4.33	Yes
12: Clinic	\$20-100	\$123	No	\$128	No	\$270	No	3.79	111.30	No
13: HF	N/A	\$75	N/A	\$80	N/A	\$83	N/A	6.43	2.90	Yes
15: Lab/Xray	10-60	\$26	Yes	\$25	Yes	\$26	Yes	-2.85	4.39	Yes
16: Drugs	10-60	\$39	Yes	\$40	Yes	\$30	Yes	1.32	-23.70	No
19: Other Services	N/A	\$196	N/A	\$131	N/A	\$114	N/A	-32.90	-13.40	Yes
51: DME	N/A	\$96	N/A	\$100	N/A	\$96	N/A	3.96	-3.69	Yes
26: Transportation	N/A	\$40	N/A	\$43	N/A	\$45	N/A	6.34	6.93	Yes
30: PCS	N/A	\$170	N/A	\$156	N/A	.	N/A	-8.45	.	N/A
31: Targeted Case Management	N/A	\$136	N/A	.	N/A	.	N/A	.	.	N/A
33: Rehabilitation	N/A	\$45	N/A	\$42	N/A	\$50	N/A	-6.76	17.71	No
34: PT/OT/speech/hear	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
35: Hospice	N/A	\$1,992	N/A	\$2,527	N/A	\$2,831	N/A	26.84	12.04	Yes
52: Residential Care	N/A	.	N/A	\$103	N/A	.	N/A	.	.	N/A
53: Pysch. Services	N/A	\$83	N/A	\$100	N/A	\$110	N/A	19.44	10.97	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$104	N/A	\$101	N/A	.	N/A	-3.13	.	N/A
% Family Planning (code 2)	N/A	0.14	N/A	0.09	N/A	0.04	N/A	-31.40	-61.50	No
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% FQHC (code 4)	N/A	0.61	N/A	0.74	N/A	0.93	N/A	21.28	26.44	No
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% IHS (code 6,7)	N/A	1.09	N/A	2.95	N/A	4.46	N/A	171.30	50.93	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$52	N/A	\$54	N/A	\$64	N/A	3.69	18.33	No
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	\$105	N/A	\$127	N/A	\$115	N/A	21.62	-9.77	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$103	N/A	\$87	N/A	\$89	N/A	-15.30	1.46	Yes
% Claims with DX	> 60	87.87	Yes	99.61	Yes	99.50	Yes	13.37	-0.11	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.96	Yes	100.00	Yes	100.00	Yes	0.04	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	2.32	N/A	5.07	N/A	5.19	N/A	118.50	2.49	Yes
% Claims with DX, where length=3	5-25	23.56	Yes	21.02	Yes	14.76	Yes	-10.80	-29.80	No
% Claims with DX, where length=4	40-70	41.23	Yes	49.98	Yes	58.83	Yes	21.23	17.70	No
% Claims with DX, where length=5	20-55	35.21	Yes	29.00	Yes	26.41	Yes	-17.60	-8.94	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	99.75	Yes	99.18	Yes	99.13	Yes	-0.58	-0.05	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	46.22	N/A	29.00	N/A	30.17	N/A	-37.30	4.03	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	47.47	N/A	58.80	N/A	69.83	N/A	23.87	18.74	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
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	6.31	N/A	12.20	N/A	0.01	N/A	93.26	-100.00	No
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	69.44	No	100.00	Yes	100.00	Yes	44.01	0.00	Yes
% HCPCS Format Codes Cnnnn or Ccnnn /Claims with HCPCS	98-100	94.81	No	88.05	No	100.00	Yes	-7.13	13.57	Yes
% Claims with TOS 08 with Physician Specialty	N/A	99.91	N/A	100.00	N/A	100.00	N/A	0.09	0.00	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	182,789	N/A	252,832	N/A	199,715	N/A	38.32	-21.00	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	25.87	N/A	29.10	N/A	25.06	N/A	12.49	-13.90	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Span Bills/All Other Claims	N/A	25.87	N/A	29.10	N/A	25.06	N/A	12.49	-13.90	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 10: Other Practitioner	N/A	3.70	N/A	3.11	N/A	4.07	N/A	-16.10	30.96	No
% claims MAX TOS 11: OPD	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 12: Clinic	N/A	0.08	N/A	0.18	N/A	0.10	N/A	133.60	-47.40	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 15: Lab/Xray	N/A	27.57	N/A	23.94	N/A	26.51	N/A	-13.20	10.71	Yes
% claims MAX TOS 19: Other Services	N/A	53.05	N/A	55.15	N/A	49.02	N/A	3.95	-11.10	Yes
% claims MAX TOS 51: DME	N/A	15.25	N/A	17.31	N/A	18.48	N/A	13.49	6.79	Yes
% claims MAX TOS 26: Transportation	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% 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	.	.	N/A

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% claims MAX TOS 34: PT/OT/hear/speech	N/A	0.00	N/A	0.00	N/A	0.00	N/A	.	.	N/A
% claims MAX TOS 36: 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: Psych. Services	N/A	0.34	N/A	0.31	N/A	1.83	N/A	-8.55	490.00	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	\$209	N/A	\$215	N/A	\$175	N/A	2.87	-18.80	No
% Claims with DX	N/A	93.54	N/A	98.87	N/A	97.96	N/A	5.70	-0.92	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	49.65	No	11.26	No	60.94	No	-77.30	441.40	No
% Claims with 1 DX that have 2 DX	N/A	36.34	N/A	47.96	N/A	42.35	N/A	31.98	-11.70	Yes
% Claims with DX, where length=3	5-25	18.47	Yes	23.20	Yes	22.33	Yes	25.64	-3.77	Yes
% Claims with DX, where length=4	40-70	44.01	Yes	39.16	No	38.43	No	-11.00	-1.87	Yes
% Claims with DX, where length=5	20-55	37.48	Yes	37.64	Yes	39.24	Yes	0.42	4.27	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	.	N/A	.	N/A	.	N/A	.	.	N/A
% Other Claims with Service Codes/All Other Claims (Excluding OPD/HH)	98-100	32.89	No	25.94	No	34.71	No	-21.10	33.82	No
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	52.20	N/A	34.09	N/A	35.52	N/A	-34.70	4.17	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	47.70	N/A	65.49	N/A	64.35	N/A	37.29	-1.74	Yes
% Other Codes Indicator /Claims with Service Codes	N/A	0.09	N/A	0.41	N/A	0.14	N/A	337.40	-67.30	No

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