

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

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	30,217,567	N/A	33,564,490	N/A	33,621,517	N/A	11.08	0.17	Yes
	N/A	0.91	N/A	1.05	N/A	1.68	N/A	15.37	60.00	No
% Encounter Claims (Claim Type=3) *	N/A	0.98	N/A	1.15	N/A	1.60	N/A	16.54	39.28	No
% Supplemental Claims	N/A	5.41	N/A	5.00	N/A	5.71	N/A	-7.47	14.14	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	28,011,327	N/A	31,147,824	N/A	30,599,456	N/A	11.20	-1.76	Yes
Total FFS Claims Excluding Capitation Payments	5-20	11.78	Yes	11.86	Yes	5.56	Yes	0.66	-53.20	No
% Crossover	> 1%	3.25	Yes	0.27	No	1.18	Yes	-91.70	338.20	No
% Adjusted Claims	N/A	52.59	N/A	68.61	N/A	47.01	N/A	30.47	-31.50	No
% Standard Adjustments	N/A	\$46	N/A	\$87	N/A	\$89	N/A	86.98	2.41	Yes
Average Paid per HMO Cap Payment	N/A	4.88	N/A	4.49	N/A	5.27	N/A	-7.99	17.53	No
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.63	N/A	0.63	N/A	0.63	N/A	-1.00	0.25	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	\$124	Yes	\$117	Yes	\$117	Yes	-6.19	0.67	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$145	Yes	\$130	Yes	\$117	Yes	-10.30	-9.82	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	24,710,455	N/A	27,453,184	N/A	28,899,483	N/A	11.10	5.27	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	8.43	N/A	7.91	N/A	7.41	N/A	-6.15	-6.31	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	4.74	N/A	5.19	N/A	5.05	N/A	9.63	-2.81	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	73.88	N/A	73.05	N/A	67.83	N/A	-1.12	-7.14	Yes
% Other Claims with Span Bills/All Other Claims	N/A	8.49	N/A	7.93	N/A	7.42	N/A	-6.61	-6.42	Yes
% Claims W/ Service Place 11- Office	50-90	36.25	No	36.01	No	35.02	No	-0.65	-2.76	Yes
% Claims W/ Service Place 12 - Home	>0-5	19.64	No	22.31	No	23.51	No	13.59	5.39	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	6.34	No	6.32	No	6.87	No	-0.18	8.61	Yes
% Claims W/ Service Place 32 - NF	>0-5	1.29	Yes	1.31	Yes	1.19	Yes	1.96	-9.23	Yes
% Claims W/ Service Place 23 - ER	1-10	4.43	Yes	4.58	Yes	4.20	Yes	3.38	-8.30	Yes
% Claims w/ Service Place 22 - OPD	>0-10	17.76	No	18.14	No	18.06	No	2.18	-0.48	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	7.75	No	7.55	No	7.17	No	-2.52	-5.03	Yes
% Claims with TPL	>0 - 15	0.54	Yes	0.37	Yes	0.18	Yes	-31.10	-52.00	No
Aver. TPL Paid -claims with TPL	N/A	\$67	N/A	\$107	N/A	\$243	N/A	60.16	127.60	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	20.57	Yes	20.42	Yes	19.46	Yes	-0.73	-4.71	Yes
% claims MAX TOS 09: Dental	2-20	3.18	Yes	3.23	Yes	3.19	Yes	1.57	-1.44	Yes
% claims MAX TOS 10: Other Practioner	0.5-8	1.18	Yes	1.10	Yes	1.12	Yes	-6.96	2.07	Yes
% claims MAX TOS 11: OPD	3-25	5.80	Yes	5.80	Yes	4.82	Yes	0.05	-17.00	No
% claims MAX TOS 12: Clinic	2-25	4.18	Yes	4.00	Yes	3.27	Yes	-4.38	-18.20	No
% claims MAX TOS 13: HH	>0-25	0.24	Yes	0.22	Yes	0.18	Yes	-10.20	-18.60	No
% claims MAX TOS 15: Lab/Xray	4-20	16.79	Yes	16.72	Yes	16.08	Yes	-0.43	-3.81	Yes
% claims MAX TOS 16: Drugs	<3	0.76	Yes	0.65	Yes	0.56	Yes	-14.20	-13.20	Yes
% claims MAX TOS 19: Other Services	<25	16.24	Yes	8.45	Yes	9.01	Yes	-48.00	6.66	Yes
% claims MAX TOS 51: DME	>3	2.71	No	2.65	No	3.04	Yes	-2.45	14.86	Yes
% claims MAX TOS 26: Transportation	>1	6.32	Yes	5.83	Yes	5.89	Yes	-7.66	0.95	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.03	N/A	0.03	N/A	0.02	N/A	-8.40	-27.10	No
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	335.00	-77.10	No
% claims MAX TOS 30: PCS	>0	1.14	Yes	1.43	Yes	1.56	Yes	25.58	9.57	Yes
% claims MAX TOS 31: TCM	>0	6.35	Yes	5.98	Yes	6.55	Yes	-5.91	9.64	Yes
% claims MAX TOS 33: Rehabilitation	>0	5.45	Yes	5.37	Yes	2.82	Yes	-1.40	-47.60	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	3.59	Yes	2.28	Yes	2.95	Yes	-36.40	29.54	No
% claims MAX TOS 35: Hospice	>0	0.06	Yes	0.06	Yes	0.07	Yes	3.80	10.82	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.01	N/A	9.13	2.63	Yes
% claims MAX TOS 37: Nurse Practitioner	N/A	0.05	N/A	0.05	N/A	0.06	N/A	4.67	18.46	No
% claims MAX TOS 38: Private Nursing	N/A	0.10	N/A	0.13	N/A	0.15	N/A	33.65	15.47	No
% 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	0.16	N/A	10.50	N/A	10.82	N/A	6,369.00	3.13	Yes
% claims MAX TOS 53: Psych. Services	>1	5.02	Yes	5.02	Yes	7.97	Yes	-0.04	58.75	No
% claims MAX TOS 54: Adult Day Care	>0	0.07	Yes	0.08	Yes	0.07	Yes	12.83	-11.70	Yes
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	.	.	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										
Total	N/A	\$90	N/A	\$92	N/A	\$93	N/A	2.34	1.31	Yes
08: Physicians	\$20-90	\$69	Yes	\$68	Yes	\$67	Yes	-1.53	-2.15	Yes
09: Dental	\$10-60	\$94	No	\$88	No	\$91	No	-6.46	3.43	Yes
10: Other Practioner	\$10-100	\$30	Yes	\$27	Yes	\$25	Yes	-7.30	-8.30	Yes
11: OPD	\$20-100	\$138	No	\$151	No	\$149	No	8.88	-1.30	Yes
12: Clinic	\$20-100	\$99	Yes	\$104	No	\$107	No	4.77	3.12	Yes
13: HH	N/A	\$622	N/A	\$578	N/A	\$524	N/A	-7.07	-9.40	Yes
15: Lab/Xray	10-60	\$38	Yes	\$39	Yes	\$46	Yes	3.98	16.69	No
16: Drugs	10-60	\$27	Yes	\$24	Yes	\$25	Yes	-11.20	3.74	Yes
19: Other Services	N/A	\$117	N/A	\$135	N/A	\$139	N/A	14.70	3.10	Yes
51: DME	N/A	\$132	N/A	\$135	N/A	\$131	N/A	2.14	-2.73	Yes
26: Transportation	N/A	\$55	N/A	\$50	N/A	\$49	N/A	-8.69	-2.60	Yes
30: PCS	N/A	\$430	N/A	\$424	N/A	\$436	N/A	-1.31	2.82	Yes
31: Targeted Case Management	N/A	\$58	N/A	\$62	N/A	\$64	N/A	6.53	3.35	Yes
33: Rehabilitation	N/A	\$103	N/A	\$88	N/A	\$70	N/A	-15.10	-20.10	No
34: PT/OT/speech/hear	N/A	\$83	N/A	\$107	N/A	\$75	N/A	29.61	-29.70	No
35: Hospice	N/A	\$2,094	N/A	\$2,005	N/A	\$2,077	N/A	-4.27	3.62	Yes
52: Residential Care	N/A	\$36	N/A	\$100	N/A	\$103	N/A	173.10	3.33	Yes
53: Pysch. Services	N/A	\$103	N/A	\$98	N/A	\$101	N/A	-4.47	3.12	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$265	N/A	\$310	N/A	\$356	N/A	16.72	15.09	No
% Family Planning (code 2)	N/A	0.63	N/A	0.56	N/A	0.43	N/A	-11.10	-22.80	No
% RHC (code 3)	N/A	1.35	N/A	1.24	N/A	0.80	N/A	-8.73	-35.00	No
% FQHC (code 4)	N/A	0.99	N/A	1.13	N/A	1.13	N/A	14.86	-0.33	Yes
% 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	18.57	N/A	19.93	N/A	20.89	N/A	7.33	4.79	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$84	N/A	\$90	N/A	\$84	N/A	7.25	-7.23	Yes
RHC (code 3)	N/A	\$60	N/A	\$69	N/A	\$63	N/A	13.84	-8.38	Yes
FQHC (code 4)	N/A	\$103	N/A	\$105	N/A	\$103	N/A	1.25	-1.62	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$135	N/A	\$136	N/A	\$142	N/A	1.15	4.18	Yes
% Claims with DX	> 60	84.47	Yes	87.93	Yes	87.95	Yes	4.10	0.02	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	93.02	Yes	96.56	Yes	96.14	Yes	3.81	-0.44	Yes
% Claims with 1 DX that have 2 DX	N/A	15.89	N/A	16.27	N/A	15.60	N/A	2.43	-4.12	Yes
% Claims with DX, where length=3	5-25	6.85	Yes	6.54	Yes	6.46	Yes	-4.46	-1.26	Yes
% Claims with DX, where length=4	40-70	62.09	Yes	62.56	Yes	61.40	Yes	0.75	-1.84	Yes
% Claims with DX, where length=5	20-55	31.06	Yes	30.90	Yes	32.14	Yes	-0.52	4.00	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	98.14	Yes	98.30	Yes	98.26	Yes	0.16	-0.04	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	49.42	N/A	48.53	N/A	48.60	N/A	-1.81	0.15	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	9.14	N/A	8.52	N/A	24.53	N/A	-6.75	187.70	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	3.30	N/A	4.04	N/A	1.94	N/A	22.55	-51.90	No
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	38.14	N/A	38.90	N/A	24.60	N/A	2.01	-36.80	No
% 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	99.29	N/A	99.56	N/A	98.95	N/A	0.27	-0.61	Yes
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	3,300,872	N/A	3,694,640	N/A	1,699,973	N/A	11.93	-54.00	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	16.16	N/A	15.65	N/A	14.72	N/A	-3.13	-5.94	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	21.11	N/A	19.19	N/A	22.52	N/A	-9.07	17.33	No
% 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	15.61	N/A	15.19	N/A	13.82	N/A	-2.69	-9.06	Yes
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	54.39	N/A	52.94	N/A	33.87	N/A	-2.66	-36.00	No
% claims MAX TOS 10: Other Practitioner	N/A	4.98	N/A	4.82	N/A	1.95	N/A	-3.06	-59.50	No
% claims MAX TOS 11: OPD	N/A	9.96	N/A	11.53	N/A	10.43	N/A	15.82	-9.58	Yes
% claims MAX TOS 12: Clinic	N/A	2.67	N/A	3.00	N/A	2.43	N/A	12.30	-18.90	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	16.87	N/A	15.73	N/A	27.85	N/A	-6.76	77.11	No
% claims MAX TOS 19: Other Services	N/A	6.03	N/A	7.00	N/A	12.41	N/A	16.05	77.36	No
% claims MAX TOS 51: DME	N/A	0.98	N/A	0.95	N/A	5.54	N/A	-2.55	482.40	No
% claims MAX TOS 26: Transportation	N/A	3.47	N/A	3.25	N/A	3.29	N/A	-6.22	1.15	Yes
% 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	0.40	N/A	0.45	N/A	0.84	N/A	12.25	88.57	No
% 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	0.00	N/A	0.00	N/A	1.13	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	\$39	N/A	\$40	N/A	\$38	N/A	1.18	-3.65	Yes
% Claims with DX	N/A	96.53	N/A	96.75	N/A	96.71	N/A	0.22	-0.04	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	83.61	N/A	82.24	N/A	72.31	N/A	-1.64	-12.10	Yes
% Claims with DX, where length=3	5-25	15.27	Yes	14.94	Yes	17.08	Yes	-2.16	14.36	Yes
% Claims with DX, where length=4	40-70	41.26	Yes	39.97	No	33.98	No	-3.11	-15.00	Yes
% Claims with DX, where length=5	20-55	43.48	Yes	45.09	Yes	48.94	Yes	3.71	8.54	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	65.11	N/A	72.58	N/A	73.36	N/A	11.47	1.09	Yes
% 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	.	No	.	No	21.30	No	.	.	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	N/A	67.46	N/A	.	.	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	.	N/A	.	N/A	30.16	N/A	.	.	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	2.38	N/A	.	.	N/A

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