

1999-2001 MAX OT Validation Table
State: IL

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	20,749,495	N/A	22,237,118	N/A	26,176,065	N/A	7.17	17.71	No
*	N/A	0.44	N/A	0.81	N/A	0.79	N/A	83.20	-2.59	Yes
% Encounter Claims (Claim Type=3)	N/A	0.91	N/A	0.98	N/A	1.04	N/A	6.71	6.70	Yes
% Supplemental Claims	N/A									
% Claims (Claim Type=2, and MAX TOS	N/A	9.27	N/A	6.88	N/A	6.38	N/A	-25.77	-7.28	Yes
Total FFS Claims Excluding Capitation Payments	N/A	18,544,370	N/A	20,309,499	N/A	24,026,549	N/A	9.52	18.30	No
	5-20	11.37	Yes	10.96	Yes	11.46	Yes	-3.64	4.54	Yes
% Crossover	> 1%	2.00	Yes	0.81	No	2.85	Yes	-59.38	249.60	No
% Adjusted Claims	N/A	.	N/A	68.15	N/A	66.84	N/A	N/A	-1.92	Yes
% Standard Adjustments	N/A	\$58	N/A	\$99	N/A	\$67	N/A	73.02	-32.65	No
% Claims (TOC 1,2) TOS 20: PCCM Cap Payment	N/A	8.57	N/A	6.37	N/A	5.89	N/A	-25.57	-7.56	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.83	N/A	0.63	N/A	0.61	N/A	-24.12	-4.03	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	\$108	Yes	\$128	Yes	\$130	Yes	18.58	2.04	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$89	Yes	\$140	Yes	\$152	Yes	56.09	8.64	N/A
Average Paid per PCCM Cap Clms (TOS 22)	3-5	.	No	.	No	.	No	N/A	N/A	N/A
Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 1999										
Total Number of Claims	N/A	16,435,253	N/A	18,083,633	N/A	21,273,827	N/A	10.03	17.64	No
% Claims with> \$0 Paid	>95%	99.99	Yes	100.00	Yes	100.00	Yes	0.01	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	11.31	N/A	11.07	N/A	10.11	N/A	-2.07	-8.66	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	3.27	N/A	4.11	N/A	4.42	N/A	25.65	7.38	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	75.05	N/A	72.47	N/A	75.05	N/A	-3.43	3.55	Yes
% Other Claims with Span Bills/All Other Claims	N/A	12.27	N/A	11.44	N/A	10.31	N/A	-6.71	-9.92	Yes
% Claims W/ Service Place 11- Office	50-90	41.29	No	44.76	No	39.35	No	8.40	-12.08	Yes
% Claims W/ Service Place 12 - Home	>0-5	10.49	No	9.22	No	15.11	No	-12.10	63.87	No
% Claims W/ Service Place 21 - Hospital	>0-5	7.12	No	7.10	No	6.63	No	-0.30	-6.64	Yes
% Claims W/ Service Place 32 - NF	>0-5	1.41	Yes	1.57	Yes	1.45	Yes	11.51	-7.97	Yes
% Claims W/ Service Place 23 - ER	1-10	5.64	Yes	5.17	Yes	4.75	Yes	-8.22	-8.12	Yes
% Claims w/ Service Place 22 - OPD	>0-10	20.84	No	20.27	No	18.60	No	-2.70	-8.27	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	8.12	No	7.91	No	8.00	No	-2.56	1.14	N/A
% Claims with TPL	>0 - 15	0.20	Yes	0.22	Yes	0.23	Yes	9.28	4.27	Yes
Aver. TPL Paid -claims with TPL	N/A	\$207	N/A	\$206	N/A	\$163	N/A	-0.50	-20.70	No
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	28.24	Yes	23.97	Yes	22.39	Yes	-15.13	-6.58	Yes
% claims MAX TOS 09: Dental	2-20	0.03	No	4.86	Yes	3.60	Yes	14834.43	-25.89	No
% claims MAX TOS 10: Other Practitioners	0.5-8	0.71	Yes	0.93	Yes	1.21	Yes	30.98	30.05	No
% claims MAX TOS 11: OPD	3-25	13.46	Yes	6.71	Yes	6.30	Yes	-50.15	-6.17	Yes
% claims MAX TOS 12: Clinic	2-25	5.08	Yes	3.35	Yes	4.48	Yes	-34.00	33.82	No
% claims MAX TOS 13: HH	>0-25	0.40	Yes	0.20	Yes	0.27	Yes	-50.35	36.95	No
% claims MAX TOS 15: Lab/Xray	4-20	11.36	Yes	24.78	No	17.35	Yes	118.10	-30.01	No

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% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.79	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	7.30	Yes	4.93	Yes	11.89	Yes	-32.44	141.10	No
% claims MAX TOS 51: DME	>3	2.06	No	3.79	Yes	3.01	Yes	84.16	-20.62	No
% claims MAX TOS 26: Transportation	>1	7.68	Yes	7.05	Yes	6.95	Yes	-8.21	-1.47	Yes
% claims MAX TOS 24: Sterilizations	N/A	0.05	N/A	0.04	N/A	0.04	N/A	-23.29	-8.98	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-70.92	463.15	No
% claims MAX TOS 30: PCS	>0	1.06	Yes	0.70	Yes	1.08	Yes	-34.11	55.61	No
% claims MAX TOS 31: TCM	>0	7.56	Yes	5.42	Yes	6.22	Yes	-28.29	14.67	Yes
% claims MAX TOS 33: Rehabilitation	>0	5.74	Yes	3.59	Yes	5.52	Yes	-37.41	53.67	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	3.46	Yes	2.39	Yes	2.95	Yes	-30.80	23.26	N/A
% claims MAX TOS 35: Hospice	>0	0.07	Yes	0.06	Yes	0.06	Yes	-5.22	-1.71	Yes
% claims MAX TOS 36: Nurse Midwife	N/A	0.02	N/A	0.02	N/A	0.02	N/A	-16.20	-20.08	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.00	N/A	0.02	N/A	0.04	N/A	531.65	84.27	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.11	N/A	0.09	N/A	0.10	N/A	-17.61	1.54	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	N/A	N/A
% claims MAX TOS 52: Residential Care	N/A	0.57	N/A	0.20	N/A	0.19	N/A	-65.30	-4.95	Yes
% claims MAX TOS 53: Psych. Services	>1	4.96	Yes	6.83	Yes	5.50	Yes	37.61	-19.44	No
% claims MAX TOS 54: Adult Day Care	>0	0.07	Yes	0.06	Yes	0.07	Yes	-14.44	3.83	Yes
% claims MAX TOS 99: Unknown	<1	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$96	N/A	\$102	N/A	\$99	N/A	5.58	-3.24	Yes
08: Physicians	\$20-90	\$63	Yes	\$69	Yes	\$72	Yes	9.19	3.72	Yes
09: Dental	\$10-60	\$68	No	\$78	No	\$90	No	15.08	14.90	Yes
10: Other Practitioner	\$10-100	\$32	Yes	\$32	Yes	\$32	Yes	1.27	0.45	Yes
11: OPD	\$20-100	\$117	No	\$177	No	\$175	No	51.47	-0.87	Yes
12: Clinic	\$20-100	\$85	Yes	\$98	Yes	\$100	No	14.62	2.57	Yes
13: HH	N/A	\$411	N/A	\$490	N/A	\$593	N/A	19.25	21.10	No
15: Lab/Xray	10-60	\$27	Yes	\$65	No	\$46	Yes	141.54	-29.15	No
16: Drugs	10-60	.	No	.	No	\$22	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$241	N/A	\$294	N/A	\$151	N/A	21.61	-48.62	No
51: DME	N/A	\$186	N/A	\$164	N/A	\$144	N/A	-11.94	-12.11	Yes
26: Transportation	N/A	\$59	N/A	\$60	N/A	\$60	N/A	1.89	0.77	Yes
30: PCS	N/A	\$347	N/A	\$397	N/A	\$431	N/A	14.44	8.57	Yes
31: Targeted Case Management	N/A	\$55	N/A	\$60	N/A	\$60	N/A	8.83	1.19	Yes
33: Rehabilitation	N/A	\$122	N/A	\$119	N/A	\$112	N/A	-2.76	-6.10	Yes
34: PT/OT/speech/hear	N/A	\$85	N/A	\$113	N/A	\$114	N/A	32.72	1.13	N/A
35: Hospice	N/A	\$1,773	N/A	\$1,880	N/A	\$1,953	N/A	6.02	3.91	Yes
52: Residential Care	N/A	\$38	N/A	\$36	N/A	\$39	N/A	-4.42	6.83	Yes
53: Psych. Services	N/A	\$131	N/A	\$116	N/A	\$108	N/A	-11.02	-7.31	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$244	N/A	\$254	N/A	\$266	N/A	3.82	4.84	Yes
% Family Planning (code 2)	N/A	0.21	N/A	0.20	N/A	0.39	N/A	-3.75	90.47	No
% RHC (code 3)	N/A	1.64	N/A	1.43	N/A	1.29	N/A	-13.13	-9.42	Yes

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(code 4)	N/A	1.33	N/A	1.26	N/A	1.15	N/A	-4.87	-8.70	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	7.90	N/A	6.59	N/A	13.69	N/A	-16.68	107.84	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$171	N/A	\$173	N/A	\$120	N/A	1.16	-30.69	No
RHC (code 3)	N/A	\$56	N/A	\$59	N/A	\$61	N/A	6.17	3.52	Yes
FQHC (code 4)	N/A	\$84	N/A	\$89	N/A	\$92	N/A	6.58	3.07	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6-7)	N/A	\$207	N/A	\$243	N/A	\$157	N/A	17.59	-35.43	No
% Claims with DX	> 60	87.74	Yes	84.06	Yes	84.00	Yes	-4.20	-0.07	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	94.56	Yes	94.45	Yes	94.34	Yes	-0.12	-0.12	Yes
% Claims with 1 DX that have 2 DX	N/A	15.86	N/A	17.07	N/A	16.27	N/A	7.66	-4.68	Yes
% Claims with DX, where length=3	5-25	9.00	Yes	8.65	Yes	7.80	Yes	-3.91	-9.81	Yes
% Claims with DX, where length=4	40-70	59.07	Yes	58.44	Yes	61.18	Yes	-1.08	4.69	Yes
% Claims with DX, where length=5	20-55	31.93	Yes	32.92	Yes	31.02	Yes	3.10	-5.75	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	97.66	No	97.42	No	97.73	No	-0.25	0.32	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	48.22	N/A	53.25	N/A	49.51	N/A	10.44	-7.04	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	27.36	N/A	6.44	N/A	9.01	N/A	-76.46	39.90	No
% Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes	N/A	6.03	N/A	2.63	N/A	2.59	N/A	-56.43	-1.34	Yes
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	18.38	N/A	37.68	N/A	38.89	N/A	104.96	3.22	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	100.00	Yes	99.99	Yes	100.00	Yes	0.00	0.00	Yes
% HCPCS Format Codes Cnnnn or Cnnnn /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	96.83	N/A	98.12	N/A	98.81	N/A	1.34	0.71	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims										
Total Number of Claims	N/A	2,109,117	N/A	2,225,866	N/A	2,752,722	N/A	5.54	23.67	No
% Claims with> \$0 Paid	>95%	99.97	Yes	100.00	Yes	100.00	Yes	0.03	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	17.69	N/A	16.92	N/A	16.44	N/A	-4.36	-2.84	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	19.00	N/A	22.48	N/A	20.04	N/A	18.34	-10.85	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	17.50	N/A	16.37	N/A	16.07	N/A	-6.50	-1.81	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

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% claims MAX TOS 08: Physicians	N/A	54.59	N/A	55.46	N/A	55.13	N/A	1.60	-0.58	Yes
% claims MAX TOS 10: Other Practitioners ^r	N/A	6.71	N/A	6.87	N/A	5.88	N/A	2.36	-14.31	Yes
% claims MAX TOS 11: OPD	N/A	12.66	N/A	9.07	N/A	9.31	N/A	-28.31	2.56	Yes
% claims MAX TOS 12: Clinic	N/A	2.89	N/A	2.67	N/A	2.66	N/A	-7.54	-0.53	Yes
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 15: Lab/Xray	N/A	13.33	N/A	15.63	N/A	16.21	N/A	17.29	3.68	Yes
% claims MAX TOS 19: Other Services	N/A	5.38	N/A	5.17	N/A	5.69	N/A	-3.90	9.90	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.89	N/A	0.99	N/A	N/A	11.27	N/A
% claims MAX TOS 26: Transportation ⁿ	N/A	4.19	N/A	3.91	N/A	3.70	N/A	-6.64	-5.27	Yes
% 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	0.14	N/A	0.17	N/A	0.24	N/A	19.82	43.91	N/A
% claims MAX TOS 35: Hospice	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 52: Residential Care ^e	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	0.00	N/A	0.00	N/A	N/A	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	N/A	N/A
Average Amount Paid	N/A	\$39	N/A	\$38	N/A	\$38	N/A	-2.85	0.72	Yes
% Claims with DX	N/A	95.81	N/A	96.09	N/A	96.30	N/A	0.29	0.22	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	84.13	N/A	85.21	N/A	84.84	N/A	1.29	-0.44	Yes
% Claims with DX, where length=3	5-25	15.54	Yes	14.83	Yes	14.52	Yes	-4.55	-2.09	Yes
% Claims with DX, where length=4	40-70	43.10	Yes	43.28	Yes	42.09	Yes	0.42	-2.76	Yes
% Claims with DX, where length=5	20-55	41.36	Yes	41.88	Yes	43.39	Yes	1.27	3.59	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	70.47	N/A	61.40	N/A	62.20	N/A	-12.86	1.29	N/A
% HH Claims with Service Code or UB-92/HH Claims (TOS13)	N/A	.	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	.	No	.	No	N/A	N/A	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	.	N/A	.	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	N/A	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A

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