

**1999-2001 MAX OT Validation Table**  
**State: MD**

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	14,788,723	N/A	16,434,946	N/A	18,282,873	N/A	11.13	11.24	Yes
*	N/A	10.86	N/A	12.31	N/A	12.83	N/A	13.33	4.20	Yes
% 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	N/A	24.44	N/A	19.32	N/A	17.88	N/A	-20.95	-7.46	Yes
Total FFS Claims (Claim Type=2, and MAX TOS	N/A	9,110,492	N/A	9,815,467	N/A	10,910,611	N/A	7.74	11.16	Yes
Total FFS Claims Excluding Capitation Payments	5-20	12.96	Yes	12.46	Yes	13.08	Yes	-3.86	5.01	Yes
% Crossover	> 1%	1.69	Yes	2.10	Yes	2.01	Yes	24.11	-4.37	Yes
% Adjusted Claims	N/A	.	N/A	97.26	N/A	97.18	N/A	N/A	-0.08	Yes
% Standard Adjustments	N/A	\$72	N/A	\$78	N/A	\$100	N/A	7.92	29.05	No
% Claims(TOC 1,2) TOS 20: PCCM Cap Payment	N/A	27.42	N/A	22.03	N/A	20.51	N/A	-19.64	-6.91	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	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	\$200	Yes	\$200	Yes	\$213	Yes	-0.02	6.78	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	\$1,800	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
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	7,929,902	N/A	8,592,599	N/A	9,483,233	N/A	8.36	10.37	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	0.03	N/A	0.03	N/A	0.04	N/A	-0.82	14.85	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	N/A	N/A	N/A
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	0.04	N/A	0.04	N/A	0.05	N/A	0.96	12.39	Yes
% Claims W/ Service Place 11- Office	50-90	24.70	No	24.59	No	27.71	No	-0.47	12.68	Yes
% Claims W/ Service Place 12 - Home	>0-5	53.33	No	54.99	No	52.16	No	3.12	-5.15	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	2.96	Yes	2.64	Yes	2.66	Yes	-10.66	0.73	Yes
% Claims W/ Service Place 32 - NF	>0-5	0.40	Yes	0.55	Yes	0.36	Yes	37.32	-34.21	No
% Claims W/ Service Place 23 - ER	1-10	2.44	Yes	2.03	Yes	1.81	Yes	-16.60	-11.04	Yes
% Claims w/ Service Place 22 - OPD	>0-10	2.85	Yes	3.03	Yes	2.97	Yes	6.11	-1.88	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
% Claims with TPL	>0 - 15	0.09	Yes	0.12	Yes	0.13	Yes	34.93	11.11	Yes
Aver. TPL Paid -claims with TPL	N/A	\$488	N/A	\$145	N/A	\$155	N/A	-70.27	6.65	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	6.82	No	4.94	No	4.94	No	-27.58	0.05	Yes
% claims MAX TOS 09: Dental	2-20	0.10	No	0.08	No	0.07	No	-16.98	-9.57	Yes
% claims MAX TOS 10: Other Practitioners	0.5-8	0.04	No	0.05	No	0.05	No	7.82	0.39	Yes
% claims MAX TOS 11: OPD	3-25	3.19	Yes	3.35	Yes	2.80	No	4.76	-16.28	No
% claims MAX TOS 12: Clinic	2-25	0.68	No	0.58	No	0.60	No	-15.08	4.56	Yes
% claims MAX TOS 13: HH	>0-25	21.12	Yes	22.30	Yes	21.22	Yes	5.62	-4.86	Yes
% claims MAX TOS 15: Lab/Xray	4-20	2.05	No	3.38	No	3.99	No	64.83	17.89	No

\* Cross year change for encounter claims is expected to be +15%, no negative.

\*\* Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

**1999-2001 MAX OT Validation Table**  
**State: MD**

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			
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.12	Yes	N/A	N/A	N/A
% claims MAX TOS 49: Other Services	<25	2.00	Yes	0.87	Yes	0.99	Yes	-56.30	13.43	Yes
% claims MAX TOS 51: DME	>3	0.22	No	1.24	No	1.50	No	455.75	20.93	No
% claims MAX TOS 26: Transportation	>1	0.02	No	0.10	No	0.15	No	487.08	46.31	No
% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	5.47	30.93	No
% claims MAX TOS 25: Abortions	N/A	0.04	N/A	0.04	N/A	0.04	N/A	9.13	10.43	Yes
% claims MAX TOS 30: PCS	>0	12.56	Yes	12.11	Yes	11.50	Yes	-3.59	-5.05	Yes
% claims MAX TOS 31: TCM	>0	0.88	Yes	0.77	Yes	0.69	Yes	-12.53	-10.00	Yes
% claims MAX TOS 33: Rehabilitation	>0	7.52	Yes	0.38	Yes	0.07	Yes	-95.01	-81.59	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	13.60	Yes	12.00	Yes	11.70	Yes	-11.74	-2.57	N/A
% claims MAX TOS 35: Hospice	>0	0.02	Yes	0.02	Yes	0.03	Yes	2.39	35.86	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.07	N/A	0.09	N/A	0.08	N/A	26.49	-12.26	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.06	N/A	0.07	N/A	0.08	N/A	19.58	13.86	N/A
% claims MAX TOS 38: Private Nursing	N/A	1.03	N/A	1.00	N/A	0.98	N/A	-2.22	-2.26	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	0.02	N/A	0.02	N/A	0.00	N/A	-0.77	-100.00	No
% claims MAX TOS 53: Psych. Services	>1	17.60	Yes	26.59	Yes	28.40	Yes	51.06	6.84	Yes
% claims MAX TOS 54: Adult Day Care	>0	10.26	Yes	9.94	Yes	9.88	Yes	-3.17	-0.53	Yes
% claims MAX TOS 99: Unknown	<1	0.09	Yes	0.07	Yes	0.10	Yes	-25.27	41.79	N/A
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)										Yes
Total	N/A	\$75	N/A	\$78	N/A	\$81	N/A	3.77	3.92	Yes
08: Physicians	\$20-90	\$36	Yes	\$42	Yes	\$44	Yes	15.67	3.90	Yes
09: Dental	\$10-60	\$14	Yes	\$26	Yes	\$32	Yes	80.40	26.08	No
10: Other Practitioner	\$10-100	\$20	Yes	\$19	Yes	\$19	Yes	-3.61	1.29	Yes
11: OPD	\$20-100	\$227	No	\$232	No	\$251	No	2.20	8.27	Yes
12: Clinic	\$20-100	\$81	Yes	\$85	Yes	\$84	Yes	4.90	-1.50	Yes
13: HH	N/A	\$101	N/A	\$98	N/A	\$105	N/A	-2.86	7.16	Yes
15: Lab/Xray	10-60	\$12	Yes	\$17	Yes	\$45	Yes	44.53	158.72	No
16: Drugs	10-60	.	No	.	No	\$11	Yes	N/A	N/A	N/A
19: Other Service	N/A	\$94	N/A	\$80	N/A	\$86	N/A	-15.13	7.63	Yes
51: DME	N/A	\$186	N/A	\$145	N/A	\$138	N/A	-22.26	-4.80	Yes
26: Transportation	N/A	\$100	N/A	\$100	N/A	\$100	N/A	0.01	0.01	Yes
30: PCS	N/A	\$29	N/A	\$29	N/A	\$29	N/A	-0.03	-1.16	Yes
31: Targeted Case Management	N/A	\$128	N/A	\$129	N/A	\$131	N/A	1.36	1.26	Yes
33: Rehabilitation	N/A	\$57	N/A	\$41	N/A	\$13	N/A	-28.51	-67.81	No
34: PT/OT/speech/hear	N/A	\$83	N/A	\$86	N/A	\$88	N/A	3.87	2.48	N/A
35: Hospice	N/A	\$1,941	N/A	\$2,267	N/A	\$2,669	N/A	16.82	17.74	No
52: Residential Care	N/A	\$529	N/A	\$784	N/A	.	N/A	48.22	N/A	N/A
53: Psych. Services	N/A	\$58	N/A	\$62	N/A	\$64	N/A	6.20	3.70	Yes
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$59	N/A	\$61	N/A	\$62	N/A	2.72	2.21	Yes
% Family Planning (code 2)	N/A	0.27	N/A	0.30	N/A	0.33	N/A	14.03	6.98	Yes
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A

\* Cross year change for encounter claims is expected to be +15%, no negative.

\*\* Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

**1999-2001 MAX OT Validation Table**  
**State: MD**

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			
(code 4)	N/A	0.13	N/A	0.13	N/A	0.17	N/A	-2.94	33.69	No
% FQHC (code 5)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% IHS (code 6,7)	N/A	20.89	N/A	22.07	N/A	20.94	N/A	5.67	-5.11	Yes
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$82	N/A	\$71	N/A	\$67	N/A	-13.25	-5.29	Yes
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
FQHC (code 4)	N/A	\$116	N/A	\$121	N/A	\$127	N/A	3.59	5.21	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
Waiver (code 6, 7)	N/A	\$101	N/A	\$99	N/A	\$107	N/A	-2.67	8.02	Yes
% Claims with DX	> 60	56.93	No	57.18	No	59.50	No	0.44	4.05	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	100.00	Yes	99.99	Yes	99.98	Yes	0.00	-0.02	Yes
% Claims with 1 DX that have 2 DX	N/A	13.45	N/A	13.97	N/A	15.41	N/A	3.92	10.29	Yes
% Claims with DX, where length=3	5-25	19.27	Yes	17.46	Yes	17.80	Yes	-9.41	1.97	Yes
% Claims with DX, where length=4	40-70	38.49	No	38.50	No	37.48	No	0.04	-2.65	Yes
% Claims with DX, where length=5	20-55	42.24	Yes	44.04	Yes	44.72	Yes	4.26	1.53	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	99.94	Yes	99.94	Yes	99.32	Yes	0.00	-0.62	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	8.46	N/A	8.06	N/A	8.58	N/A	-4.71	6.36	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	34.81	N/A	35.84	N/A	34.46	N/A	2.97	-3.87	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	N/A	N/A
% State Specific Serv. Indicator (10-87)/Claims with Service Codes	N/A	56.73	N/A	56.10	N/A	56.97	N/A	-1.12	1.56	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 Cnnnn or Cnnnn /Claims with HCPCS	98-100	99.59	Yes	99.75	Yes	99.76	Yes	0.15	0.01	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
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims</b>										
Total Number of Claims	N/A	1,180,590	N/A	1,222,868	N/A	1,427,378	N/A	3.58	16.72	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	11.64	N/A	11.37	N/A	10.94	N/A	-2.27	-3.83	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	6.88	N/A	8.66	N/A	10.82	N/A	25.85	24.89	No
% 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	12.11	N/A	11.57	N/A	10.94	N/A	-4.49	-5.40	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										

\* Cross year change for encounter claims is expected to be +15%, no negative.

\*\* Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

**1999-2001 MAX OT Validation Table**  
**State: MD**

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			
% claims MAX TOS 08: Physicians	N/A	70.55	N/A	51.51	N/A	49.90	N/A	-26.99	-3.13	Yes
% claims MAX TOS 10: Other Practitioners <sup>r</sup>	N/A	4.04	N/A	3.77	N/A	3.43	N/A	-6.50	-8.98	Yes
% claims MAX TOS 11: OPD	N/A	9.13	N/A	6.77	N/A	6.06	N/A	-25.81	-10.52	Yes
% claims MAX TOS 12: Clinic	N/A	3.69	N/A	1.42	N/A	1.48	N/A	-61.58	4.57	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	1.47	N/A	19.20	N/A	18.49	N/A	1207.11	-3.71	Yes
% claims MAX TOS 19: Other Services	N/A	3.22	N/A	2.28	N/A	2.13	N/A	-29.07	-6.79	Yes
% claims MAX TOS 51: DME	N/A	5.34	N/A	6.48	N/A	6.81	N/A	21.22	5.16	N/A
% claims MAX TOS 26: Transportation <sup>n</sup>	N/A	2.12	N/A	1.87	N/A	2.01	N/A	-12.01	7.53	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	0.31	N/A	0.79	N/A	1.31	N/A	155.63	65.01	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 <sup>e</sup>	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-24.91	-100.00	N/A
% claims MAX TOS 53: Psych. Services	N/A	0.00	N/A	5.63	N/A	7.89	N/A	6643487.98	40.27	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	\$37	N/A	\$38	N/A	\$41	N/A	2.77	6.54	Yes
% Claims with DX	N/A	99.92	N/A	99.95	N/A	99.93	N/A	0.03	-0.02	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.97	Yes	99.99	Yes	99.99	Yes	0.02	0.00	Yes
% Claims with 1 DX that have 2 DX	N/A	45.24	N/A	45.33	N/A	45.31	N/A	0.21	-0.06	Yes
% Claims with DX, where length=3	5-25	12.05	Yes	12.07	Yes	10.81	Yes	0.15	-10.50	Yes
% Claims with DX, where length=4	40-70	47.36	Yes	46.36	Yes	44.37	Yes	-2.11	-4.27	Yes
% Claims with DX, where length=5	20-55	40.58	Yes	41.57	Yes	44.82	Yes	2.42	7.83	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	99.99	N/A	99.99	N/A	100.00	N/A	0.01	0.01	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	99.10	Yes	98.92	Yes	98.64	Yes	-0.18	-0.29	N/A
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	86.26	N/A	86.45	N/A	85.79	N/A	0.23	-0.77	N/A
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	13.65	N/A	13.49	N/A	14.17	N/A	-1.14	5.03	N/A
% Other Codes Indicator /Claims with Service Codes	N/A	0.10	N/A	0.06	N/A	0.04	N/A	-43.18	-32.31	N/A

\* Cross year change for encounter claims is expected to be +15%, no negative.

\*\* Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.