

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

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	11,753,466	N/A	15,173,242	N/A	17,098,703	N/A	29.10	12.69	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	28.21	N/A	23.32	N/A	21.47	N/A	-17.30	-7.94	Yes
% Capitated Claims (Claim Type=2, and MAX TOS	N/A	8,437,784	N/A	11,635,428	N/A	13,428,302	N/A	37.90	15.41	No
Total FFS Claims Excluding Capitation Payments	5-20	13.21	Yes	9.92	Yes	9.09	Yes	-24.90	-8.40	Yes
% Crossover	> 1%	6.42	Yes	22.35	Yes	8.48	Yes	247.90	-62.10	No
% Adjusted Claims	N/A	81.01	N/A	75.53	N/A	90.99	N/A	-6.76	20.47	No
% Standard Adjustments	N/A	\$117	N/A	\$107	N/A	\$37	N/A	-8.99	-65.30	No
Average Paid per HMO Cap Payment	N/A	28.21	N/A	23.32	N/A	21.47	N/A	-17.30	-7.94	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
% 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	\$166	Yes	\$179	Yes	\$181	Yes	7.75	1.36	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	No	.	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	7,322,801	N/A	10,481,395	N/A	12,208,267	N/A	43.13	16.48	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	9.96	N/A	4.92	N/A	3.31	N/A	-50.60	-32.60	No
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.00	N/A	0.01	N/A	0.02	N/A	626.00	128.30	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-65.40	655.20	No
% Other Claims with Span Bills/All Other Claims	N/A	15.87	N/A	6.99	N/A	4.01	N/A	-56.00	-42.60	No
% Claims W/ Service Place 11- Office	50-90	13.69	No	6.97	No	5.39	No	-49.10	-22.70	No
% Claims W/ Service Place 12 - Home	>0-5	24.47	No	42.96	No	52.05	No	75.57	21.15	No
% Claims W/ Service Place 21 - Hospital	>0-5	2.62	Yes	1.81	Yes	1.60	Yes	-30.70	-12.10	Yes
% Claims W/ Service Place 32 - NF	>0-5	1.28	Yes	0.61	Yes	0.53	Yes	-52.70	-13.00	Yes
% Claims W/ Service Place 23 - ER	1-10	0.75	No	0.38	No	0.39	No	-49.30	2.08	Yes
% Claims w/ Service Place 22 - OPD	>0-10	46.36	No	35.89	No	29.31	No	-22.60	-18.30	No
% Claims W/ Service Place 99 - Unknown/Other	<5	2.36	Yes	4.58	Yes	4.52	Yes	94.60	-1.39	Yes
% Claims with TPL	>0 - 15	0.04	Yes	0.03	Yes	0.03	Yes	-24.40	-3.04	Yes
Aver. TPL Paid -claims with TPL	N/A	\$235	N/A	\$291	N/A	\$198	N/A	24.05	-31.80	No
PERCENT CLAIMS/MAX TOS										
% claims MAX TOS 08: Physicians	10-35	5.25	No	3.89	No	3.20	No	-25.90	-17.80	No
% claims MAX TOS 09: Dental	2-20	2.44	Yes	1.57	No	1.31	No	-35.60	-16.50	No
% claims MAX TOS 10: Other Practioner	0.5-8	1.27	Yes	0.77	Yes	0.44	No	-39.00	-43.30	No
% claims MAX TOS 11: OPD	3-25	5.21	Yes	3.76	Yes	2.69	No	-27.80	-28.60	No
% claims MAX TOS 12: Clinic	2-25	2.98	Yes	1.34	No	1.21	No	-55.20	-9.40	Yes
% claims MAX TOS 13: HH	>0-25	32.03	No	25.86	No	14.70	Yes	-19.20	-43.20	No
% claims MAX TOS 15: Lab/Xray	4-20	14.19	Yes	10.33	Yes	9.17	Yes	-27.20	-11.20	Yes
% claims MAX TOS 16: Drugs	<3	0.08	Yes	0.06	Yes	0.03	Yes	-24.70	-49.50	No
% claims MAX TOS 19: Other Services	<25	3.75	Yes	6.33	Yes	6.58	Yes	69.00	3.87	Yes
% claims MAX TOS 51: DME	>3	3.48	Yes	1.13	No	7.47	Yes	-67.40	558.70	No
% claims MAX TOS 26: Transportation	>1	0.69	No	0.42	No	0.38	No	-38.90	-9.51	Yes

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% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	22.26	2.66	Yes
% claims MAX TOS 25: Abortions	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-47.50	-35.30	No
% claims MAX TOS 30: PCS	>0	19.01	Yes	15.00	Yes	15.11	Yes	-21.10	0.74	Yes
% claims MAX TOS 31: TCM	>0	0.94	Yes	12.32	Yes	17.64	Yes	1,212.00	43.26	No
% claims MAX TOS 33: Rehabilitation	>0	0.01	Yes	0.01	Yes	0.00	Yes	10.86	-56.90	No
% claims MAX TOS 34: PT/OT/hear/speech	>1	0.37	No	0.01	No	0.01	No	-96.70	-28.10	No
% claims MAX TOS 35: Hospice	>0	0.00	Yes	0.00	Yes	0.00	Yes	-25.90	-30.70	No
% claims MAX TOS 36: Nurse Midwife	N/A	0.01	N/A	0.01	N/A	0.01	N/A	41.74	17.29	No
% claims MAX TOS 37: Nurse Practitioner	N/A	0.06	N/A	0.10	N/A	0.13	N/A	54.49	35.38	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	0.98	N/A	6.31	N/A	9.75	N/A	543.80	54.49	No
% claims MAX TOS 53: Psych. Services	>1	2.35	Yes	3.74	Yes	2.21	Yes	59.17	-40.90	No
% claims MAX TOS 54: Adult Day Care	>0	3.27	Yes	5.75	Yes	6.67	Yes	75.80	15.92	No
% 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	\$120	N/A	\$90	N/A	\$79	N/A	-25.40	-12.20	Yes
08: Physicians	\$20-90	\$63	Yes	\$64	Yes	\$69	Yes	2.33	8.32	Yes
09: Dental	\$10-60	\$41	Yes	\$44	Yes	\$44	Yes	6.36	1.96	Yes
10: Other Practitioner	\$10-100	\$92	Yes	\$83	Yes	\$171	No	-10.50	107.00	No
11: OPD	\$20-100	\$95	Yes	\$104	No	\$110	No	9.13	6.00	Yes
12: Clinic	\$20-100	\$90	Yes	\$101	No	\$108	No	13.03	6.72	Yes
13: HH	N/A	\$75	N/A	\$72	N/A	\$67	N/A	-4.11	-8.05	Yes
15: Lab/Xray	10-60	\$25	Yes	\$24	Yes	\$27	Yes	-4.38	14.33	Yes
16: Drugs	10-60	\$20	Yes	\$19	Yes	\$16	Yes	-2.27	-14.70	Yes
19: Other Services	N/A	\$295	N/A	\$126	N/A	\$107	N/A	-57.30	-14.80	Yes
51: DME	N/A	\$39	N/A	\$60	N/A	\$72	N/A	55.21	19.60	No
26: Transportation	N/A	\$133	N/A	\$125	N/A	\$125	N/A	-5.87	0.09	Yes
30: PCS	N/A	\$54	N/A	\$55	N/A	\$53	N/A	2.04	-3.42	Yes
31: Targeted Case Management	N/A	\$199	N/A	\$17	N/A	\$12	N/A	-91.30	-32.10	No
33: Rehabilitation	N/A	\$115	N/A	\$124	N/A	\$79	N/A	7.53	-36.40	No
34: PT/OT/speech/hear	N/A	\$19	N/A	\$29	N/A	\$23	N/A	53.23	-21.50	No
35: Hospice	N/A	\$6,655	N/A	\$7,951	N/A	\$5,968	N/A	19.47	-24.90	No
52: Residential Care	N/A	\$4,083	N/A	\$463	N/A	\$267	N/A	-88.70	-42.40	No
53: Psych. Services	N/A	\$71	N/A	\$50	N/A	\$74	N/A	-29.40	47.85	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)	N/A	\$280	N/A	\$112	N/A	\$86	N/A	-60.00	-22.80	No
% Family Planning (code 2)	N/A	0.16	N/A	0.08	N/A	0.06	N/A	-50.90	-24.60	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	1.38	N/A	0.96	N/A	0.91	N/A	-30.60	-4.96	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	26.52	N/A	32.84	N/A	37.79	N/A	23.81	15.09	No
AVERAGE EXPENDITURES BY PROGRAM										
Family Planning (code 2)	N/A	\$30	N/A	\$36	N/A	\$43	N/A	20.73	20.27	No
RHC (code 3)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A
FQHC (code 4)	N/A	\$105	N/A	\$109	N/A	\$115	N/A	3.99	5.67	Yes
IHS (code 5)	N/A	.	N/A	.	N/A	.	N/A	.	.	N/A

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Waiver (code 6-7)	N/A	\$241	N/A	\$142	N/A	\$111	N/A	-40.90	-21.80	No
% Claims with DX	> 60	97.71	Yes	97.79	Yes	97.49	Yes	0.08	-0.31	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.95	Yes	99.95	Yes	99.99	Yes	0.00	0.04	Yes
% Claims with 1 DX that have 2 DX	N/A	29.41	N/A	23.63	N/A	20.55	N/A	-19.70	-13.00	Yes
% Claims with DX, where length=3	5-25	18.58	Yes	22.95	Yes	25.98	No	23.50	13.23	Yes
% Claims with DX, where length=4	40-70	45.20	Yes	46.94	Yes	49.02	Yes	3.86	4.42	Yes
% Claims with DX, where length=5	20-55	36.22	Yes	30.11	Yes	25.00	Yes	-16.90	-17.00	No
% 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	98.03	Yes	98.93	Yes	98.68	Yes	0.91	-0.25	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	22.49	N/A	15.72	N/A	13.36	N/A	-30.10	-15.00	Yes
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	6.64	N/A	20.29	N/A	27.89	N/A	205.50	37.44	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	68.48	N/A	62.44	N/A	57.42	N/A	-8.83	-8.03	Yes
% 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	96.88	No	100.00	Yes	100.00	Yes	3.22	0.00	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
<b>FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)</b>										
Total Number of Claims	N/A	1,114,983	N/A	1,154,033	N/A	1,220,035	N/A	3.50	5.72	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	2.11	N/A	2.58	N/A	2.82	N/A	22.40	9.09	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	0.52	N/A	0.27	N/A	0.25	N/A	-48.50	-8.63	Yes
% 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	2.38	N/A	2.95	N/A	3.28	N/A	24.13	11.20	Yes
<b>PERCENT CLAIMS/MAX TOS (excluding 20-22)</b>										
% claims MAX TOS 08: Physicians	N/A	15.54	N/A	13.80	N/A	12.61	N/A	-11.20	-8.62	Yes
% claims MAX TOS 10: Other Practitioner	N/A	5.09	N/A	3.70	N/A	3.26	N/A	-27.30	-12.00	Yes
% claims MAX TOS 11: OPD	N/A	14.58	N/A	13.87	N/A	15.42	N/A	-4.86	11.19	Yes
% claims MAX TOS 12: Clinic	N/A	4.07	N/A	4.52	N/A	5.74	N/A	11.21	26.83	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	22.55	N/A	21.66	N/A	18.90	N/A	-3.94	-12.70	Yes
% claims MAX TOS 19: Other Services	N/A	1.61	N/A	1.41	N/A	2.08	N/A	-12.40	47.06	No
% claims MAX TOS 51: DME	N/A	15.01	N/A	17.50	N/A	19.86	N/A	16.57	13.51	Yes
% claims MAX TOS 26: Transportation	N/A	11.84	N/A	14.51	N/A	15.29	N/A	22.54	5.35	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	0.42	N/A	0.51	N/A	0.54	N/A	20.68	5.79	Yes
% 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	7.64	N/A	6.94	N/A	5.23	N/A	-9.22	-24.60	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	\$32	N/A	\$31	N/A	\$32	N/A	-2.88	4.29	Yes
% Claims with DX	N/A	99.96	N/A	99.80	N/A	99.81	N/A	-0.16	0.01	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.99	Yes	99.96	Yes	99.96	Yes	-0.04	0.01	Yes
% Claims with 1 DX that have 2 DX	N/A	85.56	N/A	49.93	N/A	48.00	N/A	-41.60	-3.87	Yes
% Claims with DX, where length=3	5-25	2.11	No	11.33	Yes	12.61	Yes	435.80	11.27	Yes
% Claims with DX, where length=4	40-70	6.35	No	35.84	No	37.73	No	464.90	5.25	Yes
% Claims with DX, where length=5	20-55	91.54	No	52.82	Yes	49.66	Yes	-42.30	-5.98	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	98.89	N/A	99.97	N/A	99.98	N/A	1.09	0.01	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	95.15	No	94.78	No	94.90	No	-0.39	0.13	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	62.75	N/A	57.90	N/A	49.11	N/A	-7.73	-15.20	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	37.00	N/A	41.93	N/A	50.87	N/A	13.32	21.33	No
% Other Codes Indicator /Claims with Service Codes	N/A	0.25	N/A	0.17	N/A	0.02	N/A	-31.20	-87.90	No

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