

1999-2001 MAX OT Validation Table
State: DE

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	2,851,370	N/A	3,207,426	N/A	4,287,451	N/A	12.49	33.67	No
	N/A	31.64	N/A	24.82	N/A	35.01	N/A	-21.56	41.06	No
% 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										
% Capitated Claims (Claim Type=2, and MAX TOS 20, 21, 22)	N/A	27.42	N/A	28.12	N/A	23.12	N/A	2.58	-17.80	No
Total FFS Claims Excluding Capitation Payments	N/A	1,167,390	N/A	1,509,317	N/A	1,795,307	N/A	29.29	18.95	No
	5-20	18.47	Yes	16.53	Yes	16.84	Yes	-10.49	1.83	Yes
% Crossover	> 1%	0.42	No	0.66	No	0.49	No	57.20	-25.88	No
% Adjusted Claims	N/A	.	N/A	94.51	N/A	93.94	N/A	N/A	-0.60	Yes
% Standard Adjustments	N/A	\$454	N/A	\$250	N/A	\$533	N/A	-44.99	113.13	No
Average Paid per Adjusted Claim	N/A	40.11	N/A	37.41	N/A	35.57	N/A	-6.73	-4.91	Yes
% Claims(TOC 1,2) TOS 21: PHP Cap Payments	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	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	\$190	Yes	\$190	Yes	\$191	Yes	0.21	0.50	Yes
Average Paid per PHP Cap Clms (TOS 21)	\$20-\$250	.	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
S 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	951,749	N/A	1,259,756	N/A	1,493,038	N/A	32.36	18.52	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	N/A	N/A
% Claims with Span Bill	N/A	10.63	N/A	8.36	N/A	7.99	N/A	-21.33	-4.42	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	14.54	N/A	11.07	N/A	9.05	N/A	-23.86	-18.24	No
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	54.98	N/A	48.94	N/A	47.30	N/A	-10.99	-3.35	Yes
% Other Claims with Span Bills/All Other Claims	N/A	9.73	N/A	7.78	N/A	7.49	N/A	-20.01	-3.76	Yes
% Claims W/ Service Place 11- Office	50-90	3.33	No	3.65	No	3.39	No	9.59	-7.19	Yes
% Claims W/ Service Place 12 - Home	>0-5	7.19	No	6.44	No	6.95	No	-10.43	7.94	Yes
% Claims W/ Service Place 21 - Hospital	>0-5	1.30	Yes	1.36	Yes	1.07	Yes	4.29	-20.77	No
% Claims W/ Service Place 32 - NF	>0-5	0.38	Yes	0.29	Yes	0.27	Yes	-22.60	-7.49	Yes
% Claims W/ Service Place 23 - ER	1-10	0.18	No	0.19	No	0.20	No	7.53	6.34	Yes
% Claims w/ Service Place 22 - OPD	>0-10	3.86	Yes	2.89	Yes	2.55	Yes	-25.18	-11.70	Yes
% Claims W/ Service Place 99 - Unknown/Other	<5	80.26	No	84.18	No	85.04	No	4.88	1.02	N/A
% Claims with TPL	>0 - 15	0.05	Yes	0.05	Yes	0.05	Yes	-6.31	0.15	Yes
Aver. TPL Paid -claims with TPL	N/A	\$106	N/A	\$139	N/A	\$156	N/A	31.30	11.88	Yes
PERCENT CLAIMS/MAX TOS										Yes
% claims MAX TOS 08: Physicians	10-35	3.34	No	3.35	No	2.56	No	0.21	-23.52	No
% claims MAX TOS 09: Dental	2-20	1.48	No	1.75	No	1.82	No	18.18	4.35	Yes
% claims MAX TOS 10: Other Practitioner	0.5-8	37.56	No	31.10	No	25.97	No	-17.19	-16.52	No
% claims MAX TOS 11: OPD	3-25	2.75	No	0.62	No	0.51	No	-77.32	-19.08	No
% claims MAX TOS 12: Clinic	2-25	0.17	No	0.17	No	0.34	No	-3.02	106.20	No
% claims MAX TOS 13: HH	>0-25	1.70	Yes	1.36	Yes	1.25	Yes	-19.78	-8.48	Yes
% claims MAX TOS 15: Lab/Xray	4-20	1.49	No	3.52	No	3.02	No	135.75	-14.05	Yes
% claims MAX TOS 16: Drugs	<3	0.00	Yes	0.00	Yes	0.23	Yes	N/A	N/A	N/A
% claims MAX TOS 19: Other Services	<25	8.89	Yes	6.72	Yes	6.67	Yes	-24.49	-0.70	Yes

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	>3	1.59	No	1.21	No	1.21	No	-23.95	-0.10	Yes
% claims MAX TOS 51: DME	>1	29.14	Yes	38.45	Yes	45.91	Yes	31.98	19.40	No
% claims MAX TOS 26: Transportation	N/A	0.01	N/A	0.01	N/A	0.00	N/A	-53.60	-34.01	No
% claims MAX TOS 24: Sterilizations	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 25: Abortions	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 30: PCS	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 31: TCM	>0	0.00	No	0.00	No	0.00	No	N/A	N/A	N/A
% claims MAX TOS 33: Rehabilitation	>1	8.49	Yes	6.75	Yes	5.49	Yes	-20.55	-18.57	N/A
% claims MAX TOS 34: PT/OT/hear/speech	>0	0.00	Yes	0.01	Yes	0.00	Yes	51.10	-30.51	No
% claims MAX TOS 35: Hospice	N/A	0.07	N/A	0.05	N/A	0.04	N/A	-25.53	-25.20	N/A
% claims MAX TOS 36: Nurse Midwife	N/A	0.02	N/A	0.02	N/A	0.03	N/A	27.89	42.03	N/A
% claims MAX TOS 37: Nurse Practitioner	N/A	0.17	N/A	0.61	N/A	0.96	N/A	256.39	57.71	N/A
% claims MAX TOS 38: Private Nursing	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 39: Religious Non-Med.	N/A	0.04	N/A	0.75	N/A	0.77	N/A	1779.19	3.12	Yes
% claims MAX TOS 52: Residential Care	>1	2.89	Yes	2.31	Yes	1.75	Yes	-20.28	-24.00	No
% claims MAX TOS 53: Psych. Services	>0	0.18	Yes	1.26	Yes	1.46	Yes	585.83	16.11	No
% claims MAX TOS 54: Adult Day Care	<1	0.00	Yes	0.00	Yes	0.00	Yes	N/A	N/A	N/A
% claims MAX TOS 99: Unknown										
Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid)	N/A	\$117	N/A	\$106	N/A	\$101	N/A	-9.02	-5.30	Yes
Total	\$20-90	\$81	Yes	\$83	Yes	\$97	No	2.31	16.63	No
08: Physicians	\$10-60	\$195	No	\$191	No	\$205	No	-2.01	7.58	Yes
09: Dental	\$10-100	\$20	Yes	\$22	Yes	\$23	Yes	5.99	4.75	Yes
10: Other Practioner	\$20-100	\$59	Yes	\$162	No	\$184	No	175.34	13.23	Yes
11: OPD	\$20-100	\$477	No	\$384	No	\$300	No	-19.57	-21.82	No
12: Clinic	N/A	\$296	N/A	\$298	N/A	\$275	N/A	0.59	-7.60	Yes
13: HH	10-60	\$28	Yes	\$26	Yes	\$28	Yes	-5.37	6.01	Yes
15: Lab/Xray	10-60	.	No	.	No	\$9	No	N/A	N/A	N/A
16: Drugs	N/A	\$532	N/A	\$282	N/A	\$270	N/A	-47.05	-4.05	Yes
19: Other Services	N/A	\$86	N/A	\$91	N/A	\$87	N/A	5.83	-4.92	Yes
51: DME	N/A	\$27	N/A	\$19	N/A	\$17	N/A	-28.50	-11.60	Yes
26: Transportation	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
30: PCS	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
31: Targeted Case Management	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
33: Rehabilitation	N/A	\$30	N/A	\$31	N/A	\$33	N/A	4.53	6.51	N/A
34: PT/OT/speech/hear	N/A	\$2,096	N/A	\$2,666	N/A	\$2,412	N/A	27.21	-9.53	Yes
35: Hospice	N/A	\$2,287	N/A	\$2,503	N/A	\$2,430	N/A	9.46	-2.91	Yes
52: Residential Care	N/A	\$1,158	N/A	\$1,239	N/A	\$1,380	N/A	6.97	11.43	Yes
53: Psych. Services	N/A	\$407	N/A	\$512	N/A	\$384	N/A	25.83	-24.97	No
PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1)										
% Family Planning (code 2)	N/A	0.04	N/A	0.06	N/A	0.05	N/A	45.30	-14.97	Yes
% RHC (code 3)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% FQHC (code 4)	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% 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	8.12	N/A	6.92	N/A	7.42	N/A	-14.82	7.32	Yes
AVERAGE EXPENDITURES BY PROGRAM										

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(code 2)	N/A	\$91	N/A	\$86	N/A	\$63	N/A	-4.94	-27.11	No
Family Planning (code 3)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
RHC (code 4)	N/A	.	N/A	.	N/A	\$89	N/A	N/A	N/A	N/A
FGHC (code 5)	N/A	.	N/A	.	N/A	.	N/A	N/A	N/A	N/A
IHS (code 6, 7)	N/A	\$490	N/A	\$494	N/A	\$450	N/A	0.89	-8.98	Yes
Waiver (code 6, 7)	> 60	76.40	Yes	65.98	Yes	57.72	No	-13.64	-12.52	Yes
% Claims with DX	85-100	100.00	Yes	100.00	Yes	100.00	Yes	0.00	0.00	Yes
% Claims with DX (MAX TOS 8, 11, 12)	N/A	19.81	N/A	19.17	N/A	18.41	N/A	-3.23	-3.96	Yes
% Claims with 1 DX that have 2 DX	5-25	24.60	Yes	24.62	Yes	27.37	No	0.08	11.18	Yes
% Claims with DX, where length=3	40-70	69.01	Yes	68.31	Yes	64.27	Yes	-1.01	-5.91	Yes
% Claims with DX, where length=4	20-55	6.38	No	7.07	No	8.34	No	10.70	18.05	No
% Claims with DX, where length=5										
% 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	99.95	Yes	99.91	Yes	0.01	-0.04	Yes
% CPT-4 Service Code Indicator (code 01)/Claims with Service Codes	N/A	7.17	N/A	7.09	N/A	6.01	N/A	-1.00	-15.32	No
% HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes	N/A	92.83	N/A	92.91	N/A	93.93	N/A	0.08	1.11	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	0.00	N/A	0.00	N/A	0.06	N/A	N/A	N/A	N/A
% CPT-4 Format Codes- 5n/Claims with CPT-4	98-100	99.93	Yes	99.97	Yes	100.00	Yes	0.04	0.03	Yes
% HCPCS Format Codes Cnnnnn 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	100.00	N/A	100.00	N/A	100.00	N/A	0.00	0.00	Yes
FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims)										
Total Number of Claims	N/A	215,641	N/A	249,561	N/A	302,269	N/A	15.73	21.12	No
% Claims with > \$0 Paid	>95%	99.95	Yes	100.00	Yes	100.00	Yes	0.05	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	5.35	N/A	5.20	N/A	4.64	N/A	-2.80	-10.82	Yes
% OPD Claims with Span Bill/ All OPD Claims(TOS 11)	N/A	10.59	N/A	12.41	N/A	11.36	N/A	17.23	-8.45	Yes
% HH Claims with Span Bill/All HH Claims (TOS 13)	N/A	0.00	N/A	.	N/A	.	N/A	N/A	N/A	N/A
% Other Claims with Span Bills/All Other Claims	N/A	5.01	N/A	4.73	N/A	4.21	N/A	-5.56	-11.01	Yes
PERCENT CLAIMS/MAX TOS (excluding 20-22)										
% claims MAX TOS 08: Physicians	N/A	59.39	N/A	58.45	N/A	59.65	N/A	-1.58	2.05	Yes
% claims MAX TOS 10: Other Practitioner	N/A	5.11	N/A	4.91	N/A	4.90	N/A	-3.98	-0.10	Yes
% claims MAX TOS 11: OPD	N/A	6.11	N/A	6.11	N/A	5.97	N/A	0.02	-2.24	Yes
% claims MAX TOS 12: Clinic	N/A	1.97	N/A	1.37	N/A	1.65	N/A	-30.45	20.46	No
% claims MAX TOS 13: HH	N/A	0.00	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 15: Lab/Xray	N/A	11.55	N/A	13.37	N/A	14.29	N/A	15.68	6.89	Yes

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% claims MAX TOS 19: Other Services	N/A	8.57	N/A	9.02	N/A	8.18	N/A	5.23	-9.27	Yes
% claims MAX TOS 51: DME	N/A	0.00	N/A	0.00	N/A	0.00	N/A	N/A	N/A	N/A
% claims MAX TOS 26: Transportation	N/A	7.24	N/A	6.62	N/A	5.26	N/A	-8.58	-20.57	No
% 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	0.01	N/A	0.11	N/A	0.03	N/A	813.93	-71.48	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	N/A	0.04	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 53: Psych. Services	N/A	2.89	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
% claims MAX TOS 54: Adult Day Care	N/A	0.18	N/A	0.00	N/A	0.00	N/A	-100.00	N/A	N/A
Average Amount Paid	N/A	\$48	N/A	\$47	N/A	\$48	N/A	-0.61	2.32	Yes
% Claims with DX	N/A	99.85	N/A	99.24	N/A	99.18	N/A	-0.61	-0.06	Yes
% Claims with DX (MAX TOS 8, 11, 12)	85-100	99.92	Yes	98.95	Yes	99.08	Yes	-0.98	0.14	Yes
% Claims with 1 DX that have 2 DX	N/A	54.75	N/A	53.56	N/A	51.96	N/A	-2.18	-2.98	Yes
% Claims with DX, where length=3	5-25	12.52	Yes	12.43	Yes	11.07	Yes	-0.70	-10.96	Yes
% Claims with DX, where length=4	40-70	49.51	Yes	47.93	Yes	45.89	Yes	-3.19	-4.26	Yes
% Claims with DX, where length=5	20-55	37.96	Yes	39.64	Yes	43.04	Yes	4.41	8.58	Yes
% OPD Claims with Service Code or UB-92/OPD Claims (TOS 11)	N/A	.	N/A	.	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	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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